

Family Planning Program in the National Population and Family Planning Board

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Abstract—Family Planning Program in the National Population and Family Planning Board has been in decline and the Government has failed to control population growth. The problem statement is how the family planning program In the National Population and Family Planning Board? The objective of this research is to analyze the family planning program in the National Population and Family Planning Board. The research uses descriptive methods and qualitative approaches. The findings show that the family planning program has been formulated and implemented. However, the results have not been optimal and in accordance with the Millennium Development Goals. The implementations are integral with the communication built among organizational units using the counseling method. Extension agents assist clients choose and decide on the types of contraceptives. The coordination by the Government on the family planning policy with other stakeholder institutions has not been optimal either. In conclusion, one of the means for the Government to control the increasing population growth is by revitalizing The National Family Planning Program. This endeavor can be achieved not only by controlling the birthrate, but also build awareness in families to be cognizant of and support the program. The public must be made aware of the family planning program's functions in addressing the problems in social, economic, educational, and health issues, and therefore increasing the welfare and prosperity of families.

Keywords—family planning; increasing population

I. INTRODUCTION

The Family Planning Program in the National Population and Family Planning Board has been losing its echo, which has resulted in the Government failing to reduce the population growth. In addition to manage the interval between childbirths, the Program has been designed to postpone the births of the first children, limit the number children based on health safety, and facilitate the return of the healthy fecundity. However, the failure of implementations has resulted in the current total fertility rate in families of 2,6, which is higher than the 2015 Millennium Development Goals of 2,1 [1]. This phenomenon is expected to produce a demographic bonus of productive group (15-64 years old) reaching 70% of the population in 2020-2030. This demographic bonus can become a positive opportunity as well as a threat [2]. Therefore, to make this as a positive opportunity, the Indonesian Government must be able to produce a population of high quality.

Whereas one of the critical threats to country's development progress would be increased unemployment caused by uncontrolled population growth of five million per year, compared to 4,5 million of Government's target. Two children are enough is the main slogan of this program, which was created in the New Order era, to allow parents to provide the best care for their children [3]. During the New Order era the New Order era, the Administration of President Soeharto made Family Planning as one of the most important programs. Family Planning was able to reduce maternal mortality rate during childbirths and significantly control population growth. The Government garnered awards from the United Nations from success of this program. However, with the end of the New Order era in 1998, Family Planning Program started to lose its soul. The implementation of Family Planning Program surprisingly has been declining and this phenomenon is marked with the rate increases in the infant mortality and maternal mortality of 359 per 100.000 births. This number is a rise from 228 in the New Order era and much higher than the MGD target of 112 [4].

The population of Indonesia has been rising in the last 15 years and is projected to reach 304,9 million in 2035. Indonesia is enjoying a demographic bonus period, in which the productive age makes up 68% of the total population, a value twice as much as the non-productive group. Indonesia is ranked 108 out of 187 countries in the Human Development Index published by the United Nation Development Program, with the score of 0,684, which is lower than the world average of 0,702. Indonesia was ranked at the 113th place in 2015, which was slightly lower than the 110th in 2014. To improve this position, modern contraceptives and user-friendly methods must be introduced to provide effective solutions for this urgent global challenge [5,6]. Presently, the country is still in the midst of an economic recovery and there are still many people in poverty. It is understandable that revitalizing the Family Planning Program to reach the New Order level is not simple.

In this Reformation era, the implementations of Family Planning Program cannot be easily mobilized with a repressive approach. When the post-industrial community served has become more critical, the endeavors to revitalize Family Planning Program must utilize approaches that are more transformative. The revitalization processes must manage and place the Program as the investment for the community to

improve their welfare and future. The main objective of this study is therefore to analyze and understand the revitalization of Family Planning Program Policy in Indonesia.

II. METHOD

The research takes place in National Population and Family Planning Board as the institution that is responsible for the implementations of the Family Planning Program in Indonesia. This is a field study employing surveys in a collaborative approach to investigate, analyze, and answer the objective. The findings would be expected to allow personnel involved in the Family Planning program to take systematic actions to solve the issues in the National Family Planning Program. A descriptive method is used to obtain empirical data from the field. A qualitative approach with an emic perspective is carried out in the natural environment to build a comprehensive view of the study subjects associated with the Family Planning Program Policy in Indonesia.

The instruments in the data collection comprise of 1. Observations 2. In-depth interviews, 3. Focused group discussions, 4. Triangulations, 5. Document study [7]. The determination of informants as sampling is performed with a purposive technique, which involves appointing informants based on the criteria related to the research. There are eight (8) informants in the Focused group discussions involving four (4) experts (1. Director of the Family Planning Participation Development, governmental process, 2. Director of the Family Planning Participation Development, private process, 3. Director of the Family Planning Participation Development, regional process and special targets, and 4. Biran Affandi, Medical Faculty Professor of Obstetrics and Gynecology of University of Indonesia).

There are 13 informants for in-depth interviews, comprising of four from the National Population and Family Planning Board office (1. Director of Reproductive Health, 2. Director of Population Control Planning, 3. Head of Family Planning and Reproductive Health Office, 4. Head of Population Control) and nine public figures. These public figures are representatives from the three main regions of the country, which are western (three – Jakarta native residents), central (three – Balinese residing in Jakarta) and eastern (three – Moluccas residing in Jakarta) Indonesia. The data analyses are conducted after assigning interpretation on the collected primary data [8].

III. RESULTS AND DISCUSSION

A. National Family Planning Program

The results from in-depth interviews with the four officials of National Population and Family Planning Board provide a global picture of Indonesia as the fourth most populous country after China, India, and the USA. This condition is closely associated with the amount of population load on the state's ability to provide sufficient welfare for its population. It is, therefore, important for the Government to take steps to curb population growth and avoid uncontrolled explosive growth. One of the mechanisms is to revitalize the National Family Planning Program, which has weakened in recent years among

the fertile couples as well as women over 40 years old. These officials inform that the Family Planning Program should be interpreted not only to control the birthrate, but also to build awareness in families to be cognizant and support the endeavors to sufficiently solve the problems in the social, cultural, economic, education, and health issues to improve the family welfare [9].

The same conclusion is drawn from the Millennium Development Goals with the family planning and population experts. Furthermore, they point to the efforts from the Government to utilize technological advancement, especially the social media, to promote the Family Planning Program and Family Development Model to the general public in the rural and urban areas [10]. Through communication, information, creative education, and procurement of facilities and infrastructures for Family Planning Program throughout the country from 2015 to 2019, this program is expected to be reinvigorated. Digital communication will more easily reach all levels of the community, especially the new generation of fertile couples. A goal of the Medium-term National Development Plan of 2014-2019 is to give the mandate to National Population and Family Planning Board to fulfill the indicators in the Population, Family Planning, and Family Development Programs. One of those indicators is the Total Fertility Rate (TFR), which the Government has set to 2,28 children per woman at child bearing age in 2019.

In 2017, a result of Medium-term National Development Plan survey showed a hopeful trend of lower TFR, at 2,4 children. The lowest TFR was found in East Java at 2,1. In comparison, TFR in Jakarta was 2,2, which was lower than the goal, and TFR in West Java was 2,3. It is determined that to successfully achieve this goal, the programs to be emphasized would be those of woman empowerment and family support. This approach was usefully carried out in the East Java Province. Family planning is merely a tool, whereas the aim should be a paradigm building. Therefore, an empowerment approach is needed. The recent data show that a woman in Indonesia gives births to 2,4 children during her fertile period. The lower fertility rate is influenced by control of pregnancy and births using contraceptives. This can be observed from the increase use of contraception devices and methods.

According to the Indonesian Demographic and Health Survey Records, the use of contraceptives in 1991 was 49,7%, and increased to 61,9% in 2012. However, this number decreased to 59,7% in 2017 based on the data obtained in the Medium-term National Development Plan survey. The above description is supported by the observation findings, in which the use of contraception devices and methods contributes to the decrease of maternal mortality rate in Indonesia. Women who manage their pregnancy and childbirth possess lower risk of mortality. Women on the other hand who give births more often would increase their mortality risk at pregnancy, labor, and post-delivery. Affandi emphasizes the importance of doctor consultations before choosing contraception devices and methods [11]. Through these consultations, prospective contraceptive users receive information on the usage directions, advantages, and disadvantages of the contraceptives to avoid unwanted and harmful effects of inappropriate contraceptives [12]. Even though there are trends in increased use of

contraceptives and reduced fertility rate, it cannot be considered a complete success because it was relatively insignificant and did not meet the 2017 National Target of 2,33 children per child-bearing-age woman.

Hopeful signs emerged from the survey on the Performance and Accountability of the National Family Planning Program in 2018, in which the TFR was reduced to 2,38 children. This and further improvements will require supports from all parties to achieve success for the Family Planning Program and Movement in Indonesia, which include providing contraceptives for older women and increasing the trend in contraceptive usage all over the world [5,13]. The in-depth interviews with public figures yield findings on the factors inhibiting Family Planning Program and Movement. For example, some people are reluctant to use contraceptives because of religious reasons that prohibit such activity. In addition, there is an entrenched view in the community that the use of contraceptives, such as condoms, promotes adultery and free sex. However, there are those who opine on the increased number of Indonesian women using contraceptives and becoming more aware of reproductive health. They, none the less, are puzzled by the persistent high birthrate and number of mothers with more than two children. Family Planning Village initiative is also discussed as an endeavor by the Government to actively promote Family Planning program throughout Indonesia.

This effort is carried out to meet the increased awareness of Indonesian women on the importance of contraceptives and reproductive health. Family Planning Village is the center for encouraging families to adopt family planning practices. Moreover, it has also become the answer to questions in the community whether Family Planning Program is still present and available freely especially for low-income families. These questions indicate the high enthusiasm for family planning services in the community. Many community members report that Family Planning Village facilitates contraception and reproductive health services. They say "It is very helpful because Community Health Center is usually far. Now Family Planning Village is closer, and family planning is more practical, comfortable, and free".

The Family Planning Program must be able to provide method options and/or conform to reproductive rights of couples and individuals. The handling of this issue must be based on the current legal and social norms [14]. Therefore, the National Family Planning Program will not only receive legitimacy from the international community, but also be based on country's mandate and acknowledgment of Indonesian citizens as the objects and subjects of the national development.

B. Previous of Family Planning Program

The in-depth interviews with the four officials of Family Planning Village provide the historical perspective on the previous governmental implementations of the Family Planning policy. The New Order Administration developed the Clinic Period during the Five-year development 1 (1969-1974). Five-Year Development is short for Five-Year Development, which was the Five-Year Development Periods during

President Suharto's Administration. The Clinic Period was named as such because the challenges facing the Family Planning Program were enormous, therefore the Government took the approach of associating Family Planning Program with the health services. The authority of Family Planning Village was strengthened during Five-Year Development II (1974-1979) by the issuance of Presidential Decree No. 38 Year 1978, which established Family Planning Village as a non-department government institution with direct responsibility to the President.

Focus group discussion results add more information on the method transformation. "Beyond Family Planning" was an integrative means built on the health education and approach from the previous period by integrating the Family Planning Program into other governmental development programs. There was also a pilot project of education in population in 1973-1975. Community participatory approach was introduced in 3rd Five Year Development (1979-1984) that consisted of encouraging active roles and entrusting responsibility to the general public through community organizations and public figure, as well as boosting male participations in family planning [15]. The goals to be achieved were educating and maintaining the current enrollees and increasing new family planning participants. In Five-Year Development IV (1983-1988), new approaches were developed and one of them was the active coordination.

The Family Planning Program by the government and communities were synchronized. This active coordination had dual functions, which were as an initiator/mover and influencer and facilitator for women to adopt contraceptives [16]. New operational strategies were also developed, called "Panca Karya" and "Catur Bhava Utama", to increase segmentations and, therefore, speed up the decrease in fertility. The motto of Two Children Is Enough was also born. During this period, another new strategy was developed to combine Communication, Information, and Education. "Integrative Smiling Family Planning Safari" was started to provide contraception services in the form of mass campaign. Regional divisions were set up to accommodate the speed of the program advancement and improve the quality of Family Planning Program services and its effects on the welfare of the participants [6,17].

IV. CONCLUSION

The Family Planning Program by the Indonesian Government, through the National Population and Family Planning Board, generally has proceeded well, however the results are not optimal. Even though there has been a decrease in the total fertility rate and an increase in usage of family planning devices and methods, the results did not reach the targets and therefore could not be considered successful.

A. Recommendation

The National Population and Family Planning Board must provide more intensive education and training for the field agents of the Family Planning Program to create manpower that is of high quality and able to carry out improvements on

promoting the Program in large scale and a sustainable manner to the citizens of Indonesia.

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