

## Revitalizing Advocacy and Communication Strategies on Demography and Family Planning Programs in Indonesia

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### Introduction

The development of Demography and Family Planning (DFP) programs in Indonesia experienced its prime during at least three decades (1970-2000) when the programs were managed on an integrated basis, in which all stakeholders support the national program in their respective capacities and positions, at the central and local levels. Successful implementation of various programs, as well as a very significant achievement of the performance, has made Indonesia a model for a successful developing country in family planning. A large number of other developing countries, in addition to various international institutions, were conducting comparative studies and made the success DFP implementation in Indonesia a learning model.

However, this success subsequently underwent a drastic change. In line with the change in the socioeconomic and political dynamics brought about by reform, the whole system and structure of DFP have changed.

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This paper<sup>1</sup> argues that socio-political context has affected the policy implementation and results of Demography and Family Planning (DFP) programs in Indonesia. Good implementation and results were achieved under the authoritarian political system (1970-2000) era when the central government could introduce and has a strong control to the policy implementation without any difficulties. On the contrary, in line with democratization system under regional autonomy era since 2000s, the leaders and local governmental agencies generally do not prioritize on family planning development program. Central and local governments used to be very systematic in designing and implementing policies, programs and activities for DFP program, but that is no longer the case. In accordance with the regional autonomy, policies on DFP are now more disintegrated, and managed in sectors. Political commitment and budgeting, as well as support of stakeholders and local governments, have drastically decreased.

DFP policies at the local level are now highly dependent on the priorities of the respective regional heads. There are indeed some regional heads that have strong concern for demography in their development policies, but many do not. Hence, the policies and programs on demography are marginalized and no longer a priority. Improper governmental agency policies on population and family planning programs and its implementation have been resulting higher trend of population growth in Indonesia and many worse consequences for socio-economic life of community.

### **DFP Programs during the New Order Era**

Indonesia has historically been acknowledged as a very successful developing country in managing DFP programs. The programs were firstly introduced in 1968, supported by related governmental agencies at various levels that coordinated under the leading agency, formerly known as Badan Koordinasi Keluarga Berencana Nasional (Coordinating Body for National Family Planning), which is now renamed as Badan Kependudukan dan Keluarga Berencana Nasional

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(National Population and Family Planning Agency) or BKKBN. Population development, by focusing on population control, has become an important national issue and most of related parties have realized the importance of family planning agenda.

Various types of policy supports in implementing DFP programs included sufficient budget allocation, recruitment of thousands of field officers for family planning that were placed in every sub-districts, recruitment of hundreds of thousands of family planning cadres in rural areas, provision of thousands of motor bikes for improving the higher mobility of field workers, integrative training for field workers, provision of various contraceptives of family planning, free services for family planning participants in rural areas and poor households, and incentives for households to be active family planning participants (for example by giving scholarship for their children). As the result, the rate of population growth at national level significantly decreased. In 1970, the rate of population growth in Indonesia was considerably high at 2.31 percent. Between 1990-2000, the population growth rate was at 1.47 percent.<sup>2</sup>

Under the authoritarian political system, the central government could introduce and had strong control of the policy implementation without any difficulties. At all local levels, population and family planning matters were arranged by an autonomous governmental agency with sufficient budget allocation and had a great flexibility in programs implementation. A low rate of population growth of below 1.5 percent was the strong evidence of success story of family planning in Indonesia at during the new order era.

### **Population Status in Indonesia**

Since 2000s, in accordance with the regional autonomy, policies on DFP are now more disintegrated. At the national level, the strong perception among governmental agencies on the importance of family planning programs has weakened. Political commitment and budgeting, as well as the support of stakeholders and local governments, have drastically decreased. Moreover, local leaders and local governmental

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<sup>2</sup> BKKBN, *Panduan Akslerasi Pengembangan KKB Tahun 2013-2014 dalam Rangka Pencapaian Target MDGs Tahun 2015* (2013)

agencies have no more strong concern on family planning development programs. From the perspective of organizational bureaucracy, population and family planning issues are commonly only as a part or sub-division at governmental agency at the local levels with less budget allocation. As a result, population and family planning programs could not be effectively applied, and, as a consequence the population growth has been slightly increasing.

As documented by Population Reference Bureau/USAID,<sup>3</sup> by mid-2012, the total population in Indonesia is 241 million people that accounted of 39,6 percent of Southeast Asian population (See Table 1). The report also shows that births per 1,000 population in Indonesia is 19, which is accountably high at the similar level with Malaysia and Brunei. Thailand and Vietnam's numbers are much better with 12 and 17 respectively.

Table 1 also shows that the rate of natural increase of population in Indonesia is 1.3 percent, which is accountably high compared to Thailand (0.5 percent), Vietnam (1.0 percent) and Myanmar (1.1 percent). The total population of Indonesia is predicted to be 273.2 million people in 2025 and 309.4 million people in 2050.

**Table 1. Population Status in South East Asian Countries**

Countries	Population mid 2012 (millions)	Births per 1,000 Population	Deaths per 1,000 Population	Rate of Natural Increase (%)	Projected Population		Infant Mortality Rate
					Mid-2025	Mid-2050	
Brunei	0.4	19	3	1.6	0.5	0.6	5
Cambodia	15.0	26	8	1.7	18.0	22.3	57
<b>Indonesia</b>	<b>241.0</b>	<b>19</b>	<b>6</b>	<b>1.3</b>	<b>273.2</b>	<b>309.4</b>	<b>29</b>
Laos	6.5	28	8	2.0	7.9	10.0	57
Malaysia	29.0	20	5	1.5	34.8	42.9	7
Myanmar	54.6	19	8	1.1	61.7	70.8	51
Philippines	96.2	25	6	1.9	117.8	154.5	22
Singapore	5.3	10	4	0.5	5.8	6.1	2.0
Thailand	69.9	12	7	0.5	72.9	71.0	12
Timor-Leste	1.1	34	8	2.6	1.6	2.5	45

<sup>3</sup> Population Reference Bureau/USAID, 2012 *Population Data Sheet*

Vietnam	89.0	17	7	1.0	101.6	110.2	16
South East Asia	608	19	7	1.2	696	801	27

Source: Adapted from Population Reference Bureau/USAID, 2012 *Population Data Sheet*

Considering population as subject and object of development, the issue of population has become one of the most important issues on socio-economic development. Population growth directly results in higher demand for the provision of various aspects of human life including food, health services, housing, job, infrastructures and access to resources. In developing countries, higher population growth has generated worse condition of people life in many aspects.

Strong relation between population and resources was advocated two centuries ago. Malthus' theory<sup>4</sup> predicted that the world would continuously be under threat as the capability to produce enough food is always lagging behind the growth speed of population. Revisiting the work of Malthus theory, a renowned economist Jeffrey D. Sachs raised a big question: "have we vanquished Malthus trap?"<sup>5</sup> Thinking and solving the problems of food security means thinking and solving population growth<sup>6</sup>.

### DFP Advocacy

In the context of contemporary global and national developments, advocacies are common in various development policies and programs of an administration, and are significant part in strategic planning in order to generate optimal output and outcome for both for the institutions concerned and the clients. In general, advocacy can be interpreted as action or process to defend or support. In the context of advocacy for an institution and its policies, it is designed to accomplish positive changes and support for the purpose of strengthening the bargaining position of the institution and its policies and programs developed for the benefit of target communities. The forms of advocacy generally

<sup>4</sup> Thomas Robert Malthus, *An Essay on the Principle of Population*, (London: J. Johnson, 1798)

<sup>5</sup> Jeffrey D. Sachs, "Are Malthus's Predicted 1798 Food Shortages Coming True?" *Scientific American*, 25 August 2008.

<sup>6</sup> Subejo, *Bunga Rampai Pembangunan Pertanian dan Pedesaan* (Jakarta: UI Press, 2013).

include education and awareness raising, and reaching out to related parties, including lobbies in the centers of policy and decision making, both the executive and legislative branches.

Over the last several years, advocacy for demography and family planning development in Indonesia has regained an increasingly important and strategic position, and thereby continues to be comprehensively designed. Advocacy for public health that includes demography and family planning, as pioneered by Center for Communication Programs Johns Hopkins School of Public Health and developed by BKKBN (as shown by various BKKBN publications in 2003<sup>7</sup>, 2006<sup>8</sup> and 2011<sup>9</sup>), represents an effort to influence the public policies. This includes statement of policy or establishment of a movement by the authority to guide and control the behaviors of institution, community and individuals in relation to the development of demography and family planning.

Advocacy for strategic role of institution and its successful policies and programs needs a systematic and comprehensive designing with introduction to and understanding of various strategic issues related. The ultimate goal of gaining supports and advocacies for related parties and strong bargaining position of the institution and its policies necessitate favorable opinion from the relevant stakeholders. Favorable and supportive opinions are built on various phases that start from: (1) introduction to socialization intensification of strategic issues; (2) awareness rising on the importance of the issues; (3) deep understanding and supportive attitude because the strategic issues represent the public interests in the context of macro development; (4) attention or concern from the relevant institution (common interest); (5) support and advocacy for policies and programs through various scenarios according to the capacity and authority of the relevant stakeholders. Support and advocacy may include integration and joint program, willingness to establish strategic alliance and partnership, to facilitate the program, the discussion and to allocate budgeting.

In addressing the existence of an institution and its policies and

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<sup>7</sup> BKKBN, *Advokasi Program KB Nasional* (Jakarta: 2003)

<sup>8</sup> BKKBN, *Bagan A untuk Advokasi, Diterjemahkan dan direproduksi oleh BKKBN* (Jakarta: 2006)

<sup>9</sup> BKKBN, *Grand Desain Advokasi dan KIE Pembangunan Kependudukan dan Keluarga Berencana Nasional* (Jakarta: 2011)

programs, both internal and external parties have the standing position that can be grouped into three: (1) supporting (positive), (2) neutral, and (3) opposing (negative). Ideal advocacy is the one that successfully defend and even increase the positive attitude from the already supporting parties, that capable of persuading the neutral parties to be the supporting ones, and the opposing parties to be, at least, the neutral ones, in order to pave the way in designing and implementing its various policies and programs. In general, advocacy strategy can be designed to encourage different standing positions in every stakeholder. However, the differing emphasis and substantive material can be adapted to the standing position of the targeted audience to achieve optimum changes on the part of stakeholders as partners. Models of more persuasive and constructive advocacy apparently will be highly effective; in addition to formal method, lobbies and personal informal approach that frequently proven effective and right on target in the advocacy for institution and its policies and programs.

### **Stakeholders of DFP Advocacy**

Development of demography and demography control programs play a strategic role in the process of socioeconomic development in Indonesia. Successful Demography and Family Planning (DFP) programs are largely determined by the stakeholders, which include multiple actors, both located vertically and horizontally. Vertically, actors that determine the successful implementation of the program ranges from the components at the national, province, regency, sub-district, village, and individual levels. Meanwhile, horizontally, coordination and synchronization of the programs are necessary to be conducted with the public and private institutions, as well as corporations.

Models and approaches to vertical and horizontal communication need to be identified and developed to optimally support the achievement of DFP programs. For example, at the national level, BKKBN as the leading actor needs to establish strategic alliances with other government agencies, such as the Ministry of Health, Ministry of Home Affairs, Ministry of Social Affairs, Ministry of Labor, Ministry of Social Welfare, Ministry of Education, Ministry of Communications and Information Technology, Ministry of Religious Affairs, and related agencies. At the same time, BKKBN needs to collaborate with private

institutions such as the media, religious organizations, state owned enterprises and NGOs.

To support the effectiveness of the program and encourage the expansion of DFP program, an approach to Communication, Information and Education of Demography and Family Planning (CIE-DFP) is a necessary. CIE is a model of approach to and method of integrated communication that can be utilized to implement healthcare program (including FP) to achieve optimum results on a wider scale. CIE was further developed by the UNFPA as a model called Information, Education and Communication (IEC).<sup>10</sup> The model combines strategy, approach and method that enable individuals, families, groups, organization, communities to play more active role in achieving protection and sustainability of their respective health status. In short, CIE-DFP or IEC Family Planning is a learning process that empowers people or the concerned parties to make decision, to modify behaviors, and to change their social condition relevant to health and family planning.

Basic strategy of Communication, Information and Education (CIE) in DFP program refers to the basic theory of human behavior change that involves three aspects: (1) changes in knowledge and understanding (cognitive), (2) changes in attitude (affective), and (3) changes in behavior (behavioral). Changes in those aspects may occur simultaneously or gradually, depending on the process and socio-ecological condition that favors the process of change. The ultimate goal to achieve from the communication strategy in CIE is the change in behaviors. The processes of the change involve quite complex components: internal or main components in behavior (internal factors) and external components or its strategic environment (external factors).

The objectives of development program campaigns, including those in healthcare and family planning, are in line with the model of development education campaign developed by Rony Adhikarya who came up with the idea of Strategic Extension Campaign (SEC).<sup>11</sup> In principle, SEC encourages changes in the aspects of Knowledge, Attitude, and Practice (KAP) in all development programs.

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<sup>10</sup> The United Nations Population Fund/UNFPA, "Appendix One: Information, Education and Communication (IEC) Programmes," accessed in July 2013 <http://www.unfpa.org/emergencies/manual/a1.htm>

<sup>11</sup> Rony Adhikarya, *Strategic Extension Campaign : A Participatory-oriented Method of Agricultural Extension* (Rome: FAO-United Nations, 1994)



## **Socio-ecological Environment and Basic Strategies of DFP**

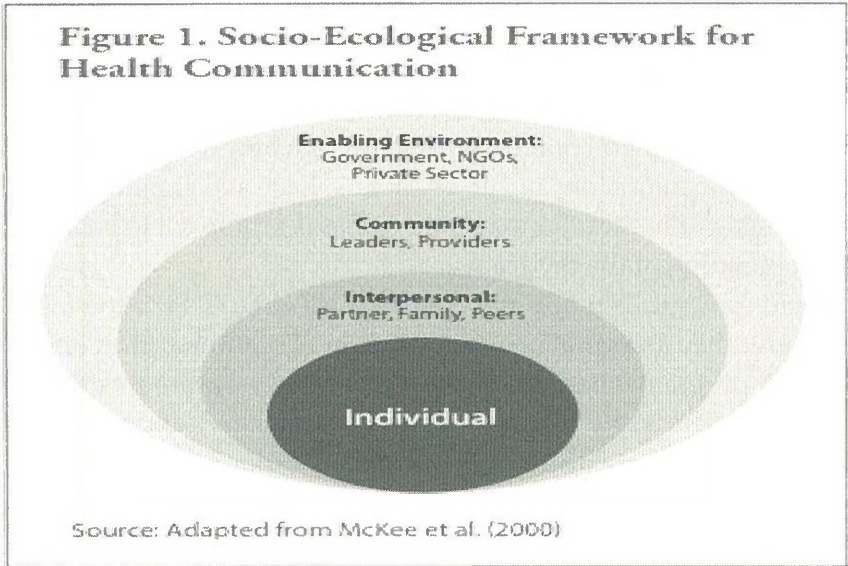
The implementation of CIE strategies must consider the socio-ecological framework of the actors and partners in any layer. The success of coordination, program synchronization, mutual understanding, mutual-trust between the components in any layer will play important role in the implementation of the program and will also affect the whole program nationally and across actors. Each stakeholder needs to be fully engaged in the alliance of actors that is important to ensure the optimal planning of the programs.

Socio-ecological environment directly linked to DFP implementation of advocacy, information, education and communication on various health programs including family planning program theoretically has been introduced by McKee<sup>12</sup> as shown in Figure 1. By considering individuals as the core agent of the implementation of DFP programs, individuals are given serious attention from other layers in the socio-ecological environment. The outer layers to the ones closest to individuals must support and create conducive environment for individual to change their action in accord with the planned design. Individuals should have wide opportunity to act properly to achieve this. Therefore approaches and strategies that consist of information, motivation, ability to act and supportive norms are necessary.

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<sup>12</sup> As quoted in Family Planning and High Impact Practices, "Health Communication: Enabling Voluntary and Informed Decision-Making," accessed in July 2013 [http://www.fphighimpactpractices.org/sites/fphighimpactpractices.org/files/HIP\\_HealthComm\\_Brief.pdf](http://www.fphighimpactpractices.org/sites/fphighimpactpractices.org/files/HIP_HealthComm_Brief.pdf)

**Figure 1: Socio-Ecological Framework for Health Communication**



Schematically the components and model of key communication strategies for implementation of advocacy, information, education and communication of population and family planning development programs is displayed on Figure 2. Social mobilization can be developed from the top level, which is national, to the lowest level, which is community. At the respective level strategic alliance and partnership need to be establish to ensure the effectiveness of DFP development program implementation. After all, the principal agents of DFP development program implementation are individuals who live in their own community. This level deserves serious attention because it constitutes the main actor of the behavior changes in the DFP program. In general, the feasible strategy is the Behavior Change Communication applicable by several basic approach to individuals and community, the use of multimedia, and participatory approach.

**Figure 2: Components and Model of Key Communication Strategies**



**SOURCE:** Adapted from McKee, N. *Social Mobilization and Social Marketing in Developing Communities* (1992)

**New Approach for DFP Programs in Indonesia**

In order to overcome the worsening trend of population development in Indonesia, some appropriate strategies are necessary. New strategies, suitable with the implementation and principles of decentralization or regional autonomy in Indonesia, should be introduced to accommodate the nation’s interest at the central and local levels.

In the case of Indonesia, an effective and efficient system of advocacy is necessary to be developed on the outer layer of the national level, which includes the main agencies, BKKBN and public and private agencies. Thus, strong social and political commitments need to be established by every actor to fully support the implementation of demography and family planning program on national level.

DFP development advocacy must be smartly designed to make the stakeholders realize, understand, and support the program according to their capacity and position, both at central and regional levels. While DFP development can no longer be managed exactly as in the

New Order era, by modifying the system and strategy, and with new method of advocacy, it is apparently feasible to restore the function and performance of DFP.

Conventional system and practices in the last ten years have been insufficient and infeasible due to rapid and fundamental changes in the needs, demands, challenges and strategic environment. Revitalization or fundamental and substantial changes in the context of population and family planning development advocacy includes advocacy for stakeholders to create new commitments to DFP programs, and integrated program management at all levels of the system and structure. Both central and local governments should have insight into demography in every policy areas, as demography is the basis of national and local policies. Regional autonomy should be interpreted as a regional potential to further enhance the political commitment and budgetary for policies on demography.

The fundamental and substantial changes in the advocacy for DFP program should include the following aspects.

#### *Institutional System*

While DFP programs are no longer centrally developed, the policies and programs need to be integrally designed so as to make them common issues at all levels. A combined approach of top-down and bottom-up may be designed.

#### *Approach and Strategy*

Approach to and strategy of advocacy revolution constitutes the changes in the communication method and channel from above the line (ATL) to below the line (BTL) media. BKKBN has been doing a lot of advocacies and delivering DFP messages through ATL media. The media have generated a sound knowledge of the DFP messages among the society. Such knowledge constitutes important capital for further activities of advocacy.

The aspect of peoples' knowledge was already obtained through the above-the-line media. To change attitudes and behaviors, bottom-line media are used. BTL media are generally personal and closer to the people. BTL media have already explained in details the DFP program. Behavior Change Communication (BBC) approaches and strate-

gies are used to change the community behaviors. BCC was conducted through traditional media, institutions, and interpersonal communication between FPFW (Family Planning Field Worker) and clients.

The approaches and strategies were also conducted through social mobilization from the top (national) to the bottom (community) levels. Demography advocacy should be delivered as to make it an insight into any field of development program. Demography is an element that integrates each development policy. It is an element that strengthens the commitments in every level of bureaucracy, from the top (national) to the lowest (community) levels. Thereby, development will have a demographic perspective.

Each level was then necessary to build strategic alliances and partnerships that support each other so as to ensure the effectiveness of family planning program, and to focus individuals in the community as the main actors of DFP program behavioral change.

#### *Communicative Actors*

All BKKBN staffs are the communicative actors (advocator and communicator, at the same time) for DFP program. When each staff becomes a communicator, there will be a great number of interpersonal communications, thus DFP messages will be involved public discourses and a common topic of public discussion.

#### *Media and Communication Outlets*

DFP program will employ a new medium for its advocacy. This new medium is especially used to form social networks between the BKKBN and the public, especially teenagers—considering that teenagers represent the segment of society that use new medium most frequently. BKKBN and teenagers build a communication through this social network. The medium and channel are both enable FPFWs to give counseling to the clients concerning DFP. Communication becomes more personal through this new medium since novelties are part of adolescence, part of their daily life.

#### *Message Content*

The message content of advocacy is always started with assessment, i.e. analyses of stakeholders, audience, behaviors, and analysis

of causality prior to formulating the content. Such analyses are important to determine the character, strength, and weakness of each medium, as well as how the audiences behave, so that the messages to be compiled will conform with the media character and right on target. The advocacy should also integrate the content of local wisdoms such as the use of local language and figures. It employs traditional media and institutions to communicate the DFP program. The tagline, “2 Anak Cukup” (two children are enough) is disseminated through these traditional media and institutions. In addition, this message of DFP is communicated in the respective local dialects.

The objectives of advocacy revolution are to improve the knowledge, attitude, and behavior of families, Couples of Reproductive Age (CRA), Women of Reproductive Age (WRA), and teenagers targeted by DFP programs. Furthermore, they are also intended to improve the family planning participation, and the commitment of stakeholders and partners. The four pillars in the DFP advocacy are: (1) procurement of facilities and infrastructures of advocacy and IC in all fronts, (2) the use of new media and social media, (3) improvement of behavior change communication for the family planning workers, and (4) implementation of DFP advocacy by community leaders, religious leaders, indigenous leaders, stakeholders, and working partners.

As for the strategies, DFP development advocacy should, *first*, mobilize and empower all stakeholders and partners potentials in the DFP program advocacy. These strategies are important to realize an integrated DFP program implementation. Stakeholders should have commitment to demography as the basic for the policy of each of them. *Second*, the advocacy strategy should restructure the management of DFP program advocacy. The management of DFP program advocacy needs to be integrated. In post-reform era, the management of DFP changed so drastically that the last ten years of DFP program remains in stagnancy. Among the causes are the policy of regional autonomy and decentralization that have made the management of DFP program advocacy. Depending on the vision of regional head concerning demography, BKKBN needs to restructure the management of DFP program to be moiré integrated.

*Third*, there is a need to utilize and develop the potential of media advocacy. While BKKBN has been thus far develop the above-the-line

media, for now it will develop the below-the-line media. One below-the-line media to be utilized and developed is the traditional media, for each region has its own unique traditional media. *Fourth*, DFP advocacy strategy should strengthen the human resources of DFP programs, with the objective to change the mindset that every BKKBN staffs are advocates and communicator of DFP program. Thus, operational human resources for advocacy other than FPFWs will also involve all BKKBN staffs. And *fifth*, there is a need for an increase of the funding for advocacy.

### Conclusion

BKKBN has long been conducting advocacy for and implementation of Demography and Family Planning programs, and were successful. In the post-reform era, changes in the atmosphere and socio-political dynamics as well as policies at the national and regional levels indicate the declining implementation of DFP programs in Indonesia.

Strong social and political commitments need to be established by every actor to fully support the implementation of demography and family planning program on national level. To respond to this challenge, BKKBN has launched a new paradigm of "demography development as insight into development," which means that development programs implemented by the government should place demography as the basis of the policy.

We hope that the advocacy for Communication, Information and Education of Demography and Family Planning (CIE-DFP) may become one variable that contributes to the success of the BKKBN in implementing its demography programs as the basis of development, with the support and strong commitment of all stakeholders.