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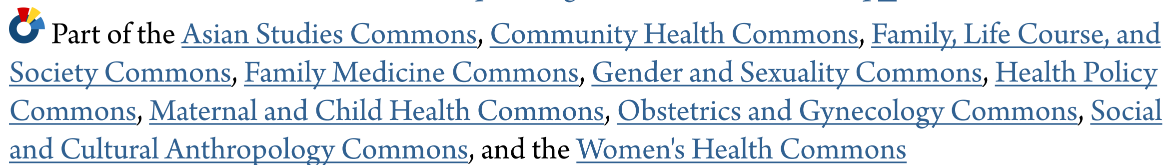
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THE DISAPPEARANCE OF *NYOMAN* AND *KETUT*

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Indonesia: Arts, Religion, and Social Change
SPRING 2017

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Personal reflection

As a geography student concentrating on global sustainability, the national priority of family planning in Indonesia and its ability to mitigate food, education, health care, and infrastructure problems immediately sparked my interest.

I was initially uncomfortable with nationwide family planning and the principle behind government officials telling women how many children they should have. Although it has proven to be economically and environmentally responsible, I considered it to be an over-step of the government into the private reproductive lives of women. Straightway I was curious to know

how Balinese women felt about a national standard of family size and how their views have been shaped by media campaigns and collective pressure from the government and public over time. I imagined that Indonesian women my age, having been exposed to the program since birth, hardly strayed from the messaging of the program. Did they recognize the root of their views or did some in fact foster desires to stray from the program but felt trapped in a collective following behind KB?

During preliminary research, I was surprised to learn about the program's close partnership with Muhammadiyah and Nahdlatul Ulama (NU), the two biggest Islamic organizations in Indonesia. The partnership enabled KB to reach a greater number of women through prayer and readings of the Quran and likewise left me a little baffled at the connection between women's reproductive lives, religion, and the government. This provided support for my inkling that women did not simply agree to follow the program because of government run campaigns, but instead the government needed outside support in order to infiltrate their messaging into the private lives of men and women. I read much praise for the program and its extremely effective impact on fertility rates, basically unparalleled by any other family planning effort in the world, and wondered if this was so much a reflection of a successful program or the strength of the government in enforcing its policies.

A Brief History of KB

From 1965 to 1988, Indonesia's President Suharto pursued an aggressive policy of social and economic development. A key component of which, was the modernization and promotion of prosperous families, defined as one "with the economic means to provide for its members (Cammack and Heaton 2001)." In 1970, the preexisting National Family Planning Institute (LKBN) morphed into the National Family Planning Coordination Board (BKKBN in

Indonesian) and became the state agency for family planning in Indonesia. Over the next years, it would rapidly grow into a large and powerful governmental bureaucracy with branch offices in all 27 provinces across the Indonesian archipelago. By the mid 1990's BKKBN had 48,000 staff members, 33,000 field workers and two million female volunteers working to increase contraceptive usage and lower the overall fertility rate of the nation. The manpower behind *Keluarga Berencanna* (KB) was concurrently the engine driving a broader effort to foster national identity and a culture, social, and political consciousness in support of the development of Indonesia (Warwick 1986).

In Indonesia, as in most other countries with important agrarian industries, having a big family with many kids has been indicative of 'many blessings'. The Indonesian saying goes, *banyak anak banyak rejeki* or many kids, many fortunes. Big families allowed for more hands on the farm and greater affluence (Ruindra 2015). The introduction of KB propelled a change in mindset and views on family planning as the proportion of eligible couples participating in the program rose from 2.8 percent in 1971/72 to 62.6 percent in 1984/85 (Warwick 1986). The country succeeded in halving its fertility rate from 5.6 to 2.6 children per woman between 1976 and 2002, a result of widespread adoption of modern contraception and a reduction in the median age of contraceptive *acceptors*, indicative of couples using family planning practices earlier in their marriage. Indonesia's rapid economic growth has been attributed to the success of family planning in controlling population growth (Putjuk 2014). On a global scale, Indonesia's KB is considered a success and model of government-sponsored fertility control in a developing country. In fact, Bangladesh has sought to emulate the Indonesian model (Warwick 1986).

Behind the statistics, lies another side of KB, described as "a massive indoctrination, surveillance, and mobilization effort that penetrated the furthest reached of the world's largest

archipelago state (Warwick 1986).” Indeed, the program used and succeeded in achieving ambitious targets to measure success but my first red flag was raised by the use of the word “*acceptor*” to describe women who practice family planning. This word implies the extrinsic nature of the KB campaign rather than a service in response to a woman’s intrinsic desire for family planning. Essentially, KB sought to change behavior rather than attitudes and women were accepting these practices (sometimes not by choice) rather than changing their attitudes. Previous researchers have coined this approach as ‘a reversal of western family planning models’ because the program focuses on changing reproductive *practice* first (thinking that this would then lead to the development of positive *attitudes* toward family planning) and the communication of facts or *knowledge* about birth control second (Hull 1997). Women abode by the program and became “*acceptors*” with limited, if any, knowledge about those foreign actors being introduced in their bodies. In sum, Haryono Suyono, the Chairman of BKKBN, would describe his desire for people who initially participated in family planning ‘for various reasons’ “to feel the advantages of being an acceptor so that the program would become “a felt need of family life” (Astawa, Waloeyo, Laing 1975).

Limits

KB has brought about record change in reproductive behavior in Indonesia but behind the national measures and perhaps misleading statistics lies attitudes and life at a local scale which reveals much more about the history of KB. Because of the geographic, social, and economic diversity of Indonesia, the scope of this project would have been too large for the given timeframe if I had focused on any geographic region outside Bali.

My research was also limited to just three weeks in the field which minimized the amount of time I had to get to know subjects and the number of conversations we could have. Those

talks were also challenged by my own language abilities. I had nine months of Indonesian language study under my but found that I was lacking some necessary vocabulary on the subject of family planning once alone in the field. I am also far less familiar with the language structure and word choice of villagers and Indonesians across all generations since I have mostly only had contact with highly educated students and professors within the context of the State University of Malang and the SIT language courses. That being said, I spent two months prior to entering the field having conversational lessons in order to improve my colloquial vocabulary and together with my teacher focused those conversations around Indonesian history and family planning to mitigate these challenges.

Indonesia's diversity has played a large role in varying levels of KB success across provinces. As a result of my narrow focus on the island of Bali, where KB has historically been very successful, I was able to look into additional questions as to how the program has lived alongside the Balinese cultures and traditions. After all, some of those - like the villager concept of families as explained above - seem to be in direct conflict with the aim of family planning. Like Bahasa Indonesia and the national philosophy, Pancasila, KB sought to bring peoples from all corners of the archipelago together. In doing so, local practices would inevitably be overridden. I hoped to see how the traditions of the unique Balinese Hindu Island have survived almost 50 years into the program.

Objectives

The aim of this research project was to determine how Balinese traditions tie into the national family planning program. I was curious how KB has acted as a tool to alleviate poverty and empower Balinese women as well as ways it could have silenced or otherwise impacted their voices and traditions. In order to meet these objectives, I focused on the following research questions,

- How has Balinese family structure and livelihood changed as a result of the family planning policy in Indonesia since the late 1960s?

  (Was KB an example of projectable change, if so how?)
- In what ways has KB challenged the traditional Balinese family and how they practice their traditions?

  (A process of emergent change or transformative change?)
- What pushback has KB experienced in recent years, what has caused it, and how is it being revitalized?
- How has family planning interacted with Balinese traditions and societal constructed gender roles?

The references to projectable, emergent, and transformative change allude to the three-fold theory of social change proposed by Doug Reeler of the Community Development Resource Association, which will guide my answers to those questions. Reeler's theory draws from other theories of change and brings them together in an integrated way to recognize the diversity of social change. Reeler proposes three different kinds of change, which support most social processes of development: emergent change, transformative change and projectable change (Reeler 2007). Emergent change, the most prevalent and enduring, describes day-to-day

unconscious and conscious learning from experience and the change that comes from that learning process. In contrast, transformative change is more of an unlearning process, freeing the self of relationships or identities that have caused crisis or feelings of being uncomfortable or stuck. Projectable change is the process of working with a plan to imagine different possibilities and preferred futures. Reeler's theory proposes that these change conditions co-exist and it is with this in mind that I will analyze the social change within Indonesian families since the late 1960s and understand the process of development as individuals, communities, and social movements. Using a theory to guide my research will assist me in asking the important questions and visualize a map to navigate the process of social change.

Ethics

As with any research, I was cognizant that ethical concerns would arise from this project. At the front of my mind, was the relationship between research and issues of power and knowledge. It was hard to ignore as I, a 21 year-old student with this opportunity to travel so far from home for my own education, was preparing to interview older women who have had far fewer opportunities for self and academic growth. As I began this project conscious of the special opportunity it presented, my goal was to work with Balinese women and do research they would want. In doing so I would also gain insight into my own views and culture and this was important in guiding me with my interviews.

In order to conduct ethical research I thought long and hard about any negative repercussions my questions or engagement in general, could have for members of Balinese communities. I certainly paid extra attention to my word choice and body language to avoid miscommunication or other forms of misunderstanding in my interviews. I did everything in my power to protect the dignity and privacy of the people with whom I interacted, especially with

regards to protecting the rights, interest, safety, and sensitivities of those who trusted me with information about them. I approached every conversation keeping in mind the different realms we were each coming from, and with the primary concern of understanding and appreciating each human subject for taking the time and opening up to me. For these reasons, I kept all names from my paper and protected the identities of those I interviewed. Taking extra precaution, I informed subjects that despite my best efforts and intentions, anonymity could be compromised and made sure they were comfortable with our conversation and subject matter before going forward.

In my eyes, showing my gratitude to those who willingly provided help and information in my study was equally important to getting their consent and protecting their identity. I often conducted my interviews with food nearby so that I could offer to buy my subject's lunch or a snack afterwards. They often accepted and it was over that second interval that I formed an even deeper understanding for the person in front of me. One example of a wonderful interviewee was a coconut salesperson that allowed me to sit with her for hours at a time and we would have conversations, relating to this subject matter and others, while I kept in mind that she was also working and helped her to attract customers walking by. I would always pay for a few coconuts at the end of the day and could feel that she understood the gratitude I felt for our friendship.

My first responsibility is to those whose lives and cultures I am studying and in considering my own personal and cultural values and their possible affects on my field study, I was able to minimize any negative consequences of my field study.

Methods

From the get go, I was more comfortable having conversations and getting to know people slowly rather than asking for direct answers in a formal interview format. This happened

to be more appropriate anyhow given the Indonesian preference for indirect channels of communication. I began my first few interviews with semi-structured guidelines. First, I asked subjects to help me create a family tree of their immediate family. For matters of efficiency, I often just recorded their parents, siblings, children, and grandchildren and used this as a guide to ask questions about their experience with the program and family planning as it pertains to their family. It was often visible as the tree took the shape of an upside down triangle. I was also able to learn about how the program has come in conflict with certain Balinese traditions when I spoke with subjects from families with agricultural roots, where bigger families are traditionally preferred. I was also able to find and ask women who do not have brothers how the traditional inheritance laws which exclude females has impacted them. All interviews took the tone of casual conversations and flowed naturally to ensure that both sides were comfortable, especially since our subject matter was of such personal nature.

I gained a majority of information for the background portion of this paper from previous research papers that have been published about the Indonesian family planning policy.

Definition of major terms

KB	*Keluarga Berencana*
BKKBN	National Family Planning Coordinating Board
LKBN	National Family Planning Institute
RKP	*Rencana Kerja Pemerintah*
DO	Drop Out (from the program)
DHS	Demographic and Health Surveys
TFR	Total Fertility Rate
CPR	Contraceptive Prevalence Rate

Brief Statement of Findings

Prior the individual study period, I practiced my interview skills and certain questions relating to KB in the Munduk Pakel village located in the foothills of Mt. Batu Karu. Here, women happily pointed me in the direction of the village midwife and to women who follow the program. I learned that KB is universally recognized as referring to the use of contraception, rather than simply the national policy. These first interviews also confirmed the impression I had that Indonesians generally regard information about contraception as not being sensitive, private, or even personal. I also found it interesting that in Munduk Pakel, individual family planning decisions were public knowledge and perhaps more of a village-wide decision than one made between a couple. My readings would confirm that oftentimes an entire village would follow one form of birth control as those women are heavily influenced by the advice and information of the midwife in their area.

At the start of the ISP period, I traveled to Ubud and conducted interviews with saleswomen, farmers, tourists, and students alike. It quickly became apparent that there is a very high awareness of both contraception and the government's family planning program in Ubud. All of my interviews had a common theme, like hearing that big families are regarded as financial burdens, or the inability to provide for a large family is the primary reason for using contraceptives. Everyone I spoke with also cited their family planning education to come from media campaigns including adverts on television and in print, as well as a local midwife. I could sense widespread consensus that the number of kids you have is a matter of economics. It became evident that the collective culture could override local traditions of having bigger families as a symbol of health and wealth. If a whole village became a KB '*acceptor'*, it would be nearly impossible for one couple to stand out from the rest and make family planning

decisions in disaccord with their community. Only in literature did I read about Indonesians who rejected the family planning program as an illegitimate governmental interference in matters of personal choice, a way of thinking I had initially thought I would find in the field. Perhaps I simply did not have enough time for people to open up to me on a deeper level or this is a reflection of the tendency I found of people to want to give me 'the correct answer' or what they thought I was looking to hear.

As a result, I found broad acceptance of the values and objectives promoted by the government's family planning program and women reiterating the basic message of KB - limiting family size is key to achieving economic prosperity.

Background Information

Warwick put it best when he said, "the Indonesian family planning program brought about massive changes of human behavior in a sphere once considered resistant to government intervention (Warwick 1986)". In order to understand how this transformation was possible, I began by looking at the Indonesian family planning program at its root.

The first government promoted family planning activities began in 1968, which provided the framework for the launch of KB in 1970. The program had three objectives at its core, to expand program coverage, promote continued use by *acceptors*, and institutionalize family planning practice and low fertility in society. In order to achieve those goals, the program made use of a strategy, which sought to internalize values favoring fertility control and a small family norm in individuals and communities. Formal and informal education on population matters, community leader trainings, and incentives such as raising the income of family planning *acceptors* would help promote those goals (Astawa, Waloeyo, Laing 1975).

The strategy followed five guidelines known as *Panca Karya: w*omen under age 30 should have no more than two children and the first delivery should occur only after age 20. Women over age 30 or those with three or more children should have no more children and they should be given the most effective means of fertility control available (often sterilization). Third, teenagers should have alternative sources of status and security than marriage and parenthood. Fourth, in areas that already have high contraceptive-usage rates, improvement programs such as income-generating activities, nutrition surveillance, education, and basic health services should be implemented. Lastly, couples should seek alternatives to the security motive to have children (Warwick 1986).

Phases of Implementation

Between 1970 and 1989, geographic coverage and government funding for KB increased in five-year increments. From 1969 to 1973, the program focused on the two most populated islands, Java and Bali, which saw the creation of 2,200 clinics and 6,800 new field workers (Hull and Singarimbun, 1977). From 1974 to 1979 the program extended its reach to ten provinces outside Java and Bali where, in an effort to save money on the cost of field workers, communities were expected to carry out the program using existing agencies. As a result, village contraceptive distribution centers were created to house contraceptive supplies, medical support and progress reports. From 1979 to 1984, the remaining 11 provinces were added to the program and district family planning coordinators were added to the administrative structure. The last phase of transformation took place between 1984 and 1989 when geographic coverage expanded within the provinces to more rural areas, new settlements, and transmigration areas (Sagasti, 1988).

It is imperative to look at family planning through the lens of the economic, social, and political context of Indonesia. KB has assisted in the attainment of universal primary education in Indonesia since the lower fertility rates reduced the number of children who needed to be served. Family planning is also credited for lessoning the divide between rich and poor communities and between girls and boys as the country moved toward universal attendance in primary schools, along with the *Sekolah Dasar Inpres* program. Between 1973 and 1982 the number of primary schools rose from just 83 to over 12 million, a dramatic increase in the number of classrooms available and especially in areas that had been previously underserved. KB is also linked to a decline in death rates (however, interestingly enough the maternal mortality rates were not radically affected) and an increase in life expectancy. As the attention of rural people shifted away from the quantity of children to their quality, there were improved chances for formal education and a higher educated population (Warwick 1986).

Socioeconomic development and political reorganization has also influenced demand and possibilities for field implementation. President Soeharto provided immense support to the family planning program throughout these phases as he met with couples of the program and delivered speeches to the press and at formal ceremonies in support of KB. The Indonesian government even continued to feed its budget though 1986, when government revenues were at a low. The changes within KB were realized through a multi-step process of implementation, which allowed for change over time and the ability for ideas to evolve as well (Warwick 1986).

KB in Bali: Incentives and Pushback

In 1978, the program assumed that individuals would require encouragement to take up family planning practices and the community environment would need to be conducive to

couples limiting their fertility. Recruitment was of an aggressive nature and extensive mass media campaigns were published to promote family planning and the notion of prosperous (small) families.

KB's expansion strategy included incentives as reinforcement of individual behavior up until 1986. Examples of such include scholarships given to the children of long-term *acceptors* as a reward and an incentive to continue contraceptive practice (Warwick 1986). In 1991, Haryono Suyono became the chairman of BKKBN and is quoted as saying that Indonesian people were not necessarily looking to ensure a better future for themselves and their children; in fact:

> "People do not mind the pressure, threat, or misery, and are not critical of the future for themselves, their own children and grandchildren, because they are used to these difficulties" (Warwick 1986).

This offers an explanation for the use of incentives and "safaris" that were critical in the first stages of KB.

As I have explained, the family planning program was carried out by a huge state bureaucracy and a large number of grass roots volunteers as a component of the larger national drive toward social and economic modernization and development. Perhaps surprisingly, the BKKBN worked with state and non-state agencies including the military, which was responsible for civilian nation building in addition to military defense. Under its mandate for 'civilian nation building' they lent conducted recruitment drives called "safaris". Essentially this would entail rounding up women and recruiting them as '*acceptors*'. In this case, recruitment was a synonym for a forceful insertion of an IUD. Indonesian press reports also document men allegedly being threatened with forced sterilization in rural Bandung (Hull and Singarimbun 1997).

In 1989 President Soeharto and the Indonesian Family Welfare Education Program (PKK) received the United Nations Population Award to recognize the important work and international influence of President Soeharto, to acknowledge the difference KB has made in the lives of Indonesian's, and the example it has set for the rest of the world (Smyth 1991). Only six months later though, the Hague suspended cooperation with Indonesia in the field of family planning because of reports of coercion. As a result of that, the Postel-Holzner mission came to Indonesia to conduct a review. The resulting report stated, "concern for women's health was totally absent in the mental framework underlying the family planning program" (Niehof 1996).

Allegations from East Java in the 1970s, claim the government took park in coercion of women including bringing groups to a house and putting them under strong pressure to accept an IUD before being allowed to leave. The idea of IUDs being implemented without proper education is supported in Bali as well where statistics show that in 1973, 59% of illiterate *acceptors* received IUDs whereas only 37% with more than a primary education did. During this period, KB promoted IUDs in preference to other methods and there was a tendency for less-educated *acceptors* to be more easily persuaded to follow the advice of program personnel. IUD usage reached its' highest peak in 1968 when 90% of *acceptors* were practicing that birth control and lowered to only 58% in 1974 as the program was then promoting condoms and the pill. In that same time period, women who took the pill rose from 6% to 28% (Astawa, Waloeyo, Laing 1975).

The negative correlation of the IUD and education is in contrast to the higher number of young *acceptors* selecting IUD; most women with an IUD are 25 years old and the number of women with an IUD subsequently drops. These two relationships are particularly interesting:

> "in light of the fact that age and education are inversely correlated in Bali: younger women tend to be better educated and to accept IUD but IUD acceptors tend to be less educated than acceptors of other methods".

It can therefore be concluded that those couples most in need of contraception, meaning low levels of education and high levels of fertility, did receive the most effective method available (Astawa, Waloeyo, Laing 1975).

Balinese Hinduism and KB Acceptance

One might have expected harsh religious rejection of KB in Bali given that Balinese people are known for their devotion to religious practices and arts and because they are a religious and ethnic minority in Indonesia while KB is part of a national program. There is little evidence of contraception practice in Bali before the program and childlessness was viewed as an affliction and traditional Balinese law excludes daughters from inheritance, thereby placing pressures on couples to have at least one surviving son. Albeit these obstacles, KB has been able to operate effectively and oftentimes better in Bali than in other Indonesian provinces.

Interviews with community leaders around Indonesia from 1981 revealed eligible couples to be unwilling to accept KB if the community at large was not in favor of family planning. At this time, family planning was viewed with shame, as women believed they were destined to have numerous children and to not do so would be a failure to their womanhood. KB sought out religious leaders and meetings in support of contraception made the subject less sensitive within Java and gradually the Indonesian public became more open to talking about contraceptives and controlling family size. In the 1980s, the Council of Muslim Scholars, a state-sponsored body of religious scholars issued an official pronouncement that "Islam permits the practice of family planning for the sake of the health of mothers and the health and education of children" (Astawa,

Waloeyo, Laing 1975). Muslim leaders essentially guided people in the direction of the program in Java, where people initially felt a moral hesitation and questioned the morality of family planning. KB worked with the Ministry of Health and the Department of Religious Affairs to earn credibility and justify family planning's consistency with Islam.

There was also wide felt discomfort with the practice of male doctors examining female patients in Java as this was in violation of Islamic traditions. In contrast, birth attendants, *dukun*, in Bali have traditionally been men and Balinese women exhibit less inhibition towards IUD insertions or exams by male physicians. In rural areas of Bali, "a husband often helps his wife during the delivery and the delivery is witnesses by all relative of the family" (Astawa, Waloeyo, Laing 1975). This openness about reproductive functions made providing information about KB easier in Bali than in Java.

I spoke with a friend of my mothers who taught English at a Balinese family planning office in 1975 when she was a student at Stanford University. In this position, she had access to midwives, doctors, and administrators in the program and explained to me that the KB program had proven to be much more effective in Bali than in Java by that time. One reason for that was that Java's society was more patriarchal, male-dominated than Bali, "if a Javanese husband didn't want his wife to use contraception, that was that (Jane, personal communication, April 2017)". She conducted research on the matter and discussed how in traditional Balinese culture, village women had always had more autonomy and more power over household finances. They could sell what they grew or made and keep the money, which demonstrates more authority in some spheres than village women in Java. Therefore, the idea of a Balinese woman making her own decision was not totally foreign or modern.

In the article, Family Planning in Bali, Ida Bagus Astawa describes three elements that have led to the programs' success: culture, situational, and program factors. Balinese Hinduism plays a central role in every aspect of village life however religious involvement has not been a barrier to KB success and religious leaders have not opposed it in any way. This is in contrast to the experience of family planning programs in most Catholic and Muslim countries and Hindu India and as I have pointed out, regions of Indonesia with different religious affiliations. The 'situational factor' contributing to KB's success in Bali is its population density. Relative to other parts of Indonesia, Balinese do not have to travel as far to receive contraceptives and field workers do not have to travel as far in their roles. There is also a certain limitation on communities as far as land and food can provide. The last factor pertains to Indonesia's national women's organization, the Family Welfare Association, which works to ameliorate the role of women in development through literacy and home economic training. This organization also helps to promote family planning in meetings where they disseminate information. In cohesive communities as seen in Bali, these meetings were instrumental to the success of KB.

In Indonesia, an average village population is around 4,000 people and within a village, every 50-100 households make up a hamlet (Astawa, Waloeyo, Laing 1975). The local hamlet organizations merged with the local family planning program in the 80s and together, they monitored the family planning status of each household in their area. Husbands would account for what was happening in their families and it is reasonable to expect that public opinion was a strong factor in obtaining unanimous acceptance of KB among rural populations. It is also worth noting that during Soeharto's 'New Order' regime:

> "A criticism of any government intervention was a criticism of the government and would not be tolerated. Thus any opposition to the family planning program had to be expressed informally and quietly" (Warwick 1986).

There is popular belief that it is more difficult to motivate farm families to practice contraception but according to the 10th addition of Population and Family Planning Programs, *acceptors* in Bali are most likely to be married to farmers. The program has also been more successful in recruiting *acceptors* from ethnic Balinese of the unique Balinese Hindu religion than from other faiths. This is possibly linked to the relationship between faith and income values and areas in Indonesia because non-Hindu Indonesians tend to live in more urbanized centers and have higher incomes. Overall, contraceptive use is relatively high in Bali given comparisons with data given in the Population council's 1973 fact book on population and family planning programs (Nortman, 1973).

Family planning cannot be understood outside the economic, social, and political context of Indonesia. KB has assisted in the attainment of universal primary education in Indonesia since the lower fertility rates reduced the number of children to be served. Family planning also lessoned the divide between rich and poor communities and between girls and boys as the country moved toward universal attendance in primary schools with the *Sekolah Dasar Inpres* program. Between 1973 and 1982 the number of primary schools rose from 83 to over 12 million, a dramatic increase in the number of classrooms available and especially in those areas, which had been previously underserved. KB can also be linked to a drop in death rates, an increase in life expectancy, and improved chances for formal education as the attention of rural people shifted from the quantity of children to their quality (Warwick 1986). Socioeconomic development and political reorganization has also influenced demand and possibilities for field implementation. However, KB is not the sole explanation of Indonesia's impressive reduction in TFR. There have also been significant changes in marriage patterns and age structure, which

plays a role in declining fertility. In Bali, the age of marriage has risen and contributed to fertility decline independently of KB (Astawa, Waloeyo, Laing 1975).

Modern Day KB

There was no measurable diminution in contraceptive use during the 1997-2000 economic crises that led to the resignation of President Soeharto. This is indicative of the intrinsic vitality of the family planning program by the late 1990s (Hull 2009). By the end of 2006, USAID stopped providing technical support for KB on the grounds that it had "graduated from the need for bilateral assistance".

KB began with strong governmental leadership with the intention of reducing that hand in society as individuals internalized the desire for family planning. A policy in the early 1980s began a strategy to develop private sector services. It started with the Blue and Gold Circle campaigns, which moved KB in the direction of independent family planning services where clients would be expected to pay for services. The shift in family planning changed KB from a universal, free access to a user pays system (with subsidies to ensure access by the poor). The Blue Circle describes set prices for contraceptives and promotes clients to seek out their own providers with an emphasis on marketing, brands and different levels of quality. Under the Blue Circle, free contraceptives are provided to clients with less for a small registration fee while the Gold Circle services place emphasis on high quality products for those who can pay more. The shift in services from public to private providers and decentralization of the health care system resulted in less emphasis on family planning. (Astawa, Waloeyo, and Laing 1975).

Today family planning providers include professionals like doctors, midwives, nurses, pharmacists and institutions like PUSKESMAS (*Pusat Kesehatan Masyarakat*), the community health clinic, hospitals, and *polindes* (*pondok bersalin desa*) or village birthing post. There is

evidently a far more varied quality and quantity of care than in the 70s, 80s, and 90s when volunteers and fieldworkers were trained and all orders came from one central place, Jakarta. As providers shifted from private to public, contraception usage saw a major change as well. Virtually all methods declined except injections, which private providers naturally preferred as a way to guarantee a flow of patients. Users have to return either every month or every three-months when using injections as opposed to implants which can last years or sterilization which would make for a one time patient.

As of 2015, the modern contraceptive rate (mCPR) in Indonesia was 44% indicating 1.2 million additional users since 2012. In order to reach the FP2020 goal, this needs to increase .7% per year. Today, views towards family planning are much different than when the program was first rolled out. Parents today grew up in a society where the program was already mainstreamed and smaller families were the norm. In 1971, a little over 60% of women 15-19 were unmarried. In 2005, 91% of women 15-19 were unmarried. The proportion of women 20-24 single increased from 19% to 51% in that time frame. TFR trends indicate that the two-child family has essentially become the norm and there is no demographic justification for the continuation of an aggressive promotion of fertility reduction (Hull and Mosley 2009).

However, there is still difficulty reaching certain provinces, which led to the campaign *Kampung KB* in 2016 which targets areas including densely populated urban areas, fishing villages, slums, and any other disadvantaged zones across the archipelago where there could be a lack of commitment to family planning because of limited engagement of workers, growing religious conservatism affecting decision-making, or the quality of service leading to discontinuation. The Government Work Plan for 2017 or *Rencana Kerja Pemerintah* defines five priorities for the national level: family planning services, advocacy, youth, family development,

and regulation of data and information. These priorities will be incorporated into activities, which touch the target communities (Family Planning 2020). These priorities come in response to challenges KB has faced with regards to adapting to the times. As Hull put it:

> "With development and urbanization, times have changed dramatically, as has the demographic picture and sexual behavior of unmarried women, yet the old policies remain" (Hull and Mosley).

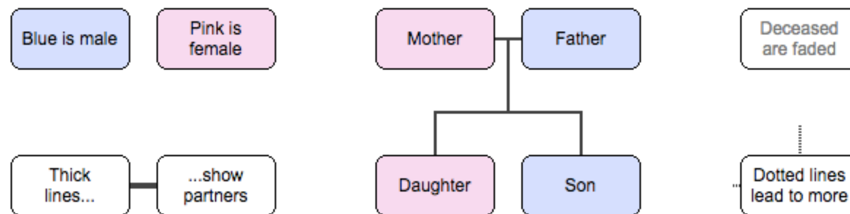
In recent years, there has been a flat trend in contraceptive prevalence; the most prevalent contraceptive method continues to be injections because of declined promotion of implants and sterilization. There are high rates of unintended pregnancy among married and unmarried women and huge regional disparities where poor provinces will be lagging behind and suffering from shortages of staff and materials for family planning services. There are also issues with estimating fertility in Indonesia. The Demographic and Health Surveys (DHS) does not taken into account single women who have had children. There is a growing need for the program to include unmarried women and men as women delay marriage until later in life for the possibility to pursue education and work.

One researcher by the name of Budy Utomo conducted a sample survey in 2000 involving providers in abortion "service delivery points" across six districts and found almost that two million abortions were carried out annually, including spontaneous and induced terminations (Cammack and Heaton 2001). Abortions in rural areas are often performed by unqualified providers known as *dukun bayi* or traditional birth attendants and pose a great risk to the woman's life. With minimum publicity, family planning clinics are actually the largest provider of induced abortions in urban areas. This is interesting since KB officially condones abortions and there are widely distributed forms of traditional herbal methods, called *jamu*

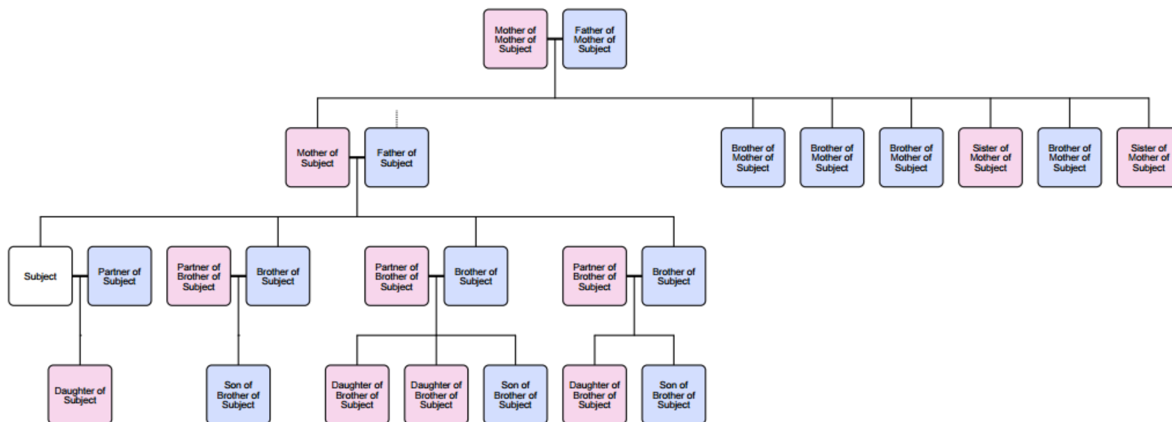
terlambat bulan, which are used to provoke a delayed menses. However, no evidence shows this to be an effective method to terminate pregnancy.

Family trees

In order to visualize the transformations in views towards family planning through the years of KB, I interviewed and constructed family trees for four Balinese families.



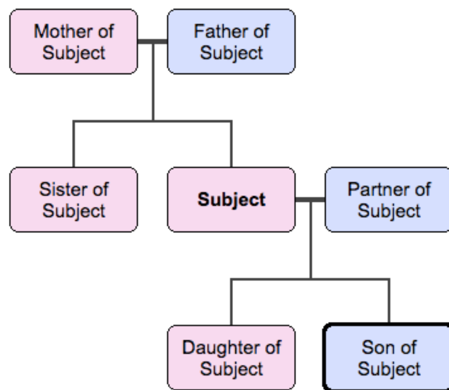
Subject 1



A 25-year-old woman from a large family in Singaraja, she was married at 20 years old and moved to Canggu with her husband where she works in a spa and has one daughter. Her mother has six siblings, as seen on the family tree and her father has three. Her three older bothers live in

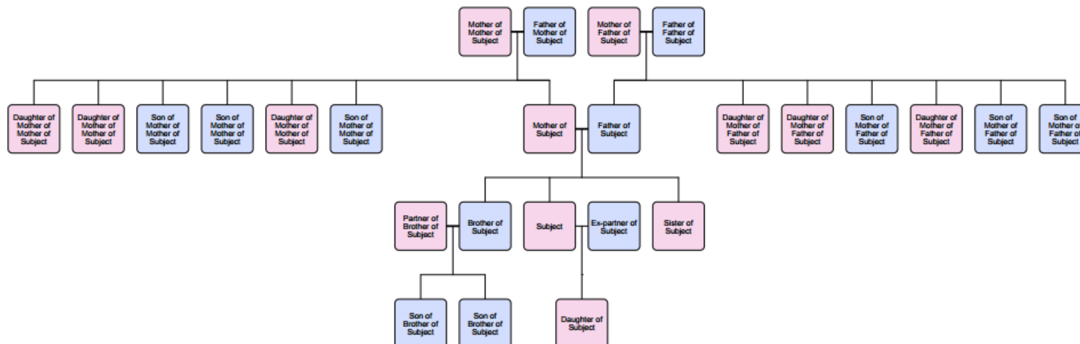
Singaraja with her parents and are all married with no more than three children (Subject 1, personal communication, April 2017).

Subject 2



A 33-year-old woman who works in a hotel in Ubud, she has only one sister who never married. She is married and has two kids, one boy and one girl. She knows about KB from the village midwife and follows the two-child policy because she wants to provide the best life possible for her two children. Her parents only have daughters and she is a *pradana* so her parents take care of themselves financially by continuing to work into old age. All inheritance from her parents will go to a male cousin, she says. (Subject 2, personal communication, April 2017)

Subject 3



A 31 year old from Bandung, Jawa, she moved to Ubud from Yogyakarta four months ago after graduating from her master's program and being unable to find a good job in Java. She was happy to come to Bali because she got a divorce from her husband two years ago and was eager for a fresh start. She has one daughter from the marriage who is able to stay with her parents because as she explained, custody laws in Java usually favor the mother unlike in Bali where it is more likely that the father would get custody of children from a divorce. Although the custody laws may have been in her favor, she faced criticism as a result of her divorce,

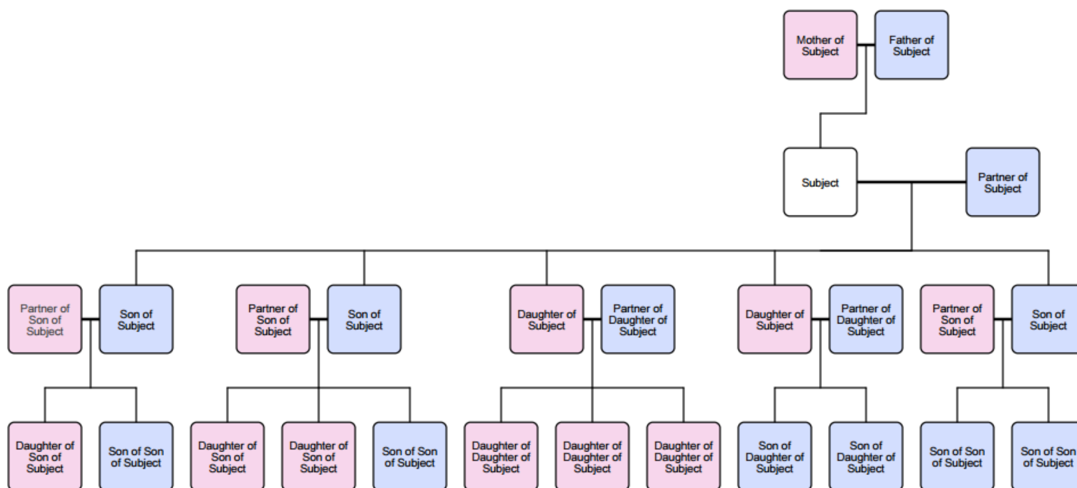
"Javanese are very nosy and like to gossip. When a couple gets a divorce in Java, people assume it is because she could not make her husband happy, even though it is more often that he was cheating on her."

She explained that married men do not fear consequences because if they do anything bad and the wife asks for a divorce, the wife will be the one who is blamed for the failed marriage.

She is youthful and smiling as we spoke, she is confident she will get married again and would like to have another kid. No more than three though, as she wants to provide a good life

for her kids. She learned about KB from advertisements growing up and admits that KB campaigns have certainly shaped her thoughts around having a small family. She says the most important factor in determining the size of your family is the wellbeing of your children. KB does not discourage big families as long as their health and education can be provided for; the main objective is to avoid having children abandoned and left to beg on the streets. Her friends are all having two or three kids and she thinks KB continues to be successful today. However, she's not sure about KB in villages where children are still seen as an indication that their mother is healthy. At this point in our conversation, she points off in the distance (we are talking in the middle of a rice field outside Ubud) and tells me the story of a family from the area that kept having kids until they had a son. It took them eight tries and now they are only able to pay for their one son to go to school while his seven older sisters have all became household help (Subject 3, personal communication, April 2017).

Subject 4



The oldest of my subjects gave me an idea of how families have changed throughout the time of KB. Born in 1945, she exemplifies the change in family size norm as she had five children who all have no more than three children. She was the only child her parents had because of trouble her mother experienced getting pregnant. Then, she became very sick when she was eight years old. She doesn't know what the disease is called but she described blood coming from her belly button. Because of that experience, she says she does not take life for granted and tries to never complain. She feels lucky to be alive and has a positive attitude albeit hardships. At 72 years old, she is an old woman with arthritis and yet continues to work hard as a farmer and salesperson in Ubud. She sells coconuts, rice, and snacks from a shaded bamboo bench that stands in a rice paddy. She collects coconuts and attracts tourists to her stand in the heat and must continue working to support herself and her husband. She is happy as we talk about her five children who are all nearby working as farmers or factory workers. Her 12 grandchildren are between 25 and 19 in age and all healthy (Subject 4, personal communication, April 2017).

I also spoke with four Balinese who are not yet married but unanimously agreed with the suggested family characteristics promoted by KB.

Interaction of KB with Balinese Traditions

My advisor for this project is a Balinese husband and father who helped me to understand Balinese gender roles known as *Purusa* (male) and *Pradana* (female). A *Purusa* is recognized as a male and receives social, economic, and political advantages. In Balinese marriages, the partner of the *Purusa* comes to live with their family, effectively leaving their own behind. Because inheritance can only be given to males or *Purusas* in Bali, there is a cultural

phenomenon present in Tabanan, Gianyar, and Badung; a family that only has daughters will look for a man who will agree to become a *Pradana* and move into their family. Their daughter then becomes a *Purusa* and all the steps of a traditional Balinese marriage are followed. The family of the *Purusa* asks for the hand of the *Pradana* in marriage by going to their house with gifts. Because the surrounding community will see the girl's family going to the male family's compound, everyone is aware of the societal gender role switch. To make it official, the head of the village actually announces who in the marriage is the *Purusa* and who is the *Pradana* at the wedding and then records it on the marriage certificate and in village documentation of the wedding. Neither person can change their role in case of a partner's death or divorce (Made Yudiana, personal communication, April 2017).

The regularity of this phenomenon does not lessen its significance as my advisor explained, "it is no small sacrifice for the male to leave his family and the responsibility he had from birth to take care of his own parents (Yudiana, 2017)". If he does not have any brothers, this would be 'impossible' as the parents would be left with no security in their old age. It is clearly possible to view this as a sacrifice as a male is torn form his birth given privilege, but it is also crucial to consider what this means for all Balinese females and the sacrifice they make when getting married. When a male becomes a *Pradana*, they take a hit to their self-esteem and lose their societal gender role as a male and watch their wife gain all the things they have just lost. This practice is viewed as a big compromise although the same does not seem to be true of women, who are simply expected to leave their families and make these same sacrifices.

If a family with only daughters cannot find a male to agree to becoming a *Pradana* and their daughters marry out of the family, the parents have no one to care for them and their

inheritance will most often go to a male cousin. This was observed in the case of the second subject's family tree above.

The Traditional Balinese Naming System

Bali's indigenous culture includes a system of names very unique to the island and much longer than the average western name. There is an optional maker to indicate gender: "I" for males or "Ni" for females, similar to Mr. and Mrs. respectively. Although Balinese Hindus did not have a caste system before the arrival of the Majapahit Empire, Balinese names can also identify ones caste. The third name is most often used to refer to someone and indicative of ones birth order. Wayan is the most common first-born child name but alternatives include Putu, Gede, or Ni Luh for girls. The second child is usually Made, meaning middle, but could also be Nengah, Ngurah, or Kadek. The third born is Nyoman or Komang, and the fourth is Ketut. If a family has more than four children, they will either start over or use Ketut for each child after the fourth.

The title of this paper identifies the third and fourth children names (Nyoman and Ketut) and suggests that they are not as common today given the promotion of a two-child policy. This is also backed up from my experience talking with Balinese over the course of four months. Now days, one's last name is used as a first name because of the increasingly high number of Wayans and Mades.

The birth order name indicates a traditional ideal family size of three or four. A survey of Balinese women in 1973 found that four was the most commonly mentioned family size and this was attributed to the traditional naming system (Cammack and Heaton 2001). From my research, it is clear this family size norm has reduced to just two or three children and this is attributed to the promotion of the two-child policy.

A Threefold Theory of Social Change

I would not consider the social change which Bali has undergone as it relates to KB as transformative change because women were not going through a process of 'unlearning' to change a self that felt stuck or otherwise uncomfortable. It is fair to deduct this much from the words of the chairman of BKKBN. He said "people do not mind the pressure, threat, or misery, and are not critical of the future for themselves, their own children and grandchildren, because they are used to these difficulties" (Warwick 1986).

Women did not choose to begin contraceptive practices because they were seeking a better life for themselves and their children. Rather, the Indonesian government was going through a process of projectable change as they used KB as a tool in their plan to 'imagine different possibilities and preferred futures' for Indonesia. The change in women's contraceptive behavior was a mere result of this projectable change. Their attitudes – opinions on optimal family size, which I heard time and time again in my interviews - are a result of emergent change. Their conscious, or unconscious, learning from experiences and the changes in their lives as seen in family trees above, are a result of KB fieldworkers and media campaigns.

Today, greater urbanization and densely populated areas make it easier for the program to make contact with the population and higher levels of education have created greater openness to new ideas about family life. These emergent changes have shaped the reality of family planning today.

Concluding Thoughts

In theory, family planning programs are key to comprehensive sexual and reproductive health and provide essential, even life-saving services to women and their families. It allows

families to better manage resources, secure education, and maintain health by spacing births, avoiding and delaying pregnancy. In theory, family planning policies increase equity between women and their partners, enhancing communication and negotiation skills.

In practice, family planning does not play such a clear-cut, positive role in society, especially when administered on a national scale. It is my finding that the program in Indonesia does not fully meet women's needs or even considers their health as a key priority but rather population control remains its core,

> "Moreover, the administrative officials coerce subordinates to meet the ambitious targets who then coerce eligible couples and individuals to accept contraceptives. This violates their basic rights. The program has realized the significant role women play in demographic dynamics, but not as leader of socioeconomic development but as tools to rapidly and effectively implement population policies (Smyth 1991)."

Throughout time, KB has placed emphasis on behavioral change among women while disregarding men's role in family planning,

> "In 2002-03, use of modern methods of birth control among women in Indonesia was still heavily based on female methods (55.2%) as compared to condom use (0.9%) or male sterilization (0.4%) and responsibility for family planning still rests heavily on women, alongside domestic duties, childbearing, and childrearing (Utomo, Arsyad, and Hasmi 2006)."

The data collected and distributed by BKKBN has brought about worldwide praise for Indonesia's TFR. Some have questioned the reliability of that data, or suggested that socioeconomic changes are also responsible for the decline, and very few have stopped to ask if the program is sensitive to women's needs and desires.

My research has looked at the change in Indonesia's fertility and contraceptive rates and how exactly this was realized, including social change within the past, present, and projected family planning realities. This information allowed me to analyze the change KB experienced from a centralized to decentralized governmental system.

My research found that although originally extrinsic in nature, KB has succeeded in rendering family planning an intrinsic desire among women who no longer view children as a status symbol or as a resource for agrarian or security purposes. According to my interviews, women in Indonesia are most often the ones who call the shots and make those family planning decisions. These are radical changes that have taken place since the beginning of KB.

My original prediction that individual attitudes towards family planning have been heavily shaped by external influences rather than intrinsic motivation proved correct as the government's effort to internalize a desire and promote a social norm of small families has been highly successful. This research has made me think about family planning in politics on a greater scale and cognizant of the stark contrast with my own country where family planning programs are an incredibly sensitive topic within the public sphere.

Recommendations for Further Study

When donors and other politicians successfully convinced President Soeharto to pledge support for family planning and to sign the United Nations World Leaders' Declaration on population in 1967, he brought family planning into the public sphere and transformed it from forbidden to essential (Utomo, Arsyad, and Hasmi 2006). Family planning in Indonesia has undergone this much change and yet KB has yet to transform from a program for population control and economic prosperity to a program for women's equality and empowerment.

Many have called for a revitalization of the program as arguments amplify over policies that ignore contraceptive needs of unmarried men and women. There is a push to change the name and create a new identity for Indonesia's family planning program.

Although a new policy would risk losing the familiarity and name recognition for KB

throughout the archipelago, it could be a step forward closer to a policy that matches modern day trends.

With more time I would have liked to look into ways the government could reformulate the vision, mission, and values of family planning in order to respond to new realities of a decentralized government and the achieved goal of replacement level fertility. I would also consider how a new program could include abortion precautions and education for young adults and unmarried people

Bibliography

Primary Sources

Jane, family friend (personal communications), 14 April 1017, 15 April 2017

Subject 1, Iluh Carmi (personal communication), 22 April 2017, Canggu

Subject 2, Ni Kadek Rin (personal communication) 11 April 2017, Ubud

Subject 3, Rima Agustina (personal communication) 11 April 2017, 12 April 2017, Ubud

Subject 4, Ni Wayan Suri (personal communication) 15 April 2017, Ubud

Paraphrased from Yudiana (personal communication), March 2017, Kerambitan Village

Secondary Sources

Astawa, Ida Bagus, Soegeng Waloeyo, and John E. Laing. "Family Planning in Bali." Population Council, Apr. 1975. Web.

Cammack, Mark, and Tim Heaton. "Regional Variation in Acceptance of Indonesia's Family Planning Program." Springer in Cooperation with the Southern Demographic Association, Dec. 2001. Web.

Hull, and Singarimbun. "Indonesia's Family Planning Story: Success and Challenge." N.p., 1997. Web.

Hull, Terence, and Henry Mosley. "Revitalization of Family Planning in Indonesia." The Government of Indonesia and United Nations Population Fund, Feb. 2009. Web.

Niehof, Anke. "Family Planning in Indonesia: A Source of Far-reaching Controversy." Journal of the Humanities and Social Sciences of Southeast Asia and Oceania, Jan. 1996. Web.

Nortman, D.L., and E. Hofstatter (1973) Population and Family Planning Programs, 10th ed. New York: Population Council.

Putjuk, Hari Fitri. "Indonesia's Family Planning Program: From Stagnation to Revitalization." *Devex*. N.p., 25 Sept. 2014. Web.

Reeler, Doug. "The Theory of Social Change." (1998): n. pag. Web.

Ruindra, Bai. "Banyak Anak Banyak Masalah, Bukan Banyak Anak Banyak Rejeki ." *KOMPASIANA*. N.p., 11 Aug. 2015. Web. 31 Mar. 2017.

Sagasti, Francisco. "National Development Planning in Turbulent Times: New Approaches and Criteria for Institutional Design." Elsevier Ltd., Apr. 1988. Web.

Smyth, Ines. "The Indonesian Family Planning Programme: A Success Story for Women?" *Development and Change*. International Institute of Social Studies, The Hague, Oct. 1991. Web.

Utomo, Iwu, Syahmida Arsyad, and Eddy Hasmi. "Village Family Planning Volunteers in Indonesia: Their Role in the Family Planning Programme." Reproductive Health Matters (RHM), May 2006. Web.

Yet., He Interval Tubectomy Method, and Country Action: Opportun. *FAMILY PLANNING 2020* (n.d.): n. pag. Web.

Warwick, Donald P. "The Indonesian Family Planning Program: Government Influence and Client Choice." *JStor*. N.p., n.d. Web