

December 1989 No. 11

Population Institute 卐 East-West Center

Honolulu, Hawaii

Falling Fertility in Indonesia: Success in National Family Planning

RESULTS from the recently published 1987 National Indonesia Contraceptive Prevalence Survey provide evidence of rapidly falling fertility in Indonesia over the past two decades. Since 1972 fertility has dropped from an average of 5.5 children per woman to a current rate of 3.3 children.

The most important reason for this fertility decline is a dramatic increase in the use of contraceptives. In 1972 only about 400,000 couples were practicing family planning. Today, there are more than 17 million. According to the contraceptive prevalence survey, nearly 95 percent of all married women in Indonesia are familiar with

at least one modern contraceptive method. About two-thirds of married women have used contraceptives at some time, and nearly half are currently using a contraceptive method.

Much of the credit for this transformation in reproductive behavior goes to Indonesia's National Family Planning Program, which began in 1970. "Indonesia was a relative latecomer to government involvement in family planning," reported the Committee on Population and Demography of the National Research Council in its 1983 study *Fertility Decline in Indonesia*. "Once started, however, the Indonesian family planning program was pursued with great

vigor and effectiveness." Beginning in densely settled Java and Bali, the program spread across the whole of Indonesia and reached virtually all population groups. It has capable leadership, adequate financing, and strong political commitment from national and local leaders.

The program stresses decentralization of decision making and involvement of community members. It has been able to link family planning with people's concerns for better health and an improved quality of life. Also key to the program's success was a decision to consult with Islamic religious leaders and to adapt the family planning program to their concerns.

The National Indonesia Contraceptive Prevalence Survey

THE National Indonesia Contraceptive Prevalence Survey (NICPS) was the first broad and detailed study of fertility and contraceptive use in Indonesia since 1976. The survey was conducted in 1987 by the National Family Planning Coordinating Board and the Central Bureau of Statistics of Indonesia. Interviews were held with about 12,000 ever-married women of ages 15-49, from a sample of households representing over 90 percent of Indonesia's population.

The survey reveals a rapid decline in fertility. At the childbearing rates during the period 1984-87, Indonesian women will have an average of 3.3 children over their reproductive lives. In contrast, at the fertility rates prevailing during 1967-70, women had an average of 5.5 children. The Indonesia National Family Planning Program projects

THE National Indonesia Contraceptive Prevalence Survey is part of the worldwide Demographic and Health Surveys (DHS) Program, which collects data on fertility, family planning, and maternal and child health. The DHS Program is managed by the Institute for Resource Development/Macro Systems, Inc., under a contract with the United States Agency for International Development. In all, over 50 national surveys are being conducted and the results disseminated in final reports and in summaries of the reports intended for policymakers. Further information on the Demographic and Health Survey Program may be obtained from: DHS, Institute for Resource Development/Macro Systems, Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, Maryland 21045, USA.

that fertility will fall to only 2.7 children per woman by the year 2000 (See Figure).

This rapid fertility decline has occurred over two decades of an active and expanding national family planning program in Indonesia. The family planning program objectives include not only reducing fertility rates but also establishing a social norm of two children per family—"the small, happy and prosperous family." The NICPS suggests that the two-child family is becoming widely accepted. Although among Indonesian women as a whole, the ideal family size is 3.2 children, about half of all women with no children or with only one child say that two children is the ideal.

The primary reason for Indonesia's fertility decline is a dramatic increase in the use of contraceptives, the NICPS documents. Among currently married women, about two-thirds have used a contraceptive method at some time, and 48 percent are currently using one. The pill is the most common method of family planning, used by 16 percent of currently married women. Next are the IUD, 13 percent, and injection, 9 percent.

The impact that the national family planning program has had on contraceptive use can be seen in the fact that contraceptive use is highest in Java and Bali, where the family planning program was launched first and has been in operation for the longest time. Also, the program encourages the use of long-term methods such as the IUD and injection among women who have at least three children and women who have reached age 30. Women in Java and Bali are more than twice as likely as women in the outer islands to rely on long-term methods.

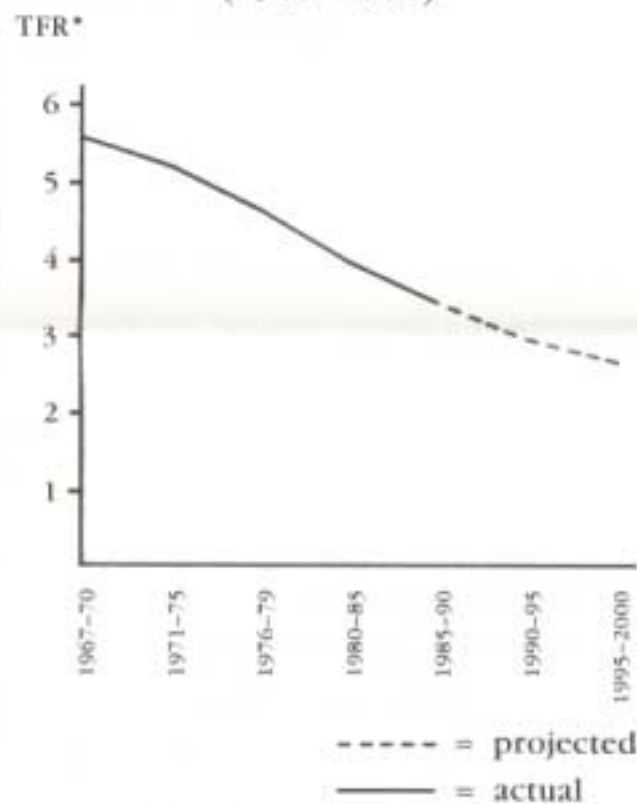
The NICPS reveals that infant and child mortality have declined. During 1972-76, for example, 58 children per 1,000 died between age one and age five; by 1982-87 the

figure had dropped to only 34 per 1,000. "We recognize the important contribution gains in child mortality reduction have on couples' willingness to practice family planning," reports Haryono Suyono, Chairman of the National Family Planning Coordinating Board (BKKBN).

The survey also provides a measure of the unmet need for family planning in Indonesia. Approximately four of every ten married women are not currently using contraception, but either do not want to have more children or would like to delay their next birth by at least two years. And while fertility has fallen throughout the country, some regions have much higher fertility than others.

The NICPS concludes that a transformation in reproductive behavior has taken place in Indonesia during the past two decades, and

**Indonesia's
Total Fertility Rate (TFR)*
(1967-2000)**



* Number of children the average woman would bear in a lifetime at the current fertility rates of the time, given no mortality.

Source: Sumbung (1989:6).

the goals of the national family planning program to reduce fertility are being achieved, but much more remains to be accomplished.

Indonesia's Family Planning Program

THE current success of Indonesia's family planning program holds lessons for other national family planning programs. The family planning program's goals are closely linked to national development goals, particularly improvement of living standards and public welfare. The program cooperates with other governmental activities that affect people's health and welfare. It emphasizes both a direct, quantitative approach—providing access to contraceptive methods and services—and an indirect, normative approach—promoting the ideal of the small family.

The program enjoys the strong support of the President. A non-ministerial agency, the BKKBN reports directly to the President. The BKKBN has a strong central office that formulates policy and plans, coordinates program activities, and supervises the delivery of services. Since 1970 the BKKBN has expanded from a small organization to a national network of some 300 district offices, with representatives in villages and hamlets throughout all of Indonesia. The staff has grown from less than 100 to more than 35,000 salaried employees.

"An outstanding feature of the Indonesian program, which began almost with its inception, was the efficient system of reporting which allowed rapid feedback and evaluation of program efforts," according to the authors of the 1987 book, *The Demographic Dimension in Indonesian Development*.

The program recognizes several broad stages:

■ **Program Expansion:** To increase awareness and knowledge of

family planning and to enlarge the coverage and accessibility of the network for family planning services. This includes increasing the level of community participation.

■ **Program Maintenance:** To improve the quality of family planning services and increase the frequency with which services are provided. This includes maintaining the levels of contraceptive prevalence achieved by the program and fostering the norm of the two-child family among the Indonesian people.

■ **Program Integration:** To integrate family planning services with other development and public welfare activities, with community members and institutions playing an increasingly important role in accomplishing program goals. This aims ultimately at creating an atmosphere in which family planning and the small-family norm are broadly accepted and practiced.

The program also defines objectives by target populations, including (a) the principle target of couples between the ages of 20 and 30, who are encouraged to have no more than two children; (b) wives who have reached age 30, who are encouraged to have no more children; (c) youth, who should become aware of family planning issues at an early age so that they will act as responsible parents later.

The Importance of Community

INDONESIA'S family planning program is particularly known for the extent to which it involves community members in decision making. "The aim is to make the community not the end but the start of the national family planning movement," according to Haryono.

The Indonesian government has also consulted with Islamic leaders in the community. In October 1983, the National Conference of Ulama

William Waterfall



Haryono: "The program has to achieve the ideal of a prosperous couple with two healthy children, smiling into the camera."

on Population, Health, and Development expressed formal support for national family planning efforts, carried out on a voluntary basis and in accordance with Islamic religious teachings. The process of consultation itself conferred legitimacy on family planning, and the discussions led to decisions to exclude abortion entirely and to provide sterilization only outside the program, according to demographer Donald P. Warwick. "These decisions did not remove all religious objections to birth control, but they did prevent an almost certain confrontation between religious leaders and the government over program design."

The Indonesian program is flexible. In urban areas, for example, a concern that family planning was lagging because people did not respond to the same community-based approach as in rural areas led to increased information-education-communication (IEC) activities in these areas. "Urban people were different: more heterogeneous in culture, more likely to have disposable income, more used to mass media advertising, more fashion conscious," explained Haryono. "In addition, there seemed to be a

higher usage of private health services, with some people even paying for family planning services and supplies that they could actually receive free from a government clinic. In response, a program with an urban emphasis was developed."

To bring about greater involvement of the commercial sector and non-governmental organizations in family planning in both urban and rural areas, the KB MANDIRI (self-reliant family planning) program was launched in 1987. The BKKBN believes that as more people regard family planning as a personal need, rather than a government program, they should become more willing to take responsibility and to pay for their own family planning needs.

The Future

DESPITE an effective program, Indonesia's family planners face a continuing challenge: Because of high fertility rates in the past, many young people will soon be entering their childbearing years. In 1985, 40 percent of Indonesia's population was under 15 years old. "The growth momentum generated by the country's youthful age structure will result in continued absolute growth well into the 21st century, even with an aggressive family planning program," according to Peter Sumbung, deputy chairman of the BKKBN.

He estimates that the number of couples eligible for family planning

is expanding by about 600,000 to 800,000 per year and, therefore, to keep contraceptive prevalence rates at current levels will require between 3.3 million and 3.7 million new family planning acceptors per year—more if the ambitious program goals are to be met.

Reaching these quantitative goals will require broad changes in social attitudes and economic conditions as well. To become truly successful, "the Indonesian program has to achieve the ideal portrayed on family planning posters everywhere, 'a prosperous looking couple with two healthy children, confidently smiling into the camera,'" concludes Haryono.

Asia-Pacific

POPULATION & POLICY

Asia-Pacific Population & Policy reports research of interest to policymakers and other professionals concerned with population and family planning.

Support for this publication is provided by the Office of Population, U.S. Agency for International Development, under a cooperative agreement with the East-West Population Institute, East-West Center.

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ISSN 0891-6683

This bulletin includes quotations from the following sources:

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National Indonesia Contraceptive Prevalence Survey (1987) Jakarta: Central Bureau of Statistics and National Family Planning Coordinating Board; Columbia, MD: Institute for Resource Development/Westinghouse.

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