

THE ROLE OF TRADITIONAL ORGANIZATION ON FAMILY PLANNING ACCEPTANCE IN INDONESIA

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Intisari

Upaya peningkatan jumlah akseptor Keluarga Berencana telah dilakukan dengan cara memanfaatkan organisasi, baik yang tradisional maupun yang modern, yang ada pada tingkat desa. Asumsi pemanfaatan organisasi tersebut adalah bahwa keputusan individu untuk mengadopsi cara pembatasan kelahiran dipengaruhi oleh tekanan kelompok individu dalam organisasi. Semakin kohesif hubungan individu dalam organisasi maka semakin kuat tekanan terhadap anggota agar mengikuti norma kelompok.

Makalah ini berisikan deskripsi kelompok tradisional yang ada di tingkat pedesaan dan aktivitas yang dilakukan oleh BKKBN di dalam memanfaatkan organisasi tradisional untuk menunjang gerakan Keluarga Berencana. Selain itu dihicarakan pula kelompok organisasi modern yang diciptakan untuk menunjang KB, dan organisasi modern lain yang dapat digunakan untuk menunjang gerakan KB.

Makalah ini menunjukkan bahwa kohesifitas hubungan individu dalam organisasi ada kaitannya dengan penerimaan Keluarga Berencana. Selain melihat kaitan organisasi dengan penerimaan KB, makalah juga mendiskusikan peranan gerakan keluarga berencana nasional di dalam menurunkan fertilitas.

Introduction

This paper discusses two related issues, of which one is the decline in fertility in Indonesia and its possible causes, and the other utilization of village traditional organization in the family planning program in Indonesia. The discussion of the first issue provides an analysis of the possible causes of fertility decline, and demonstrates the role of the family planning program in causing the decline. The discussion of the second issue explores one of the strategies utilized by the Indonesian family planning program in causing the decline. The discussion of the second issue explores one of the strategies utilized by the Indonesian family planning program, considered by many

people as the major cause of family planning succes. The discussion provides the basis to consider the possibility of the strategy to be applied to other countries.

Fertility decline and its possible causes

There has been a marked fertility decline in Indonesia. Finding from the 1971 Population Census indicated that the Total Fertility Rate (TFR) was 5.6 in mid-60s. The 1985 Intercensal Population Survey data showed a TFR of 4.1 for the period of 1981-1984. Thus in less than 15 years the TFR has declined about 28 percent. The results of the National Indonesia Contraceptive

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Prevalence Survey of 1988 showed a drop from 4.3 children per reproductive woman in 1981-1983 period to 3.3 in the following three years (1984-1987), a decline of 23 percent which occurred in a very short time.

The decline in fertility has been attributed to several factors. One factor which has been claimed as the major cause of decline is the success of the family planning program, while the other factor is the effects of the development program. Factors claimed by some authors as causes of the decline are:

The Success of the Family Planning Program

The family planning program in Indonesia has been considered by some people as one example of success story. The success of the program is attributed to several factors:

1. *Strong political commitment to anti-natalist policy.*

In 1967 the President of the Republic of Indonesia, Soeharto, signed the World Leaders Declaration on Population. Since then, the Government gives a strong and persistent political commitment to fertility control. An example of this strong political commitment in the inclusion of the family planning performance as one of the eight criteria for evaluating the performance of the local government, from provincial levels up to the grassroot level of government units. Local government leaders are held responsible for the successful performance of the Family Planning Program. This responsibility has caused local leaders to use any effort to make the program

successful, including taking actions against eligible couples who would not join the family planning program (see Ancok, 1984). As part of strong political support, every two years the President invites 300 couples representing active family planning acceptors (continuous acceptors for 10 to 16 years without interruption) from all over the country to the Presidential Palace to receive awards from the President personally (Soeharto, 1989). The President also frequently made statements in newspapers, on television, and in the radio concerning the urgent needs of birth control. He shows strong support to the program by allocating a substantial amount of the budget, even at the time when the government income is going down (Warwick, 1986).

2. *The effectiveness of organization.*

The organization of a substantial budget, covers all provinces. In every province, there are NFPCB representative offices in every regency and municipality. This organizational structure allows the program activities to be spread out more easily in the community.

3. *Effective strategies.*

Even though there are some negative reactions from community. One of the effective strategies is to utilize and mobilize traditional village organizations.

The success of the Family Planning Program coordinated by the NFPCB has increased the prevalence rate of acceptors. The data in Table 1 show a marked increase in the number of family planning acceptors in six major provinces. The strategies, structure, operating style, and sources of success

TABLE 1
 PERCENTAGE OF MARRIED WOMEN WHO ARE CURRENTLY USING ANY FAMILY PLANNING
 METHOD BY PROVINCE, 1976 INDONESIA FERTILITY SURVEY AND 1987 NATIONAL
 INDONESIA CONTRACEPTIVE PREVALENCE SURVEY

Province	1976 IFS	1987 NICPS	Ratio 1976/1987
Jakarta	28	54	1.9
West Java	16	46	2.9
Central Java	28	54	1.9
Yogyakarta	40	68	1.7
East Java	32	50	1.6
Bali	38	69	1.8
Total	26	51	2.0

Source: NICPS, 1987

of the Indonesian family planning program have been discussed by several authors (for a comprehensive analysis, see Warwick, 1986).

The Impact of Development

A number of authors such as Hull (1987) and Molyneaux *et al* (1989) argue that the decline in fertility is influenced by the impacts of development. Development aspects which are considered as influential to fertility decline in Indonesia are as follows.

1. *Education.* The opportunity to achieve wider and better education has had a substantial impact on fertility decline. The number of women graduated from elementary school and secondary school has increased from year to year (see Hull, 1987). The improvement in education has changed the community perception on the value of children. People are more willing to accept new ideas and

innovations, such as limiting the number of children and accepting family planning. In addition, longer educating at school has caused the postponement of marriage. The average age at first marriage has increased from 19 to 22 years. There is an increase in the proportion of never-married women from year to year. On the whole, the percentage of never-married women increased from 21.5 percent in 1980 to 24.9 in 1985, and 26.4 in 1987 (NICPS, 1987).

2. *The decline of infant mortality rates.* The willingness to limit the number of children in the family is influenced by the survival rate of children. The better chance for children to survive, the more willing the parents are to have a smaller size family. The infant mortality rate which was 142 in the year of 1971 had dropped to 70.2 per 1000 births in the period of 1982-1987. Better education and better health

facilities and services have also caused the mortality rate to decline.

3. *The growth of women participation in non agricultural labor force.*

The progress in economic development has opened broader opportunities for women to participate in non agricultural sectors. Several studies indicate that women who work in non agricultural sectors tend to have smaller families (Effendi, 1978; Sugito, 1985).

The causes of fertility decline mentioned above have never been adequately tested by using appropriate data and statistical techniques. Therefore it is unknown to what degree the contribution of each factor has affected the fertility decline. However some authors have initiated studies aimed to assess the impacts of each plausible factor.

Molyneaux *et al* (1989) have tried to pinpoint the impacts of the family planning program and socioeconomic aspects on fertility rates and contraceptive prevalence rates by comparing the data from two different periods, i.e. the 1980 Census and the 1985 Intercensal Population Survey. The authors investigated the impacts of changes in the family planning program variables and the socioeconomic variables, and to what degree the changes have influenced the fertility rates and contraceptive prevalence rates. In their study, a number of variables predicted as influencing age-specific fertility rates and age-specific contraceptive prevalence rates were included in the regression analysis. These variables included the infant mortality rate, women graduated from junior high school, population engaged in the non agricultural sectors,

children of 10-15 years old engaged in the labor force, households owning radios/cassette players, household owning television sets, household using electricity for lighting, number of clinical staff, number of family planning village field workers, number of family planning village volunteers, and the frequency of visits of the mobile medical team. The authors hypothesized a negative correlation between the explanatory variables and the age-specific fertility rates, and a positive correlation in the age-specific contraceptive prevalence rates. The findings show that infant mortality rates correlate positively with fertility rates, while the increase of women in the labor force between 1980 and 1985 was negatively correlated with fertility rates. When the increase in the age specific-contraceptive prevalence rates was included as an explanatory variable along with the other variables, it was found correlated with the fertility decline. The findings of this study demonstrate that both socioeconomic variables and contraceptive use have influenced the fertility decline. The increase in contraceptive prevalence rates was influenced both by socioeconomic variables and family planning program variables. The growth in socioeconomic variables (women receiving junior high school education and over, population working in the non agricultural sector, and households owning radio/cassette players) correlate positively with the increase of the contraceptive prevalence rates. Similarly some variables of the family planning program (clinical staff and family planning village volunteers) are positively correlated with the contraceptive prevalence rates. However there are some variables, either socioeconomic or family planning

program, which do not correlate with either fertility or contraceptive prevalence rates. These variables are households using electricity, children engaged in the labor force, and frequency of mobile medical team visits.

Another study assessing the impacts of the family planning program on contraceptive prevalence was conducted by Lerman *et al* (cited from Molyneaux *et al.*, 1989). Using the regencies and municipalities of the whole country as units of analysis, the authors found that field worker activities, field worker supervisor activities, and the number of community contraceptive distributors have all a positive and significant effect on contraceptive prevalence rates.

Utilization of traditional village organizations in the family planning program.

As mentioned earlier, the utilization of traditional village organizations has been one of the effective strategies of the Indonesian family planning program. The use of traditional organizations as the channel for the family planning program is inspired by the group behavior theory. In groups (or organizations) people interact with others intensively and experience psychological pressure from other members. The more dynamic interaction in the group, the greater the pressure to conform with the group norms (see Sherif & Sherif, 1953; Cartwright and Lippit, 1971). With these characteristics, the group can be effective as a channel of information on family planning and contribute to a positive attitude change toward the program. In addition, the group can be used as an entry point for contraceptive distribution.

Traditional organization in Indonesia

The question concerning this strategy is "Can this strategy be applied in the other countries?". The applicability of this strategy to other countries depends upon the conditions of the communities of the countries concerned. As long as the conditions are similar, there is a possibility the strategy can be applied.

To create a social organization and to live in it is part of the social need among most Indonesian people. As argued by several authors (i.e. Geertz, 1977; Tjondronegoro, 1984) the social organization can serve the needs of the people either in terms of economic, spiritual, or social aspects of life. Traditional organizational in rural areas has been a reality since hundreds of years ago. The attachment to the norms and activities of organization and to follow the leaders are traditional to community members. This tradition exists, partly, because of the aristocratic leadership which developed from the kings who ruled several regions of Indonesia since the seventh century.

There are many different kinds of traditional organizations. The most common organizations which exist in most of the villages are follows (see Tjondronegoro, 1984).

1. *Simpan pinjam* (Savings and loan association). The purpose of this organization is to create a fund through weekly inputs or savings with a certain amount of money. Each member is expected to pay deposits during each gathering, and if there is an urgent need for cash they can borrow a small sum without interest. On average the number of members in the organization ranges from 20 to 100 persons.

2. *Arisan* (a rotating credit association). The *arisan* normally has a different purpose. In many cases it is not meant to support the daily basic need of its members. It is more frequently for collecting a relatively big amount of cash, which is used for capital or buying household goods such as furniture, utensils, or any other household articles. Members of this organization are predominantly women. In its operation, the members of an *arisan* come together at each meeting at certain intervals (usually weekly, fortnightly or monthly) and are obliged to make periodic deposits to build up an *arisan fund*. The money is then borrowed by the member who wins the lottery draw. The winner continues to deposit for subsequent drawings but may not 'win' again until all other members have had a turn. The cycle closes whenever every member has had a lucky draw.
3. *Perkumpulan kematian* (burial association). This organization is a mutual-help association for handling the burial of its members of family members. Each member is requested to contribute a small amount of money, or more frequently a cup of rice grains weekly or monthly to the organization so that whenever a member of the group dies the expenses for the burial are ensured. Mutual-help practices also take care of the grave-digging, the carrying of the deceased in the procession to the graveyard, and the ceremonies following the burial. Another similar type of organization is called *beras parelak*, where each member contributes a spoonful or a

little cup of rice weekly to the organization so that whenever a member of the organization passes away, the expenses of burial are ensured.

4. *Lumbung paceklik* (Rice store for emergency period). This organization insures against poor harvest in the hamlet or village, in which the members make contribution in kind, usually rice, just after the harvest.
5. *Kebatinan* (group practicing mysticism). The member of this organization practice mysticism. This kind of organization keeps regular meetings, either weekly, fortnightly or monthly.
6. *Pengajian* (Prayer group). In this type of organization the member gather regularly, in most cases weekly, to read the Quran, and to listen to religious sermons.

The above mentioned organization mostly exist in Java, though some of them also exist among the communities in the outer islands. The data in Table 2 present some information regarding the types and characteristics of these traditional organizations in the subdistrict of *Cibadak* in West Java.

Apart from the traditional organizations mentioned above, in the island of Bali where a big portion of the population of Indonesia lives, there is a certain traditional organization called *banjar*. The *banjar* is basically a residential unit, where members live side by side harmoniously. The membership of the *banjar* usually ranges between 50 and 100 household heads. If the *banjar* grows larger than this number, it is usually split into several smaller *banjars*. The function of a *banjar* is to take care of almost every aspect of a person's life, virtually from the time of birth until the

TABLE 2
TRADITIONAL ORGANIZATION IN THE SUBDISTRICT OF CIBADAK, 1974

Indigenous Name	English Translation	No. of organization	Total Members	Range of Members
Simpan pinjam	Saving and Loan Ass.	9	438	20-87
Arisan	Rotating Credit Ass.	55	1,390	10-48
Beras Parelak	Burial Insurance Ass.	76	4,180	10-332
Kematian	Burial Association	122	8,989	25-280
Pengajian	Prayer Sessions	169	8,223	11-162
Lambung Paceklik	Rice Store for emergency period	9	463+	20-40
Kcbatinan	Group practicing mysticism	19	267	5-51

Source: Tjondronegoro, (1984). Table 7.12

day he dies (see Streatfield, 1986). The membership is compulsory for all adult males residing within the territory of the *banjar*. The *banjar* council usually holds a meeting once every thirty five days, although some *banjars* meet less frequently. Some of them even hold a meeting only once a year. The meeting produces decisions which are achieved normally through concensus of agreement under the guidance of the headman called *kelian banjar*. The members who do not attend the meeting will be fined, and persistent refusals to fulfil a *banjar's* duty can be punished by social ostracism is viewed by most Balinese as a fate worse than death.

At the earlier stage, the NFPCB utilized the village traditional organizations only as a channel of communication, information, and education concerning family planning and contraceptive distribution. Later on, the utilization of traditional organizations was extended beyond the family planning program. A traditional organization which is successful in recruiting new acceptors is rewarded

with funds to support income generating activities. In addition, the most successful organizations may receive other incentives, such as television sets, hybrid coconuts, scholarships, and invitation to the members to the Presidential palace (see Ancok, 1984).

Along with the traditional organizations, modern organizations on the village level have also been employed to support the program. Some examples of these are:

1. *Dewan Kesejahteraan Masjid* (Council for Mosque Welfare). This organization takes care of maintenance and reconstruction of the mosque around which the association is centered. It also incorporates welfare activities such as supporting the needy. In a situation where a program experiences a rejection from devoted moslems, the use of religious leaders of this organization has been successful in lessening the rejection.

2. *Kelompok Pendengar, pembaca dan pemirsa* (Listener-reader-viewer group). The main objectives of this organization are to improve the knowledge of its members, and to keep them informed about the development program through the radio, television, and the village program newspaper.
3. *Koperasi* (cooperatives). This organization exists in the villages to serve the members' economic needs such as buying fertilizer or selling agricultural products with a better price.
4. *Kelompok tani* (farmers' groups) and *wanita tani* (farmers'wives' groups). The organization is established as an educational channel for farmers to learn new techniques of farming. The group meet regularly, at least once a month.

These modern organizations have been employed as tools to recruit new acceptors by involving them in the communication, information, and education programs as well as beyond the family planning program.

These are other organizations, called the *Paguyuban KB* (Family Planning Acceptors Group) created by the NFPCB with the objectives of promoting the program. The acceptor groups adopted the traditional organizations as part of the group. Two major types of activities covered by the groups are the family planning and non-family planning activities. With regard to family planning activities, the groups are involved in (1) contraceptive distribution (pills and condoms) for new and old acceptors, (2) motivating non acceptors to use contraceptives, (3) IUD insertion for new acceptors by trained paradedemics, (4) controlling IUD for old acceptors,

and (5) controlling the side effects of contraceptives. In addition, the groups also organize income generating activities, providing with skills in embroidery, handicrafts, and cooking. Teaching about healthy living, money saving, reading, writing and arts as parts of the non-family planning activities. The group meeting is held every 28 days. The reason for arranging the meeting in such a way is to remind the members who use the pills that by that time they should take another new strip of pills. According to a recent report, this group has increased tremendously in number from 2200 in 1974-1975 to 123,000 groups in 1983-1984 (Singarimbun, 1989). Presently the number of the groups is around 200,000 (Soeharto, 1989).

Studies on traditional organizations and contraceptive acceptance

Systematic studies assessing the impacts of traditional organizations on contraceptive acceptance are scanty. Studies cited in this paper are based on the use of *banjar* (Balinese traditional organization).

In 1976 a study was conducted by Soengeng Waloejo (1976) to investigate the possibility of using *banjar* as a channel of the family planning program. The findings of this study indicated that the *banjar* would be an ideal channel for institutionalizing the family planning program. The conditions in the *banjar* system which support the program are (1) frequent contact among its members through council meetings which are usually held once every 35 days; (2) strong attachment to the *banjar* program due to the existence of penalty for those who do not support the program; (3) the regular meeting of appointed traditional headmen of the

banjars (*kelian*) with the village headman (*perbekel*). The *perbekel* is a government staff who transfers the information from the Government to the *kelian* which subsequently relays the information to his members. Based on the findings of this study the *banjar* system has been formally used as the channel of the family planning program since 1977.

The incorporation of *banjar* as part of the family planning channel is motivated by several reasons. Firstly, to try to institutionalize the small-family-norm in the community. This goal is achieved through the *banjar* meeting and its leader. Secondly, *banjars* are needed as record keeper of the statistics of the acceptors-old as well as new, the types of contraceptive use, and contraceptive drop-outs. Thirdly, the *banjar* system was thought of as a good channel for the contraceptive distribution; and fourthly, in the *banjar* meeting the acceptors could discuss every problem of contraceptive side effects. In terms of providing reports, the *banjar* system has been successful. Streatfield (1986) reported that during the first quarter of 1976, out of the 1,848 surveyed *banjars*, there were 91.1 percent which returned the reports, and in the fourth quarter of the same year, all of 3708 surveyed *banjars* sent in the reports. The utilization of 3708 *banjars* as family planning contraceptive distribution centers has reduced the number of the family planning session in the clinics from 1,949 sessions (approximately 9,472 hours total) in December 1973 into 1,304 session (approximately 6,973 hours total) in December 1976.

According to some comments from several family planning staff members, the use of *banjar* as part of the program

has increased the prevalence rate of contraceptive use. To support this claim, several staff members examined the increase of prevalence rate from year to year. The statistics reported by the National Family Planning Coordinating Board (NFFCB) seem to support this claim. There has been a substantial increase in the prevalence rate from year to year. For example, before the *banjars* were formally used as part of the program, in 1975-1976 the prevalence rate as reported by the World Fertility Survey was 33.3 percent, but in 1977-1978 when the *banjar* system was introduced, the data from the NFPCB-Bali indicated that the prevalence rate increased markedly to 61.4 percent (see Streatfield, 1986). This substantial increase occurred in a very short time, and even though it was also influenced by other external factors, the influence is attributed to the role of the *banjar* system.

To what degree the *banjar* could be instrumental in promoting the family planning program depends on the dynamic activities of the *banjar*. The *banjar* which indeed have dynamic characteristics tend to be more successful to recruit members to become acceptors compared with *banjar* which are less dynamic. Suyatno (1982) in his study classified 30 *banjars* into two categories according to the activities of the respective *banjars*. The dynamic of the *banjars* was measured through various aspects such as (1) to what degree the goals of organization matched with the member's goal; (2) the clarity of the organizational structure and the function of each member; (3) the task functions of the organization (i.e. providing with information, coordinating the activities, satisfying the members, inviting the members to

participate in the activities of the organization); (4) cohesiveness among members; (5) group pressure toward its members, to motivate every member in order to achieve the goal of the organization. He has found out that more dynamic *banjar* tend to have higher percentage of acceptors compared with the less dynamic *banjars*. Using regression analysis with the various aspects characterizing the dynamics of *banjars* as explaining variables, he found that the dynamic of the *banjar* as explaining variables, he found that the dynamics of the *banjars* was correlated with the percentage of contraceptive acceptors in the *banjars* ($R^2 = 0.68$, $p < 0.01$). The variance of 68 percents seems to be suggesting that the important aspect of organizations which support the contraceptive acceptance is the level of the dynamics of the organization.

Unfortunately studies using different kind of traditional organizations, to the knowledge of the present author, have not been done by investigators interested in the family planning research. Does the finding in the *banjar* system can be applied to other organizations is a question need to be answered. Similarly, the successful efforts of NFPCB in using the traditional organizations for promoting family planning program possibly can not be transferred to other country settings. However, if the other favorable conditions such as strong political support from the central and local government, and positive response from the religious leaders exist, then the utilization of traditional organizations can be of a great assistance in promoting contraceptive acceptance.

Conclusion

The explanation for a substantial decline in fertility in Indonesia has been proposed. Two major sources of the decline, the success of family planning program, and the impacts of development program. However, the empirical evidence to pin-point the effects of each source is insufficient. More studies are needed to give a better explanation for the fertility decline.

Similarly, the success of family planning program has been attributed partly to the utilization of traditional organizations. One of the evidence to support the argument is the role played by the village traditional organization, where by eighty percents of contraceptive were distributed by the organization. To what degree the organization have been able to recruit new acceptors is unknown. Further studies should answer this question.

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