Women and Family Planning in Indonesia:

Where are the Women's Voices?

by Elizabeth Thomas

In 1989 President Suharto of Indonesia received the United Nations Population Award. Indeed, Indonesia's family planning program is frequently acclaimed by development agencies and international organizations as a program which is successfully lowering population growth. With the fifth largest population in the world- 180 million - a successful family planning program is one of the major factors motivating international lending agencies to give development loans and aid to Indonesia.

The voices which are left unheard in this exchange between the Indonesian State, the United Nations, and international lending agencies, are those of the women to whom this issue most pertains. Women whose bodies and lives are controlled by contraceptive technologies and government policies receive little information and are not given any voice in decision making.

Family planning is a big issue for the government of Indonesia, particularly when it comes to the lower classes. A jeepney ride down a main road reveals this; each tree bears a symbol showing the blue circle with the letters KB, short for *Keluarga Berencana,* meaning family planning. The circle can be seen painted on curbsides or stencilled onto trash cans in front of every home.

In villages, low walls are built in front of homes. They bear the picture of a hand with two fingers raised, beneath them the slogan *Dua Anak Cukup* (Two children is enough), then the Indonesian state symbol. At sugar factories and cigarette production lines signs and posters extol the virtues of small families and family planning. However, no such posters or signs are to be found on university campuses or in middle or upper class neighborhoods.

The KB program in Indonesia is run jointly by the Department of Health and the Badan Koordinasi Keluarga Berencana Nasional (BKKBN), the National Coordinating Board for Family Planning. The Department of Health has national, district and sub-district levels; the BKKBN composes an extensive, centralized reporting structure. For both organizations, all policy decisions are made in Jakarta and representation is made at the *puskesmas*, the government health clinics. *Puskesmas* are likely to be the cheapest and often the only source of western medical facilities for women, so it is significant that the state chooses these as the place from which to run the KB program.

Each *puskesmas* in a given district is set a target figure by the BKKBN office in Jakarta. This target figure for people who accept KB is determined from ideal population percentages provided by the United Nations. Workers at the government health clinics are supposed to keep track of the number of families, the number of children in each family, and the method of contraception used by each woman. Each person who accepts KB is given a *kartu merah,* a red card stating what type of contraception the woman is using. This card must be regularly presented in bureaucratic dealings, even if they have nothing to do with family planning.


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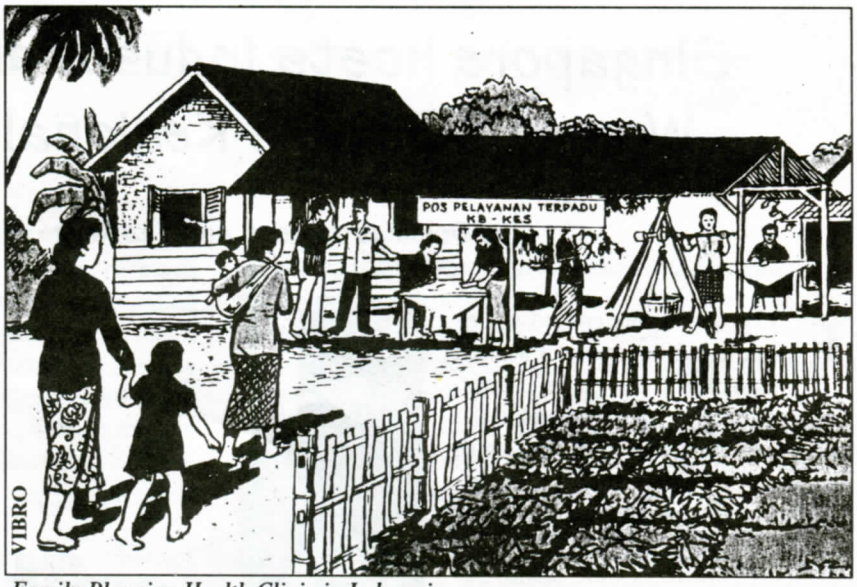
Not only are there target numbers for acceptors of KB, but the methods of contraception are also targetted. These targets form an essential part of the program because health care workers will persuade women to use the targetted methods in order to fulfill requirements issued from Jakarta. The methods of contraception most strongly encouraged by the BKKBN are IUDs, DepoVera injections and tubal ligations, methods in which the woman has little direct control. Vasectomies are not targetted and are rare; also extremely rare is the use of condoms.

While there are no legal penalties for having more than two children, government employees, for example, cannot receive state assistance for a third child. (In Indonesia where many industries are state-owned, and the majority of universities and schools are state-run, most professionals are state employees.) BKKBN employees cannot receive raises or promotions if they have more than two children. They must also use targetted methods of contraception. However, a woman's choice to have only one child or none at all is not given recognition. Indeed, if a woman requests sterilization, her age multiplied by the number of children she has must come to a figure over 100 for the request to be



Family Planning Health Clinic in Indonesia.

granted. Women cannot obtain family planning without the consent of their husbands and there is no access to family planning before marriage. Abortion is illegal unless one doctor and two specialists believe it to be necessary for the health of the mother.

The *puskesmas* reach into the community through *kader*, local women volunteers who recruit women and check up on their contraceptive use. In a clinic that I visited, the *kader* were more conservative Muslim women than the general community; one was the wife of the village headman. In this way the KB program takes advantage of an existing power structure to encourage people to become acceptors. This has been documented in an article in the **Far Eastern Economic Review.** Here, what they call "safaris" were described in the outer island areas of Indonesia. These are "intensive efforts to meet fixed targets of new acceptors.... A team of government health workers -- accompanied by local Muslim leaders, teachers, and military personnel -- descend on a village and gather all the women together for a lecture on the benefits of contraception. By the end of the day, they recruit anywhere from ten to hundreds of women to adopt IUDs, pills or other methods. Individual counselling and information on side effects tends to be minimal on these occasions." (FEER, 18 April 1991, p. 48). The article goes on to say that international agencies have discouraged the Indonesian government from using such tactics. Yet the persuasion of women to use specific contraceptives still takes place in a social structure which denies the status of women, particularly those of the lower class.

Although the Indonesian government is making strides in controlling population growth, it seems to be doing so at a cost. There is a general lack of consideration for the women involved in these policies. Information is hard to come by, statistics kept by workers at the *puskesmas* and used in calculating targets are precarious to say the least, and there seems to be little or no feedback between community workers who deal directly with the women, those who make the policies, and the international organizations that set the initial target figures. Minimal consideration has been given to counselling women, offering alternative methods should a particular type of contraceptive not suit her, or warning her about the side effects certain methods may have.

Another question that needs attention is the use of Norplant (hormone implants) in Indonesia. According to an article in the **Far Eastern Economic Review,** "From 1987 to 1990 more than 886,000 women in 27 provinces in Indonesia received implants. To date, the Indonesian government has purchased some 75 percent of the supply." The Norplant treatment consists of silicone and rubber capsules implanted into the upper arms. These are intended to release a low dosage of progestin over a five-year period before being removed. However, surgical insertions are often done in unhygienic and rushed conditions and, more frighteningly, no one has been trained to take them out. "Up until now, health worker training has focused almost entirely on insertion rather than removal, the latter being far more difficult. As the original acceptors near the end of the five-year cycle, this is becoming critical." (FEER, p.49)

From the evidence I witnessed during my stay in Indonesia, it seems that before holding up these family planning policies as an example for other developing countries, the loopholes and failings of the system, particularly regarding women's rights, should first be seriously addressed.

About the author: *Elizabeth Thomas, North American, served a six-week internship program with Isis International Manila from January to February 1992.*

Prior to joining Isis, she was in Malang, Indonesia for six months where she studied languages and women's issues dealing with health care. Her article is based on her research work.

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