

**The Women's Studies Project  
INDONESIA**

**Family Planning  
and Women's Lives:  
A Synthesis of Findings**

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## Abbreviations and Acronyms

BKKBN	<i>Badan Koordinasi Keluarga Berencana Nasional</i> National Family Planning Coordinating Board
DEPKES	Department of Health
FGD	Focus Group Discussion
FHI	Family Health International
FP	Family Planning
GBHN	Basic Guidelines of State Policy (revised every five years by the People's Consultative Assembly)
IAC	In-country Advisory Committee for the Women's Studies Project
IDHS	Indonesia Demographic and Health Survey
IFLS	Indonesian Family Life Survey
IUD	Intrauterine device
KB	<i>Keluarga Berencana</i> family planning
KB Mandiri	Self-reliant family planning
KS	<i>Keluarga Sejahtera</i> , family well-being
KSW	<i>Kelompok Studi Wanita</i> , Women's Studies Group, University of Indonesia
MOH	Ministry of Health
NGOs	Non-governmental organizations
SDES	Service Delivery Expansion Project (USAID project through Pathfinder)
TBA	Traditional birth attendant
UGM	Gadjah Mada University
UI	University of Indonesia
UPW	<i>Urusan Peranan Wanita</i> , Office of the State Minister of the Role of Women
USAID	United States Agency for International Development
WSP	Women's Studies Project
YKB	<i>Yayasan Kusuma Buana</i> , Kusuma Buana Foundation

## Executive Summary

Indonesia has had a strong and pervasive National Family Planning Program for nearly three decades. In the early 1970s, the average Indonesian woman bore six or seven children, today lifetime fertility has dropped to fewer than three children. The family planning program is directed toward women in Indonesia, although the program is set in the context of family welfare. Between 1994 and 1997, researchers undertook four studies to explore the role family planning has played in the lives of women in Indonesia. The four studies were conducted collaboratively between Indonesian scholars and researchers from Family Health International, under the auspices of the Women's Studies Project (WSP), funded by the U.S. Agency for International Development (USAID).

Using an innovative stakeholder model of participatory research, these studies were guided from their inception by an In-country Advisory Committee (IAC), comprising representatives of government, private sector, family planning professionals, women's health advocates, researchers, and donors, among others. The four studies conducted were:

- Family Planning, Women's Work and Women's Household Autonomy (Demographic Institute, University of Indonesia)
- Family Planning and Women's Empowerment in the Family (The Women's Studies Center, Faculty of Political and Social Sciences, University of Indonesia)
- Family Planning, Family Welfare and Women's Activities (Population Studies Center, Gadjah Mada University) and
- Reproductive Decision-making and Women's Psychological Well-Being (Center for Societal Development Studies, Atma Jaya University and Women's Studies Program, Graduate Faculty, University of Indonesia)

These four studies developed new ways to explore dimensions of family welfare and women's empowerment in Indonesia. In addition, one study produced an index of psychological well-being for women in Indonesia where none previously existed.

When considering the results of the studies, several themes emerge. First, the women in this study support the National Family Planning Program as a social movement. They use contraception, they espouse the benefits of spacing their children, and they limit their family size.

Second, despite expressing generally positive attitudes about family planning, a significant number of women in the studies complained about side effects and expressed fears about specific methods. Negative experiences with side effects often led to contraceptive discontinuation or method-switching. Even women who said they were "satisfied" with their family planning method went on to describe problems they had experienced that in other societies would be regarded as elements of "dissatisfaction."

These studies also revealed the importance of traditional – and inequitable – gender roles in shaping women's lives. While some women said they would prefer not to work, women contributed substantially to family income and maintenance, and those who did work saw themselves as their husbands' "helpers." For the most part, women were responsible for domestic duties. Empowerment of women in Indonesia will require a shift from roles that women and men now play to gender relations that are more flexible and relevant to the different family welfare needs and the situations of individual couples.

Finally, while women recognized that family planning improved their lives, other social and economic factors appeared to exert a more powerful influence on many aspects of women's lives. Women frequently viewed their family's welfare differently than researchers or the government. For example, BKKBN's annual *Pendataan Keluarga Sejahtera* measures many important dimensions of family welfare, but it does not fully reflect the priorities of clients, which center on income adequacy and educating children.

Study findings suggest several ways in which policies could be modified to help women and families achieve their reproductive goals and improve family well-being:

- *Clinics should be the focus of interventions to improve the quality of services* to enable women and men to be confident in their choice and use of contraception. This involves giving clients (usually women) knowledge, choices, and support. Quality improvement activities already underway in the BKKBN and the MOH would benefit from being strengthened and extended. Often this does not involve expenditures as much as reorientation of commitment and attitudes, an important consideration at a time of financial crisis.
- *Clients require better information on contraceptive options* so that they have more positive experiences using contraception. Providers need official encouragement and training in how to have more open and substantive communication about side effects, available options, mechanisms of action, and how to handle negative experiences.
- *Clients would appreciate more accessible contraceptive services* (in terms of hours and location) and a broad range of methods. This may require assistance from donors during the present budget crisis.
- *Upgrading skills of midwives, nurses, and paramedics* could contribute to increasing the supply of providers, particularly female providers. Women would prefer to see female providers, especially for IUD insertions, and they would like more time with counselors.
- *The myth that contraceptive use is a concern just for women should be challenged.* The Family Planning Program's communication activities can depict men as active participants in family planning. Men should be encouraged to support their wives' contraceptive choices, as well as use contraception themselves. Effort should be made to identify the best venues and most appropriate language and approach to use in recruiting men as program participants. Greater male participation, both as methods users and supporters of their wives' family planning use, may improve family well-being by fostering greater gender equity regarding family planning use.

- *Some gender barriers can be challenged* if condoms rhythm, and withdrawal are described as “joint collaboration” methods The pill could be promoted as “joint cooperation ” with husbands being encouraged to take the responsibility for supporting their wives in obtaining supplies and taking the pill regularly
- *Gender equity can be promoted in the information campaigns* of the Family Planning Program by promoting more situation-based roles and responsibilities for women and men, rather than reinforcing traditional gender roles and responsibilities that tend to disadvantage women There is no formula or rule dividing housekeeping duties – it rather depends on each couple’s situation and this requires open communication and negotiation
- *Strengthening the focus on the economic educational health religious and social harmony status of the family* can be stressed by government programs designed to improve family welfare, in addition to the government continuing to provide family planning services By adopting family welfare priorities of clients, interventions will show more promise for success

The findings of the Indonesia WSP studies also suggest policy modifications beyond family planning Government programs designed to improve family welfare could strengthen their focus on increasing the economic educational health religious and social harmony status of the family, in addition to continuing to provide family planning services By adapting and adopting family welfare priorities of clients interventions will show more promise for success

The importance of children's education to women's view of family welfare suggests that schools are an ideal place for intervention to improve the lives of women and families BKKBN could work with the Department of Education to make schooling more accessible and relevant to families' needs Possible interventions include scholarships for gifted students from lower income families, reduction of school-related fees, and the promotion of community-based organizations of parents to advise and assist local schools In addition, school-based projects could be introduced that promote increased gender equity within the family

The Indonesian government, in its effort to promote family welfare, should continue to encourage all women to obtain as much education as possible, ideally up through the high school level This would allow more women the possibility of working in the formal sector with the associated benefits of better salary more job security, and better employment benefits By continuing to encourage women to delay marriage and finish high school, a higher percentage of women will be equipped to join the formal sector Continuing to encourage couples to have small families may also allow more women who want to work to join the workforce, as having a small child to care for at home discourages women from working

The family planning movement has been a major vehicle for changing women’s lives and enhancing family welfare in Indonesia The studies reported here trace both the great achievements and the remaining challenges Indonesia faces as it implements the priorities for reproductive health the nation pledged to implement as a signatory of the *Programme of Action* of the 1994 International Conference on Population and Development

# 1 Introduction

In September 1994, two representatives from the Women's Studies Project (WSP) of Family Health International (FHI) visited Indonesia to assess the feasibility of conducting studies on the impact of family planning on women's lives in Indonesia, part of a five-year international project funded by the United States Agency for International Development (USAID). As they described the goal of the WSP to study both the positive and negative consequences of family planning on women's lives, the WSP team met with enthusiasm for the project but also with some skepticism about the topic. They were cautioned by officials that family welfare should be the focus of interest rather than women's welfare and that saying anything critical about family planning could be regarded with suspicion, since family planning was a program supported by strong government commitment.

Still, in discussions with over 60 representatives from the government, non-governmental organizations (NGOs), women's health advocates, researchers, and donors, a number of research topics emerged regarding the role family planning has played in the lives of women in Indonesia – and by extension in the lives of their families. Prof. Dr. Haryono Suyono, Minister of Population and Chairman of the *Badan Koordinasi Keluarga Berencana Nasional (BKKBN)*, the National Family Planning Coordinating Board, gave his blessing to the WSP and Indonesia was added as one of a number of countries included in the Project (other participating countries include Bolivia, Brazil, China, Egypt, Jamaica, the Philippines, Mali and Zimbabwe). See Attachment 1 for a description of the innovative stakeholder model of participatory research used in the Indonesia WSP.

Three years later, in December 1997, a group of over 65 representatives met in Indonesia to discuss the results of the four studies carried out by Indonesian researchers in collaboration with the WSP.

- Family Planning, Women's Work, and Women's Household Autonomy (Demographic Institute, University of Indonesia),
- Family Planning and Women's Empowerment in the Family (The Women's Studies Center, Faculty of Political and Social Sciences, University of Indonesia),
- Family Planning, Family Welfare and Women's Activities (Population Studies Center, Gadjah Mada University), and
- Reproductive Decision-making and Women's Psychological Well-Being (Center for Societal Development Studies, Atma Jaya University and Women's Studies Program, Graduate Faculty, University of Indonesia)

Organized by the BKKBN, the workshop was opened by the Minister of Population, Prof. Dr. Haryono, who set a very positive tone for the meeting. He pointed out that Indonesia has gone beyond family planning in developing a series of social movements for reproductive health, self-reliant contraception, economic welfare of families, and family resilience and strength. He characterized such initiatives as building efforts of

empowerment on the foundation of the original family planning program Prof Dr Haryono noted that the family planning program is working with a new generation of clients, with higher levels of education, no illiteracy, and a craving for rationally presented written information He urged the audience to consider how to serve the needs of these people based on scientific results of studies such as these

Using findings from surveys and insights shared by the women and men who participated in focus group discussions and in-depth interviews the results of Indonesia's WSP provide a view into changes in the familial, social and personal domains of the lives of the majority of contraceptive users in the country – women Some results show positive effects of family planning and contraceptive use, while other results raise questions about the quality of services and highlight persistent (and some emerging) challenges BKKBN officials at the workshop welcomed the findings as providing useful information to extend and improve the country's family planning program through greater attention to clinic quality, greater involvement of men in the responsibility for contraceptive behavior, and greater effort at empowerment of Indonesian women

## 2 Background

### A Women and Family Planning

The Indonesian family planning program which is three decades old now, is mostly designed for women In the early 1970s the average Indonesian woman bore six to seven children, today, lifetime fertility has dropped to fewer than three children (Central Bureau of Statistics, et al 1995) The small family size is becoming a norm in Indonesia (Adioetomo 1994, Adioetomo, 1997) The widespread use of family planning has facilitated the reduction in family size Modern contraceptive use among married women was only 5 percent in the late 1960s, by 1994, 55 percent of married women reported using contraceptive techniques (52 percent were using modern methods and 3 percent traditional methods) Virtually all contraceptive users are women Condom use and male sterilization account for only 0.9 percent and 0.7 percent, respectively, of contraceptive use in the country (Central Bureau of Statistics et al , 1995)



The Indonesian small family norm is depicted in this batik

The program's broad integrated approach to promoting the small and prosperous family norm has been a central goal from the 1970s (Kocher et al , 1994, Niehof, 1994)

Although the official focus of the program is the family, in fact activities are primarily designed for and with the involvement of women. Indonesia's population policy combines family planning (which draws on Javanese values of patrimonialism and authoritarianism to increase contraceptive use) (Hull and Hull 1995) and prosperous family development. An annual census of family welfare at the village level provides a database for government intervention and community action aimed at improving family and community welfare.

One of the most salient features of the Indonesia family planning program in the 1970s and 1980s was the setting of targets (numbers of contraceptive acceptors) for all administrative levels (Smyth 1991, Hull and Hull, 1995). The emphasis on targets prompted criticism that the program was not sensitive to women's health concerns beyond family planning (Widyantoro 1989, Smyth 1991, Hafidz et al, 1991). Maternal mortality, of particular concern to women, is at a disturbingly high level (with estimates ranging from 400 to 650 per 100,000 live births) and does not seem to be going down significantly (Frankenberg, 1997).



This sign at a family planning clinic encourages couples to have two children.

Some argue that the low quality of care in the program reflects general attitudes toward women in Indonesian society (Hafidz et al, 1991, Smyth, 1990, Mboi, 1994). A situation analysis study conducted in 1994 revealed the limited information that clients receive on family planning methods (BKKBN 1994). A recent survey by the Indonesian Planned Parenthood Association (Subroto et al 1995) found that clients were frequently denied the

opportunity to select the contraceptive methods best suited to their needs or preferences.

In 1993 the BKKBN officially abandoned numeric targets and developed a system of "demand fulfillment figures" - estimates of which are determined by the family planning program, not by clients. However at the field level estimates of demand are still referred to as "targets". As part of their attempt to reform the program, the BKKBN has expressed interest in improving the quality of family planning services and in meeting women's broader reproductive health care needs. There have been activities to improve the quality of care in the family planning program (Widyantoro, 1990, Vogel and Reynolds, 1995) particularly in light of international criticism of the program (Hull and Hull 1995). As noted by Prof. Dr. Haryono (1994) however, quality of care must be achieved within the Indonesian program context, taking account of Indonesian aspirations and realities rather than through adoption of inappropriate international standards.

## ***B Legal, Political and Socioeconomic Environment***

Women are generally well served by laws in the country, yet the image of the ideal woman as the dependent and obedient wife influences the government's view of the place and position of women in social life. "On the one hand, women are called upon to dedicate themselves to 'the development of the nation,' by pursuing education participating in the labor market and sustaining economic development and modernization. On the other hand, it is emphasized that their participation in the process of national development should concentrate on the domains which 'best correspond with their female nature and their biological constitution' " report Slaats and Portier (1994 #36)

Key words in the chapters on women's rights and roles of the Basic Guidelines of State Policy (*GBHN*)<sup>1</sup> are 'harmonious' and 'holistic'. The first is an expression of the emphasis in Indonesian culture especially Javanese, on harmony and consensus. The ideological emphasis on women's harmonious partnership with men specifically in the family context, was given a legal foundation in Law No. 10 of 1992. The law, *Population Development and the Development of Happy and Prosperous Families*, states that "Happy and prosperous family means a family which is formed on the basis of a legal marriage, capable of adequately fulfilling spiritual and material needs devoted to God Almighty, possessing harmonious proportionate, and balanced relations among its members and between the family and society and the environment" (Chapter 1 article 1 paragraphs 10, 11)

Although there still are substantial female-male disparities with respect to literacy rates and educational attainment, gaps are narrowing and both females and males are benefiting from expanding schooling. The formal female labor force participation rate in Indonesia has increased from 33 percent in 1980 to 39 percent in 1990 (Population Census 1980 and 1990). However, the 1990 census shows that among the Indonesian women in the labor force, 82 percent had not finished primary school. Thus the types of jobs accessible to women are low-skill, low wage jobs such as domestic servant, factory laborer, small retailer, plantation laborer and home-based worker. These jobs, in turn pay low wages (Mather in Afshar, 1987, Grijns in Locher-Scholten and Niehof, 1987, Chandler, 1985, and Stoler, 1977). The extent to which working women have more economic autonomy than non-working women is likely to depend on their type of job their job security, and their income in comparison to that of their husbands including whether theirs is the only income the household depends on. The latter situation must also be taken into account due to the increasing number of female-headed households (17 percent in 1990 according to the Population Census)

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<sup>1</sup> Since the 1980s the *GBHN* has formed the foundation of government policy and planning

## **C Family Environment**

The roles of husbands and wives in the family are spelled out in the 1974 Marriage Law (Undang-Undang Perkawinan) 1) ‘The husband has the responsibility of protecting his wife and of providing her with all the necessities of life in a household in accordance with his capabilities,’ and 2) ‘The wife has the responsibility of taking care of the household to the best of her ability ’

However, there are many cases in which women, particularly rural and poor women, work outside the home to earn additional income for the family. But if something happens to the children of rural working mothers, for example if they get sick such mothers are accused of neglecting their children (Hull 1979). Thus, a double standard seems to apply. Husbands and other family members (and even neighbors) may not oppose mothers going outside the home to work, but they do not share the responsibility of women’s labor force participation, instead blaming the working mother if something negative happens in the household.

It has been widely debated whether women who bring resources home will gain more influence and autonomy in household decision-making. Stoler (1977) found that poorer rural Javanese women have access to more kinds of employment opportunities, albeit menial labor, and therefore more access to a regular source of income which may also allow more autonomy. Stoler also found that wealthier village women gain autonomy through access to resources which leads to those women having more equal relationships with their husbands and to having more control over the activities (including labor force participation) of other household members. Hull (1982) in a study of the status of women in rural Central Java agreed that social class has to be considered when examining the relationship between women’s work and female autonomy.

Reproductive control has been viewed as a means of empowering women. It may emancipate women from their traditional roles and enable them to pursue other activities. It has been argued that when decisions in Indonesian families are made by couples or families with unequal power relationships it is likely that the women will be disadvantaged (Wolf, 1992, Subroto et al 1995, Sadli, 1995b, Amaro, 1993). In Indonesia, opposition by husbands is the biggest single factor preventing currently married women from using contraception (CBS, 1995). Few studies however have examined the decision-making processes regarding child bearing and family size in Indonesia (see Hull, 1983). A study by Sayogyo in a village in Java found that women have *de facto* primacy in the decision-making process. Child rearing decisions were generally made jointly or through compromise between the spouses (in Berninghausen and Kerstan 1992).

## **3 The Indonesia WSP Study Topics and Methods**

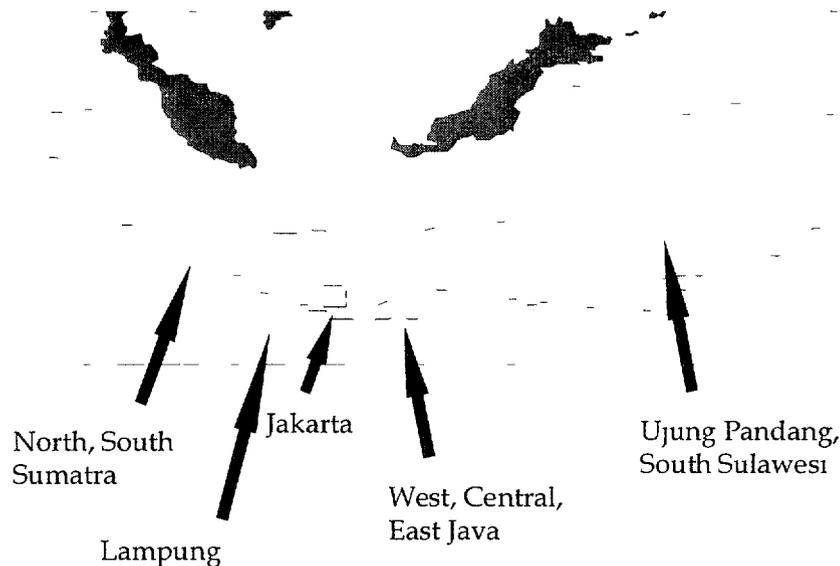
The four Indonesian WSP studies focused on different aspects of the WSP conceptual framework (Hardee et al 1996), shown in Attachment 3. The framework adds women’s

daily experiences to traditional outcomes of fertility control such as reduced fertility. The framework takes into account the larger context of social, cultural, economic and other factors associated with the quality of women's lives, as defined by women themselves. Each study took as its starting point contraceptive use or non-use (or, in the case of one study, reproductive decision-making) and looked at aspects of women's lives affected by use of family planning (see Table A 1 in Attachment 4 for a description of each study). Broad dimensions of women's lives studied by the four sub-projects included psychological well-being, women's roles in the family, and their roles in the community. These three dimensions correspond with the WSP conceptual framework. The study populations identified in these four studies came primarily from the USAID-funded Service Delivery Expansion of Services (SDES) Project. There was no overlap of study populations (see Map 1), although by design there was some overlap of study topics.

The results presented in this synthesis report are highlights of the study findings. For more detailed accounts of the studies, readers are encouraged to read the final study reports (listed in the bibliography). In this synthesis report, the main themes that emerged from the studies are presented together. It is important to note that these studies were conducted in 1996 (before Indonesia's economic crisis) and pertain to women and men who are, for the most part, between the ages of 25 and 49 and who are married with children. The conclusions reached are based on this demographic group rather than on all Indonesian women and men. The findings particularly do not reflect the situation of young, unmarried or newly married women and men without children, nor do they record the personal experiences of older couples.

In summary, with the exception of the IFLS secondary analysis, a total of 2,495 women were included in surveys in East, Central and West Java, Lampung, South Sumatra, Jakarta and Ujung Pandang. In those areas and in North Sumatra and West Java, 86 women and 46 men were included in in-depth interviews. In Lampung and South Sumatra, 78 women and 32 men participated in focus group discussions.

**Map 1 Locations of WSP Studies in Indonesia**



## 4 Study Results

### A Background Characteristics

The average ages of the women in the surveys ranged between 30 and 36. Most women had attended or graduated from primary school, with higher educational attainment common among urban women. Excluding the women in the IFLS current labor force participation (generally defined as working for money) among the participants of the surveys ranged from 24 percent among women in Jakarta to 68 percent of women in one area of rural South Sumatra. Generally, labor force participation was higher among women in rural areas than in urban areas. The number of children ever born among the women ranged from 2.9 in East and Central Java to 4.3 in Jakarta. Current contraceptive use was high among the respondents of the surveys, ranging from 61 percent in one area of rural South Sumatra to 86 percent in Jakarta. The pill, the IUD and the injection were the most commonly used contraceptives.

### B Reasons for Participation in Family Planning

Respondents in the four studies said gave a variety of reasons for using family planning, although the main reason was economic. In the study in North Sumatra and West Java by Adioetomo et al (1997), a woman in rural North Sumatra said

*"I can work, selling because I use contraception. I follow KB [family planning] so my kids are widely spaced."*

A community leader, a woman from rural West Java, stated that

*'The family planning program is well underway. Most housewives have used contraception. Family planning helps mothers to have more leisure time for themselves enabling them to participate in activities outside the house to work for income and to do other social activities.'*

The study by Hidayati Amal et al (1997) in Jakarta and Ujung Pandang, supported the finding that wives and husbands tended to agree on the need to use family planning for economic reasons. According to one husband in Jakarta

*Contraceptive use frees my wife to work*

A husband in Ujung Pandang agreed saying

*Both of us are working that's why she uses contraception*

In the study in Lampung and South Sumatra (Irwanto et al, 1997) women also gave economic reasons for participating in family planning. Said a woman from rural South Sumatra

*'I have joined the Family Planning Program so that I would not be stricken poor miserably having to strap my baby on my chest and my back*

A woman from rural Lampung added,

*'If we have many children oh my oh my I will need a lot of funds – for example when children are sick I would need to sell my land or goods to pay for their medical costs*

While economic explanations dominated, some women said they used family planning for their own health or to have time to participate in community activities. According to Hidayati Amal et al (1997), a woman from Ujung Pandang noted,

*"I had many children I thought if I were not using contraception, I would have even more I was concerned with my own health "*

A woman from Jakarta said

*"If I have to stay home it s unbearable for me Before using contraception I could not participate in community activities because the children were small*

A few women commented that using family planning was not something one chose to do, but rather using family planning was a societal expectation and a requirement for participating in the government's family welfare program. A rural woman from Java explained,

*It is the same family planning is a part of KS (the family welfare program) You take family planning so you can enter KS '*

### **C Family Planning, Women and Work**

In qualitative analysis, women and men said that a benefit of family planning is that it frees up women's time for activities such as work. Secondary analysis of IFLS data (Adioetomo et al , 1997) indicated that use of long-term family planning methods had more of an effect on women's work than did use of short-term methods<sup>2</sup>. Users of long-term contraceptive methods (e.g. sterilization, IUD and implants), compared to non-users who were at risk of unintended pregnancy, were 60 percent more likely to be working for income. In addition, among working women users of long-term methods, compared to non-users who were at risk of unintended pregnancy were 40 percent more likely to work in the formal sector. Use of short-term family planning methods was not associated with any of the three work categories.

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<sup>2</sup> In secondary analysis of the IFLS family planning was measured in four categories: 1) using a long-term method (i.e., sterilization, IUD implant), 2) using a short-term method (i.e., pill, injectables, rhythm), 3) not using family planning but not at risk of unintended pregnancy (i.e., desires pregnancy, pregnant, sterile) and 4) not using family planning and at risk of unintended pregnancy. Researchers measured the effect of family planning use status on three aspects of women's work: 1) working for income or not, 2) (among working women) working in formal or informal sector, 3) (among working women) number of hours worked per week.

Other background characteristics were more often associated with women's work status. Younger women (under age 35) were less likely to work than older women, but if they did work, they were more likely than older women were to work in the formal sector. A woman's age was not associated with the number of hours she spent working, however, children's age was associated. If a woman had a child under age six, she was less likely to work. If she did work, she was likely to work fewer hours per week than women whose youngest child was age six or older.

Women's education was significantly associated with all three work outcomes. Compared to women with no education or incomplete primary education, women with at least a high school degree were more likely to be working, to work in the formal sector, and to work fewer hours per week. In contrast, women with a primary education were *less* likely than women with the least education to be working and to work in the formal sector. Perhaps the most striking finding from this secondary analysis was that women who had at least a high school education were 12 times more likely to work in the formal sector than were women who had no education or only some primary school.

A woman's husband's education was not associated with whether she worked. Among working women, however, women whose husbands had the least education were the most likely to work in the formal sector. Husband's income was associated with whether a woman worked and among working women, with the sector in which she worked. Compared to women whose partners earned over 200,000 rupiah per month<sup>3</sup>, women whose husbands earned under 100,000 rupiah per month (the second-poorest income category) were more likely to be working.

Where a woman lived was significantly associated with work status. Women from Java and Bali were less likely than others to work, but, among working women, those from Java and Bali were more likely to work in the formal sector. Urban women were less likely to work, however, if they worked, they were more likely to work in the formal sector and to work longer hours than rural working women. For women who already worked, having or not having a small child did not influence whether they worked in the formal or informal sector. Working in the formal or informal sectors is probably related to women's employment opportunities.

During the in-depth interviews in North Sumatra and West Java, many women stated that they had to work because their husbands' incomes were not sufficient to cover the needs of the family in terms of food, clothing, and education (Adioetomo et al., 1997). A woman from North Sumatra explained:

*How can I not help my husband? He works as a driver and we have four children. For educational expenses his salary is not enough.*

Most husbands and wives considered education very important to the future of the children, but they noted that the cost for education is rising, especially for children in higher levels of school. As a result, many women were volunteering to work to earn more family income. In general, the husbands agreed with their wives' decision to work. However, individual women and men did not link family planning with work opportunities in their minds or in their statements.

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<sup>3</sup> At the time of the study, U.S. \$ 1 equaled approximately Rp 2,200.

Further, although women worked to earn money for the family all of the women who worked (even the wives whose incomes exceeded that of their husbands) said they did so only to ‘help’ their husbands (*bantu bantu suami*) This phenomenon is likely a result of a cultural legal and religious context in which men are considered the economic head of the household and are expected to provide for their families In the interviews both husbands and wives said that the household economy (and family survival) was the responsibility of the husbands

In a study in selected areas of Jakarta and Ujung Pandang by Hidayati Amal et al (1997), less than half of the women worked for income, in the community studied in Jakarta only one-quarter of the women worked Most of the women who worked had asked their husbands permission to do so The women who were most likely to say they wanted to join the labor force were younger and somewhat more likely than the average woman to be using family planning As shown in Table 1, if women could attain their desired work status about 18 percent more women in Jakarta and 25 percent more women in Ujung Pandang would be working In comparison 3 to 4 percent of the women in the two cities who were currently working said they would prefer not to

**Table 1 Desired Work Status, by Current Work Status, for Women in Selected Areas of Jakarta and Ujung Pandang, Indonesia 1996 (In Percent)**

Desired work status	Current Work Status			
	Jakarta		Ujung Pandang	
	Currently working	Not working	Currently working	Not working
I want to work <sup>1</sup>	93.8	17.8	95.3	25.4
I do not want to work	4.1	75.9	2.7	73.2
Other	2.1	6.3	2.0	1.4
Total	100.0	100.0	100.0	100.0
Number of Cases	(97)	(303)	(149)	(213)

<sup>1</sup>This category includes women who would like to change jobs but still want to work

Source: Hidayati Amal et al., 1997

An important point from the study in East and Central Java, by Dwiyanto et al (1997) was that many women were not enthusiastic about working They felt that not working would benefit the family Many women felt that they could take better care of the children if they did not work Other women

preferred to have jobs that did not require them to leave home This would make it easier to manage the household – which was mostly women’s responsibility A woman from urban West Java, in the study by Adioetomo et al (1997) agreed She said she used contraception in order to keep her job, but that she would prefer not to work

*“Actually, in Islam it is the man who works It s a must that s our faith It is good if he is capable of fulfilling the basic needs – clothing food and housing That s why if he has satisfied all that, it is nicer [for the wife] to stay home Actually working is tiring isn t it?”*

## D Family Planning, Women's Autonomy and Empowerment

Three studies addressed decision-making in the household. Two of those studies addressed women's autonomy and one examined women's empowerment. In both Jakarta and Ujung Pandang, according to Hidayati Amal et al. (1997) men were considered the household heads. As in North Sumatra and West Java, the division of labor in the household fell on fairly traditional gender lines with women (or household members other than the husband) doing most of the housework. Wives were particularly involved in childcare and cooking, as shown in Table 2. The division of household tasks was similar in the study in East and Central Java (Dwiyanto et al., 1997), also shown in Table 2.

**Table 2 Women Who Reported They are Fully or Mostly Responsible for Selected Household Duties Selected Areas of Jakarta, Ujung Pandang and East and Central Java 1996 (In percent)**

Task	Jakarta <sup>1</sup>		Ujung Pandang <sup>1</sup>		East and Central Java <sup>2</sup>	
	Only/ mostly wife	No of cases	Only/ Mostly wife	No of cases	Only/ mostly wife	No of cases
Daily cooking	90.1	(400)	82.7	(369)	92.1	(826)
Cleaning the house	66.3	(400)	63.5	(367)	71.4	(686)
Cleaning the yard	67.1	(400)	45.7	(368)	69.1	(909)
Caring for children	87.0	(393)	71.1	(359)	67.7	(421)
Washing clothes	64.6	(400)	56.3	(368)	59.2	(929)
Making house repairs	6.1	(400)	1.4	(368)	1.9	(931)

Source: <sup>1</sup>Hidayati Amal et al., 1997; <sup>2</sup>Dwiyanto et al., 1997

As indicated in the in-depth interviews in Jakarta and Ujung Pandang, however, husbands sometimes help their wives with housework. A husband from Jakarta said:

*"Women are more tired than men. They look after children, wash clothes and dishes, prepare meals for us and the children. We just appreciate what they have done for us. I realize that so I help her by washing the dishes."*

A husband from Ujung Pandang noted that he helps his wife when he has time:

*"Yes, if the situation pushed me to help her. If I have time, I do clothes and dish washing, feed the children."*

Decision-making on social and economic activities followed different patterns in the studies in Jakarta and Ujung Pandang (Hidayati Amal et al., 1997) and East and Central Java study (Dwiyanto et al., 1997). These two studies included survey questions on household decision-making. Women were involved in making economic and social decisions in their households, in

fact a significant number said their wishes prevailed in making decisions, as shown in Table 3. In Jakarta, wives' wishes tended to prevail on economic decisions (e.g. buying and selling family property and purchasing major appliances) and traveling outside the community to a larger extent than in Ujung Pandang and in East and Central Java. In decisions involving children (e.g. having another child, children's schooling and taking the child to the doctor), husbands' (or other family members') wishes tended to prevail.

**Table 3 Wife's Wishes Prevail in Making Economic and Social Decisions in the Household According to Women in Selected Areas of Jakarta, Ujung Pandang and East and Central Java 1996 (In percent)**

Topic of Decision	Jakarta <sup>1</sup>		Ujung Pandang <sup>1</sup>		East and Central Java <sup>2</sup>	
	Wife	No of cases	Wife	No of cases	Wife	No of cases
Buying/selling family property	54.5	(400)	5.5	(347)	5.7	(799)
Buying major appliances	55.0	(400)	17.3	(369)	5.5	(888)
What gift to give relatives	14.3	(400)	61.8	(369)	35.0	(929)
Buying children's party dress/ shoes	26.5	(393)	62.4	(362)	43.4 <sup>3</sup>	(921)
Buying own party dress/ shoes	13.0	(400)	82.4	(370)	68.9 <sup>3</sup>	(931)
Having another child	28.0	(400)	9.9	(363)	NA	NA
Children's schooling	54.2	(400)	16.0	(357)	NA	NA
Schooling for sons	NA	NA	NA	NA	4.7	(688)
Schooling for daughters	NA	NA	NA	NA	4.8	(679)
Taking child with fever to the doctor	24.9	(393)	26.3	(361)	NA	NA
Travel for self outside community	58.5	(400)	12.1	(364)	5.6	(895)

Source: <sup>1</sup>Hidayati Amal et al., 1997; <sup>2</sup>Dwiyanto et al., 1997

Note: Percentages may not equal 100 due to rounding. <sup>3</sup>In East and Central Java respondents were asked about buying regular clothes for their children and themselves.

The in-depth interviews in the three studies revealed that women tended to make decisions on day-to-day expenditures, but yielded to their husbands on more substantial financial decisions. A woman from Jakarta explained:

*'I am in charge of managing and controlling the family income but I have to ask him first if I want to spend it for non-household expenses'*

A woman from Ujung Pandang explained:

*'His salary is given to me and I am free to spend it. If he asks me about it I have to be able to show him that the money has been used for this and this'*

Women, even those who earned their own income by working, tended to put their families' needs before their own needs when allocating economic resources. According to a woman in Jakarta:

*'Yes you could say that I am free to spend the household income but I myself do not have many personal needs What I am thinking about is how can we have our own house how can I give better education to my children Hence I have to be disciplined'*

Many women (and men) portrayed a situation in which husbands must be asked about everything from spending money to issues with the children to social activities According to a husband in Jakarta,

*'She is not free to decide everything by herself She has to ask my permission She can't ever make any decision without permission although she may think its purpose is good'*

A woman in Jakarta added,

*'No no, everything I want to do I have to ask his permission I cannot decide anything for myself He will be angry''*

A husband in Ujung Pandang added

*The husband s decision-making is very important The wife cannot make any decision alone]*

Still, some women were able to make their own decisions According to a woman in Ujung Pandang,

*I am free to decide My husband never forbids me to do anything like going out of the city with friends or choosing which school my children will go to*

In separate in-depth interviews, women and their husbands in West Java and North Sumatra indicated that women had autonomy in household decision-making and control of family resources for daily activities and expenses and that most had the freedom to work (Adioetomo et al 1997) However, even though women used family planning and worked they were still expected to maintain their roles as good mothers and obedient wives (*patah*), and do the housework as usual Women s autonomy in decision-making and control over resources was not related to their family planning or work status nor did it release them from their duties in other roles A woman from urban West Java stated

*'It is an obligation to obey the husband If not one is afraid of committing a sin*

According a woman in urban North Sumatra

*The husband s tasks are outside the house while the wife s tasks are inside the house That s how it is in a household Taking care of children and the husband this is the contract! That s what the religious teacher said -- a wife must obey the husband but obey in the right direction*

Said one husband from rural North Sumatra

*The primary duty of a wife is to serve the husband – cooking first then after that washing the clothes After that if there is no other work she can help the husband Generally the kitchen is the wife's It is logical cooking is the wife's business except if she is sick*

A husband from West Java described

*It is mother who manages I just give the money to her That's the woman's business Buying trousers for example I don't know - I just ask her to go buy them for me*

A husband from rural West Java noted that it is not always the husband's wishes that prevail He said that he generally gives in to his wife during disputes

*"It's true, I am the one who earns the money but I defer to her Regarding buying something, that is [up to] the woman We do what she says Rather than have a dispute well I give in I am serious in giving in, if we kept on having disagreements, probably our marriage would end in divorce"*

Women's obedience and the stress on social harmony in families also meant that the husband's desired family size was usually met, even when the wife wanted a different number of children Said a woman from North Sumatra

*I planned to have three children, but my husband wanted four*

The gap between status and autonomy among the women interviewed was evident in the fact that, although some women gained status as mother, contributor to household income or in other social roles, their subordination to men was not necessarily reduced Some women may have had power in one aspect of autonomy, such as in making decisions regarding routine household affairs but remained relatively powerless in another, such as control over productive processes including their own labor Thus understanding the power balance between women and men is essential in understanding women's autonomy in the household

It could be that the autonomy accorded to women in this study (and in Indonesia) was a result of their living in relative poverty If the husband's income was not sufficient the wives felt compelled to work to supplement the husband's income Given this situation it may be that the work done by the wives was a family survival strategy Having wives manage the household may also simply reflect tradition and be unaffected by differences in women's work status or the family's income level

Family planning freed women to spend more time in their other roles by reducing their burden in one role, that of motherhood and child care The presence of a young child (or children) and related child care duties absorbed much of women's time regardless of family planning or work status Having a smaller family reduced the years during which a mother had a pre-school age child at home and thus increased the amount of discretionary time she had and her ability to work (if she wanted to) and participate in community activities

## **E Family Planning, Women and Family Welfare**

### **Women's Views on Family Welfare**

The study in East and Central Java also compared the family welfare indicators collected by BKKBN to data on the same indicators collected in this study's survey (the Gadjah Mada University (UGM) survey data Dwiyanto et al , 1997)<sup>4</sup> The two data sources produced different estimates for over half the family welfare indicators In most cases, when the indicators were different, the BKKBN data produced higher estimates of family welfare than the UGM data<sup>5</sup>

In both the interviews and the responses to open-ended survey questions, women described several different areas of family welfare – economic, health education, religious and social relations They also talked about how prosperity and higher levels of family welfare could be reached Women were also asked if they were satisfied with various aspects of their lives and their families lives

Women in this study tended to have more modest aspirations for their family's welfare than did the BKKBN Women's views of adequate family welfare were being able to supply their family's basic needs for food clothing and housing Women also thought parents should be able to send their children to school to get a good education In addition the family should exist in social harmony – both between family members and with neighbors in the community Women mentioned family size as affecting family welfare but they also stressed other contributors to family welfare They recognized that limiting the number of children might lessen women s household chore burden and lessen the family s economic burden but small family size was less important to women's perceptions of family welfare than financial factors For many women, controlling their number of children is an important prerequisite, but other social and economic factors are more salient to their family welfare

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<sup>4</sup> It should be noted that BKKBN sees the use of family planning as a component of family welfare while this study viewed family planning and fertility as factors that may influence family welfare Using BKKBN's measurement of family welfare if a couple is not using a family planning method that family cannot be classified into a higher stage of family welfare despite their economic status

<sup>5</sup> The differences in family welfare were most likely due to different methods of data collection The UGM survey data reflect a direct questioning of the household head or their spouse for measurement of the family welfare indicators while the BKKBN Family Registration data sometimes include estimates made by someone other than a household member Also volunteers collect the BKKBN data from the neighborhood There is some indication that volunteers fill in their personal evaluation rather than ask potentially embarrassing questions about income religion or eating habits Given the many demands on BKKBN s time and budget resources it is understandable that BKKBN may need to rely on rough estimates of household well-being rather than conduct door-to-door surveys

## Components of Family Welfare, According to Women in East and Central Java

### Economic aspects

- Respondents discussed economic aspects of family welfare in terms of the fulfillment of family members' **needs for food, clothing and housing**. Most women defined their own family's ability to provide for its economic needs as just adequate or just enough. The meaning of the word "enough" (*cukup*) here referred to the family's most basic needs such as the necessity for all family members to eat on a daily basis. Many women felt that home ownership was an important part of a family being prosperous.
- Women in this study did not specifically mention having assets as necessary to fulfilling their families' needs. However, **having a good occupation** was noted as important to family welfare.
- Women also considered **children's education** to be a central part of a family's welfare. Women wanted their children to have a better life than themselves and viewed education as a means to getting a good job and having a prosperous life.
- **Family health** was also considered important for families to be prosperous. Women talked about the need for cleanliness around the house and nutritious food as keys to good family health.

### Social and religious aspects

- Women also described families that had achieved prosperity or a high level of family welfare as **being happy**.
- Women also considered family welfare in terms of social relationships. Prosperous families were considered those based on **harmonious interpersonal and social relationships** mainly among family members but also with members of the community. Open communication, mutual understanding, mutual cooperation, and togetherness were noted as qualities of a harmonious family.
- Women also mentioned **religious aspects** of family welfare. One rural 48-year-old woman with three children used the words "sakinah mawaddah warohmah (religious, peaceful prosperous)" to describe good family welfare.

Source: Dwiyanto et al., 1997

## **Family Planning and Family Welfare**

The study conducted by Dwiyanto et al (1997) in Central and East Java also addressed the relationship between family planning and women's activities and family welfare. The survey of women showed that contraceptive use and fertility (as measured by number of children) had little effect on women's economic and social activities, or on family welfare. Neither family planning nor number of children had a significant effect on whether a woman worked for income. Nor were these variables associated with women's participation in community activities. Families with savings were more likely to have a higher number of children (3+) than families without savings, probably because they were at a later stage of their life cycle, and had accumulated both children and savings over time. In multivariate analysis, both family planning and number of children were significantly associated with income-expenditure ratio. Women who used family planning and those with fewer children tended to have higher income-expenditure ratios, indicating a higher level of family welfare.

The number of children was not significantly associated with family welfare stage, as measured by the BKKBN indicators of family welfare. Analysis of the effect of family planning and fertility on social indicators of welfare found a modest effect of fertility on one indicator of welfare. Families with 0-2 children were *less* likely to eat at least one meal per day together than families with three or more children. Fertility was not associated with two other social indicators of welfare: family conflict and family communication.

In the in-depth interviews, women described how family planning improved their families' socioeconomic status by enabling them to have fewer children, and thus keep the family's expenses lower. They also said they could offer more to each child by having a smaller family. Women thought that having a smaller family made life generally less hectic and gave them time to participate in social and community activities. Thus, while it is not easy to show quantitative linkages between family planning use or fertility and welfare, there is little doubt that women perceive such links.

It is also important to note that women's social and economic activities and family welfare are complex issues that are likely influenced by a variety of factors. While family planning has likely enhanced the lives of many women, information is needed about the effects of other social and economic factors to understand fully the relation between women's activities and family welfare. Given the widespread nature of contraceptive use, perhaps women's different experiences with contraceptive methods and services would help explain difference in their activities and their families' welfare better than simple measurements of current or ever use or non-use.

### ***F Views on Family Planning and Women's Lives***

In the studies in Central and East Java (Dwiyanto et al 1997) and in Jakarta and Ujung Pandang (Hidayati Amal et al 1997), most women described positive effects of family planning on their lives. It is interesting to note that although women gave economic reasons for using family planning, they noted that the benefits of family planning were increased time for leisure and community activities, in addition to the ability to be more efficient at work (Table 4).

**Table 4 Women's Perceptions of the Effect of Family Planning on Various Aspects of their Lives, for Selected Areas of Jakarta, Ujung Pandang, and East and Central Java 1996 (In percent)**

"Family planning has enabled me to "	Jakarta <sup>1</sup>		Ujung Pandang <sup>1</sup>		East and Central Java <sup>2</sup>	
	Percent	No of cases	Percent	No of cases	Percent	No of cases
Obtain more education	9.4	(351)	29.0	(207)	53.6	(499)
Be more efficient in my work	81.6	(87)	62.0	(208)	66.7	(621)
Earn more income	49.4	(87)	30.5	(177)	61.9	(576)
Have more leisure time	78.9	(323)	92.3	(259)	80.1	(746)
Spend more time on community activities	42.6	(326)	51.6	(256)	77.0	(717)
Take a leadership role in community activities	13.6	(309)	21.0	(229)	39.0	(363)

Source <sup>1</sup>Hidayati Amal et al , 1997 <sup>2</sup>Dwiyanto et al , 1997

Most of the women interviewed in the in-depth interviews in East and Central Java mentioned that a family was better off economically if they had fewer children. A rural woman explained

*With fewer children expenditures are low so [the family s] welfare is guaranteed. You are economically well organized.*

Women felt that a family with more economic resources is better able to provide for their (smaller number of) children. A rural woman commented, that with family planning and a smaller family, *You can take care of the children s health.* An urban woman described how using family planning helped her and her husband offer their children more

*We can guarantee the children s education and the children have more attention. Contraceptives lengthen the spacing between children so we can educate one child more intensely before the next child comes.*

Some women described a general sense of reduced stress and good family relationships in families with a smaller number of children. A rural woman with two children explained

*There is always peace in the family. You can feel relaxed because fewer children can reduce pressure. It is easy to communicate with each other in the family relationships are more harmonious.*

When women talked about how having fewer children offered women more time, some mentioned that this time could be used to participate in social and community activities. A rural woman said

*It can increase your role in the community.*

Other women did not see any connection between family planning and family welfare, or felt that the effect of family planning on one's life was not significant. Of the women who had not used family planning, most did not feel that their lives would be different if they had. A woman commented,

*To follow or not to follow family planning the results are just the same I have never followed the program "*

Other women were aware of the supposed benefits of family planning (as are all Indonesians, due to the pervasive nature of the government's family planning program), but they did not feel that use of family planning ensured these benefits. A rural woman said

*' Even though you practice family planning it is no guarantee that the family will not quarrel*

Another woman felt that a family's well-being was largely dependent on its income, which in turn was a result of hard work. An urban woman said

*It does not matter how many children we have All depends on how hard working we are in looking for a livelihood Life with fewer children? Life could be different but better or not, that s not for sure It depends on our efforts '*

## **G Family Planning and Women's Psychological Well-being**

One study, conducted in South Sumatra and Lampung, examined women's psychological well-being in relation to reproductive decision-making<sup>6</sup> (Irwanto et al , 1997). The study illustrated the complexity of contraceptive decision-making among women from South Sumatra and Lampung and the need to examine decision-making patterns within the prevailing cultural, legal and religious context. The quantitative data indicate that women initiated the decision to join the Family Planning Program and to use contraceptives.

### **Patterns of Reproductive Decision-making**

Table 5 shows the decision-making patterns found among women in South Sumatra and Lampung, when they were asked who made the decision on using the most recent contraceptive method they used. The two most common decision-making patterns were 1) the woman decided and then her husband subsequently agreed with her decision and 2) the woman and her husband made a joint decision. The latter pattern was most common among rural women while urban women were most likely to have decided on a method and then secured their husbands' agreement. Few women made the contraceptive decision without ever consulting their husbands. Contraceptive decision-making patterns differed somewhat between South Sumatra and Lampung, with more joint decision-making occurring in Lampung.

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<sup>6</sup> As there had been little previous research in Indonesia with regard to psychological well-being, focus group discussions were held with men and women to assist the researchers in developing indicators of well-being. The FGDs yielded 42 items of well-being which were included in the survey of women.

**Table 5 Patterns of Contraceptive Decision-making Reported by Women, by Residence and Province, for Selected Areas of South Sumatra and Lampung 1996 (In percent)**

Patterns of decision-making	Residence		Province	
	Urban n=331	Rural n=336	South Sumatra n=298	Lampung n=369
Respondent and husband discussed and decided together	20.8	48.6	23.5	43.6
Respondent decided, husband agreed	65.5	44.1	64.8	46.9
Other pattern	13.8	7.2	11.7	9.6

Source: Irwanto et al. 1997

The in-depth interviews revealed that women often felt caught between their legal, religious and culturally prescribed role as submissive partners to their husbands, and their personal needs for physical safety and their own and their family's welfare. Women described a range of benefits of family planning, including less stress and worry about family matters, more time with children and husbands, more time for work and community activities and better health. Almost without exception, women were responsible for actually using a contraceptive method and most of the women interviewed made their contraceptive decisions within the framework of the interest of others, particularly their husbands. A woman from South Sumatra said

*My husband was the one who suggested I join the [family planning] program. It was for his peace of mind. I thought he would like it.*

Their husbands' concerns and interests affected the types of methods they used and their decisions to switch methods or stop using contraception. Perhaps as a result, most women took the lead in making contraceptive decisions, as long as the method they chose did not interfere with the sexual pleasure of their husbands. For example, some feared that their husband might feel the IUD during intercourse, find bleeding due to pill use disagreeable, or dislike changes in appearance due to contraceptive use (such as weight loss or decrease in breast size).

Most importantly, a woman's contraceptive decisions had to be compatible with her husband's desired family size. This sometimes meant enduring unpleasant experiences with contraceptive use. Some couples resorted to abstinence in order not to get pregnant, a situation that often resulted in tension in the marital relationship. In the end, however, being able to space and limit births was considered by women as a positive outcome, worthy of the hardships or inconveniences they suffered.

### **Women's Psychological Well-being**

This study found that the effect of family planning use and reproductive decision-making on women's psychological well-being was complex and varied according to other circumstances in women's lives. This study examined ten factors of psychological well-being that women (and

men) indicated during focus group discussions were important to their lives. Those factors ranged from reproductive control and role stress to family welfare and relationships.

In general, women in the survey expressed positive feelings about their psychological well-being. Taking all the variables of well-being together, roughly two in 10 women expressed negative opinions on each variable of well-being. Women were most satisfied with their relationships and least satisfied with their ability to attend to their economic and social needs. In analysis of each factor, there was at least one statistically significant difference among the various groups compared for each factor.

### **Reproductive Control**

Women who felt more able to exert *reproductive control* not surprisingly, were contraceptive users, women living in urban areas (who most likely have better access to contraceptive services), and women who have two or fewer children.

### **Family Welfare and Ability to Attend to Economic and Social Activities**

In terms of *satisfaction with family welfare*, women in urban areas and women who did not work were more likely to feel satisfied with their family's welfare. Some of these differences may be related to residence differences since most of the women in urban areas did not work. In addition, rural women who made a joint contraceptive decision with their husbands were more satisfied with their family welfare than rural women who made their own contraceptive decision and then got their husbands' agreement.

Women's *abilities to attend to economic and social needs* were also affected by contraceptive use and decision-making. Users of modern contraceptive methods, women living in rural areas who worked, and women in rural areas who took the initiative to decide on contraceptive use before discussing it with their husbands felt better able than their counterparts to attend to their economic and social needs. This difference appears to be primarily related to urban versus rural residence since most of the women in urban areas did not work.

### **Role Stress**

Two factors were related to women's roles and the time they have to devote to them. It is interesting to note that contraceptive users felt more *role stress* than did non-users. The roles included in this factor were those of wife and mother. Perhaps women who use contraceptives worried that they were going against their traditional roles of wife and mother and their responsibility to produce children for their husbands. This might be particularly true in rural areas.

For the factor *child care and domestic responsibilities* users of modern contraceptive methods and rural women who had discussed contraceptive use with husbands (as opposed to those who had taken the initiative to decide on contraceptive use before discussing it with their husbands) felt less overwhelmed by child care and domestic duties. This factor also reflected lack of understanding from husbands and associated marital problems. Perhaps these women felt comfortable discussing contraceptive use with their husbands and felt that their husbands would listen to them rather than dismissing family planning as simply a woman's issue.

## **Relationships**

Contraceptive users and users of modern methods tended to have more *satisfaction in their relationships* with others (including their husbands) compared to non-users and women who used traditional methods. Women in urban areas and women did not work felt they had more *time for themselves and others* than did their counterparts in rural areas and those who worked.

## **Personal Well-being**

Three factors measured aspects of women's personal well-being. *Personal stress* tended to be higher among women living in urban areas, women who did not work, and urban women who made a contraceptive decision before discussing it with their husbands (compared to urban women who discussed contraceptive use with their husbands first before deciding to use a method).

Women who lived in urban areas, rural women who took the initiative in contraceptive decision-making, women who had two or fewer children, women who did not work, and, not surprisingly, women who had not experienced a health problem associated with contraceptive use felt higher levels of *vitality*.

Women who worked, urban women who took the initiative in contraceptive decision-making and rural women who discussed contraceptive use with their husbands before making a decision tended to feel higher levels of *shame* about themselves and their families than did their counterparts.

In summary, relationships between reproductive decision-making, family planning use and measures of women's psychological well-being are complex. While family planning use affects women's psychological well-being, other aspects of women's lives are more important to their assessment of their well-being.

## **5 Making the Family Planning Program Responsive to Women's Concerns**

### **A Experience with Contraceptive Use**

While most women in the four studies held positive views on family planning and contraceptive use, some women's experiences with specific contraceptives were not so positive. Even women who were supportive of the concept of family planning and spoke of its benefits complained of side effects that led them to discontinue or switch methods.

In the study in Central and East Java, among the women who were current contraceptive users, almost 17 percent reported a health problem that they associated with contraceptive use (Dwiyanto et al., 1997). The most common health problems noted were weight gain, headache,

dizziness, and irregular bleeding<sup>7</sup> In the study in Lampung and South Sumatra, 15 percent of women said they had experienced a health problem associated with contraceptive use (Irwanto et al , 1997) Experience with side effects tended to generate the most negative comments about family planning In the study by Hidayati Amal et al (1997) in Jakarta and Ujung Pandang, the most significant negative effect of family planning noted was the experience of contraceptive side effects, noted by 30 percent of women in Jakarta and 27 percent of women in Ujung Pandang

In North Sumatra and West Java (Adioetomo et al , 1997) a community leader from urban North Sumatra said that the reason some couples did not use contraception was that they were frightened of the side effects or complications that some of their neighbors had experienced Similar reasons for non-use were given by a community leader from rural west Java who said that some couples did not use family planning because they saw cases of contraceptive failure and negative side effects on the health of women in their community A woman from urban North Sumatra who had used various methods of family planning recounted her story

*The first time was after the birth of my second child I used pills, but I started bleeding so I stopped After the third child, I tried to use the IUD After four months I started bleeding and I expelled the IUD Then I tried to use my own [traditional] method Finally I decided to use the pill again After five years of using it I suffered from heart disease The doctor said 'you have side effects from using the pills [in] your heart Please stop using the pills '*

She tried to prevent further births but failed again and had a fifth pregnancy She had this terminated because her husband was angry about the pregnancy She said that as a village cadre who is supposed to encourage people to use family planning, she was also embarrassed about the pregnancy After that, her husband suggested that she be sterilized and she agreed She was sterilized by a safari<sup>8</sup> team, free of charge

Another man stated that he and his wife were trying to control their fertility through withdrawal rather than through use of modern methods of birth control because they had heard stories from others who had experienced complications due to family planning use He and his wife had four children and felt this number was enough for them

*I am afraid because of seeing others experiences Using contraception has side effects pills have side effect I made a decision based on my experience - it is better to do it on our own We call it 'self family planning We compromise*

While many women complained about side effects associated with various contraceptive methods, mention of positive health effects of contraceptive methods was rare Two husbands however did state that family planning improves a mother's health

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<sup>7</sup> Had women been able to cite more than one side effect these percentages would likely have been higher and a more complete picture of women's experiences with contraceptive side effects would have emerged

<sup>8</sup> The safari is a service organized by BKKBN to extend the Family Planning Program to villages In occasional campaigns funded by the military and facilitated by BKKBN family planning providers travel to villages to provide contraceptive services free or at a very low cost The safaris usually involve government officers from different sectors especially the interior and health ministries

In the study in Lampung and South Sumatra, although they spoke of the benefits of family planning, using contraception was clearly not an easy matter for the women interviewed. Many had experienced negative side effects that led to discontinuation or method switching, and husbands were not always sympathetic to the problems their wives faced with contraceptives. An urban woman from Lampung experienced many problems while using the injection, including bleeding, dizziness, and hair loss. She felt so unattractive that she discontinued. After having three more children, she tried using the pill. But after four years of physical problems, including frequent headaches, irritability, and loss of desire for sex, her husband complained:

*“Your husband comes, and you are just as cold and passive as a banana tree!”*

Another woman from Lampung also experienced unpleasant contraceptive side effects and found no sympathy from her husband. After the birth of her fourth child, she began to think seriously about using family planning but she was afraid to discuss it with her husband. She tried the pill, but experienced many physical problems. Her husband complained:

*‘What is this? Your breasts are flattened, empty!’*

Said a woman from South Sumatra during a FGD:

*I could not stand it – my eyes blurred [when taking the pill] – so I stopped and switched to the injection. But it was the same – I could not stand it. It does not suit me.*

## **B      Suggestions for Improving Quality of Care**

The National Family Planning Program has been very successful in increasing contraceptive prevalence and reducing fertility in Indonesia. Though asked, most women had no suggestions for improving family planning services. However, it is important to remember that even small displays of dissatisfaction likely indicate deeper and broader concerns among women (and men) regarding family planning, contraceptive practice, and their own well-being. In the survey on the factors of psychological well-being (Irwanto et al., 1997), women's perceptions of their overall health were worse if they had experienced a health problem related to contraceptive use. It is interesting to note that in Lampung and South Sumatra, despite experiencing health problems they associated with contraceptive use and despite reporting receiving insufficient information about contraceptive methods, most respondents expressed satisfaction with the family planning services they had last received (as did women in the studies in East and Central Java and in Jakarta and Ujung Pandang). Perhaps this represents the Indonesian cultural tendency towards politeness and not expressing dissatisfaction, but perhaps it also shows that irrespective of the burdens, women value the opportunity to take some control over their reproductive lives.



Women wait outside a family planning clinic at Bandung, Indonesia

Indonesian women could benefit from a strengthening of BKKBN's efforts to improve the quality of care at family planning service delivery sites. By continuing its efforts to improve the quality of family planning and other reproductive health services, BKKBN could help reduce rates of contraceptive discontinuation and method switching, thus enabling couples to more successfully space births and limit family size. An important outcome of these studies was information for the Family Planning Program on consumer evaluations of the quality of its services and the needs of clients.

### Improving the Information and Services for Clients

Women appreciate BKKBN's provision of family planning, but they have not always received sufficient information to enable them to choose the method best suited for them physically and their personal circumstances. Women in these studies experienced many side effects using contraceptive methods, but most persevered and frequently switched methods in order to avoid getting pregnant. In order to feel more comfortable and confident using contraceptives, they needed more information about the methods that they use. The study in Central and East Java (Dwiyanto et al., 1997) found that when asked what additional information they would like to help them make contraceptive decisions, the top three responses were more information on side effects, the safety of methods, and the effectiveness of methods (Table 6).

In the study in Jakarta and Ujung Pandang by Hidayati Hidayati Amal et al. (1997), women also wanted to know more about expected side effects, mechanisms of action, efficacy, and how and where to receive follow-up care. Results from the study in Lampung and South Sumatra also indicated that women would like

**Table 6 Family Planning Topic on Which Woman Would Like More Information, for Selected Areas of Central and East Java, 1996**

Topic	Percent
Side effects	36.3
Safety of methods	23.0
Effectiveness	21.4
How method works	9.7
Follow-up	7.5
Others	8.8
No need for more information	38.8
Number of cases	(931)

Respondents could give up to three answers. Therefore percentages do not add to 100 percent.

Source: Dwiyanto et al., 1997.

more information on side effects, how contraceptive methods work, the effectiveness of methods, the effects of methods on the menstrual cycle, follow-up what to do if problems are encountered, and the price of contraceptive methods (Irwanto et al 1997)

### Making Family Planning Services More Gender Sensitive

Women in more than one study expressed concern about being examined and having IUDs inserted by male providers. Women in both Jakarta and Ujung Pandang would like to be served by female providers, both for counseling and the provision of services, particularly those

**Table 7 Women's Suggestions for Improving Family Planning Services, for Selected Areas in Jakarta and Ujung Pandang, Indonesia 1996 (In Percent),**

Suggestions	Jakarta	Ujung Pandang
<b>Staffing</b>		
More female doctors	59.8	50.0
More doctors	10.3	19.1
More other staff	7.0	5.3
<b>Accessibility</b>		
Closer to home	18.9	25.6
Longer hours at clinic	16.9	21.1
More visits by field worker	7.6	36.2
<b>Information/Counseling</b>		
More information	58.5	49.6
More time with counselor	24.3	26.0
<b>Other Suggestions</b>		
Less expensive	27.2	19.9
More methods available	7.3	9.3
More services available	4.0	4.1
Other (various)	7.7	7.2
Number of Cases	(301)	(246)

Note: Percentages do not add up to 100 because respondents could make up to three suggestions.  
Source: Hidayati Amal et al 1997

involving the genital area such as IUD insertions. These concerns are obviously relevant to a wider area of reproductive health services including reproductive tract infections, infertility and sexual dysfunction. Women in the study by Hidayati Amal et al (1997), made several other suggestions for improving services, as shown in Table 7.

### Services for Men

Regarding services for men, not all women want men more involved, probably because family planning in Indonesia has, for the past 25 years, been so strongly associated with women. Among the women who do want men to be encouraged to be family planning users, suggestions for improving services for men included providing them with additional information, with more male methods and with more convenient service hours.

## 6 Summary and Recommendations

These four studies developed new ways to explore dimensions of family welfare and women's empowerment in Indonesia. In addition, one study produced an index of psychological well-being for women in Indonesia where none previously existed. When considering the results of the studies, several themes emerge. First, the women in this study overwhelmingly support the National Family Planning Program as a social movement. They use contraception, they espouse the benefits of spacing their children, and they limit their family size. This pervasive opinion

reflects the success of the Indonesian Family Planning Program in instituting the small family norm and making contraception widely available. BKKBN has been extraordinarily effective in spreading this message. The small family has been associated through media campaigns as a 'happy and prosperous' family. For two decades the 'small happy, prosperous norm' (NKKBS) has been the rallying call to all levels of government and through all community organizations. People have been told that the way to have a small family is by 'joining the Family Planning Program' and using contraception. As a result, there was relatively little variation in family planning and fertility among women in the study populations. Most used or had used family planning, and few had more than three children. Since the use of family planning was widespread before many of the women in these studies entered their reproductive years, they did not witness a dramatic change in their lives due to family planning, rather it was a normal part of family life, enjoying widespread approbation.

Second, despite expressing generally positive attitudes about family planning, a significant number of women in the studies complained about side effects and expressed fears about specific methods. Negative experiences with side effects often led to contraceptive discontinuation or method-switching. Even women who said they were "satisfied" with their family planning method went on to describe problems they had experienced that in other societies would be regarded as elements of "dissatisfaction." Apparently, the cultural norm of remaining courteous and complimentary inhibited women from directly complaining or expressing concern to the study interviewers.

These studies also revealed the importance of traditional gender roles in shaping women's lives. For the most part, women were responsible for domestic duties and, in general, these gender divisions were not equitable. Though women contributed substantially to family income and maintenance, they saw themselves as their husbands' "helpers," and that their roles were defined in the 'shadow' of men's roles. The gender-based divisions of labor and productive work observed in these studies serve to disempower women. Empowerment requires a shift from predefined roles for women and men to gender definitions that are more flexible and relevant to the different situations of couples.

Finally, these studies indicated that women's well-being is complex and difficult to measure. While women recognized that family planning improved their lives, other social and economic factors appeared to exert a more powerful influence on many aspects of women's lives. Quantitative and qualitative study results often painted different pictures of women's lives, and women frequently viewed their family's welfare differently than researchers or the government. For example, BKKBN's annual *Pendataan Keluarga Sejahtera* measures many important dimensions of family welfare, but it does not fully reflect clients' priorities. The study by Dwiyanto et al. (1997) showed that clients' family welfare concerns center on income adequacy and children's education. However, schooling is not a primary indicator among the BKKBN family welfare variables collected annually.

Study findings suggest several ways in which policies could be modified to help women and families achieve their reproductive goals and improve their family's well-being.

- *Clinics should be the focus of interventions to improve the quality of services* to enable women and men to be confident in their choice and use of contraception. This involves

giving clients (usually women) knowledge, choices, and support. Quality improvement activities already underway in the BKKBN and the MOH would benefit from being strengthened and extended. Often this does not involve expenditures as much as reorientation of commitment and attitudes – an important consideration at a time of financial crisis.

- *Clients need better information on contraceptive options* so that they have more positive experiences using contraception. Providers need official encouragement and training by the Family Planning Program in how to have more open and substantive communication about side effects, available options, mechanisms of action, and how to handle negative experiences. Providers should be prepared and eager to reduce clients' level of anxiety and uncertainty with regard to effectiveness and possible side effects of contraceptive use.
- *Clients would appreciate more accessible contraceptive services* (in terms of hours and location) and a broad range of methods. This may require assistance from donors during the present budget crisis.
- *Upgrading skills of village midwives, nurses and paramedics* could contribute to increasing the supply of providers, particularly female providers. This is important, when possible, because women would prefer to see female providers, especially for IUD insertions, and they would like more time with counselors.
- *The myth that contraceptive use is a concern just for women should be challenged.* The Family Planning Program's communication, education, television serials, and marketing efforts can depict men as active participants and encourage their participation in family planning. Men should be encouraged to support their wives' contraceptive choices, as well as use contraceptive themselves. Concerted effort should be made to identify the best venues and most appropriate language and approach to use in recruiting men as family planning participants. Greater male participation in family planning, both as methods users and supporters of their wives' family planning use, may improve family well-being by fostering greater gender equity regarding family planning use.
- *Some gender barriers can be challenged* if condoms, rhythm, and withdrawal are described as "joint collaboration" methods. The pill could be promoted as "joint cooperation" with husbands being encouraged to take the responsibility for supporting their wives in obtaining supplies and taking the pill regularly. Husbands also need to be encouraged to be supportive in dealing with side effects.
- *Gender equity can be promoted in the information campaigns* of the Family Planning Program by promoting more situation-based roles and responsibilities for women and men, rather than reinforcing traditional gender roles and responsibilities that tend to disadvantage women. There is no formula or rule dividing housekeeping duties – it rather depends on each couple's situation, and this requires open communication and negotiation.
- *Strengthening the focus on the economic, educational, health, religious, and social harmony status of the family* can be stressed by government programs designed to improve family welfare, in addition to the government continuing to provide family planning ser-

By adopting family welfare priorities of clients, interventions will show more promise for success

The findings of the Indonesia WSP studies also suggest policy modifications beyond family planning. The importance of children's education to women's view of family welfare suggests that schools are an ideal place for intervention to improve the lives of women and families. BKKBN should work with the Department of Education in efforts to make schooling more accessible and relevant to families' needs. Possible modes of intervention include scholarships for gifted students from lower income families, reduction of school-related fees, and the promotion of community-based organizations of parents to advise and assist local schools. In addition, school based projects could be introduced that promote increased gender equity within the family, as a means of empowering women.

The Indonesian government, in its effort to promote family welfare, should continue to encourage all women to obtain as much education as possible, ideally up through the high school level. This would allow more women the possibility of working in the formal sector with the associated benefits of better salary, more job security and better employment benefits. By continuing to encourage women to delay marriage and finish high school, a higher percentage of women will be equipped to join the formal sector. Continuing to encourage couples to have small families may also allow more women to join the workforce as having a small child to care for at home discourages women from working.

The well-being of women and families could also be improved through other efforts to change the power dynamics within families. Women are vital in maintaining the household and increasing numbers of women are contributing financially to the household as well, women should be recognized as equal partners with men in marriage. Promoting equal partnership in the family involves encouraging couples to share domestic duties. Both partners in a marriage should be prepared to cooperate to achieve the mutually important goal of improved family welfare and harmony.

The family planning movement has been a major vehicle for changing women's lives and enhancing family welfare in Indonesia. The studies reported here trace both the great achievements and the remaining challenges Indonesia faces as it implements the priorities for reproductive health the nation pledged to implement as a signatory of the *Programme of Action* of the #1994 International Conference on Population and Development.

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## Attachment 1 The Indonesia WSP Process and Activities

From its inception, the Indonesia WSP has been a collaborative effort<sup>9</sup>, with research topics generated locally based on discussions among more than 60 colleagues active in women's reproductive health in Indonesia (representatives of governmental and private sector family planning professionals, women's health advocates researchers, and others) (Hardee and Niehof, 1994) The Yayasan Kusuma Buana (YKB) served as the WSP secretariat and BKKBN coordinated and hosted three In-country Advisory Committee meetings to set the research agenda and to review the progress of the studies The In-country Advisory Committee (IAC) chaired by Prof Dr Yaumul Achir Assistant Minister for the Quality of the Population, was important in guiding the progress of Indonesia's WSP (see Attachment 1 for members of the IAC) Prof Dr Haryono Suyono personally reviewed and approved the broad research topics FHI staff and consultants worked with YKB BKKBN the IAC, and the research organizations at each step of the process USAID the funding agency for this work, was apprised of all WSP activities and participated in study reviews and meetings FHI offered technical assistance to develop and implement the studies and provided training on qualitative research methods, analysis and interpretation Fieldwork was conducted by the research organizations the analysis and final study reports were collaborative efforts between the research organizations and FHI

In addition to the four studies the Indonesia WSP has produced a literature review, an annotated bibliography, and two newsletters The literature review (Eggleston 1994), conducted at the start of the WSP was complemented by an annotated bibliography of articles, reports and papers addressing family planning and its impact on women's lives in Indonesia (Basri, 1997) The annotated bibliography is a unique and valuable resource for researchers policymakers, and program planners, there has been no previous attempt to identify such a collection and the bulk of these documents are not available outside Indonesia YKB produced two WSP newsletters during the study period The first, issued in August 1995 reported on the proposal development workshop conducted by FHI for researchers developing proposals to the WSP The second newsletter, issued in March 1996 highlighted the training workshop on qualitative research methods held for WSP A third and final newsletter will be published in 1998

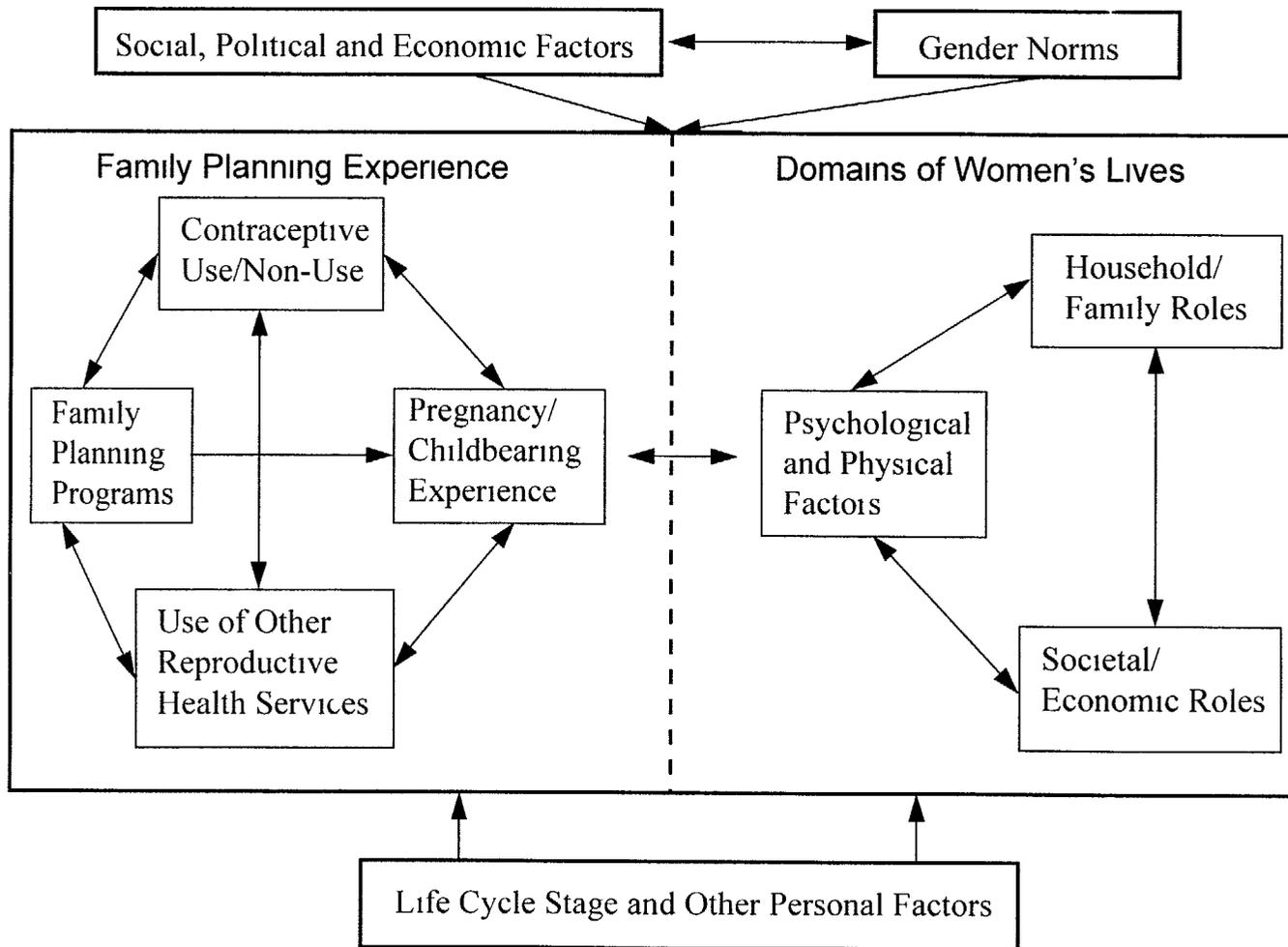
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<sup>9</sup> FHI's Women's Studies Project (WSP) supported social and behavioral science research on the immediate and long-term consequences for women of family planning programs and methods in order to help improve family planning and reproductive health policies and programs through increased knowledge of the needs and perspectives of women The WSP research model emphasized identification of local research needs by representatives of in country stakeholders and participation in the research process by local researchers advocacy groups policymakers and providers of reproductive health The WSP encouraged use of quantitative and qualitative research methods

## **Attachment 2 Membership on the In-Country Advisory Committee of the Indonesia WSP**

Professor Dr Yaumul C A Achir	Assistant Minister for the Quality of Life of the Population Ministry of Population Chair IAC
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Mrs Rini Suroyo	Ministry of the Role of Women
Dr Widyastuti	Ministry of Health
Mrs Zubaidah Muchtar	Ministry of Religious Affairs
Mrs Enny Busiri	Kowani (Indonesia Women s Congress)
Mrs Nikmah	Indonesian Midwives Association
Professor Dr Saparinah Sadli	Women s Studies University of Indonesia
Professor Dr T O Ihromi	Gender and Development Studies University of Indonesia
Professor Dr Masri Singarimbun (deceased, 1997)	Population Studies Center Gadjah Mada University
Dr Ratna Megawangi	Department of Community Nutrition and Family Resources, Agricultural University Bogor
Dr Firman Lubis	YKB (Indonesia WSP Secretariat)
Ms Ninuk Widyantoro	Fenomena
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### Attachment 3 Women's Studies Project Conceptual Framework



Source Hardee et al , 1996

## Attachment 4 Summary of Indonesia WSP Studies

Study Title and Organization	Objectives/study questions	Location	Methodology	Sample
<b>Family Planning, Women's Work and Women's Household Autonomy in Indonesia</b>  Adioetomo et al Demographic Institute, University of Indonesia	1 Does use of contraception influence women's participation in the labor market? 2 Does women's participation in labor market activities affect their household autonomy specifically the extent of their bargaining power in household decision-making about such as matters as family spending, contraceptive use and plans for their children's future?	1993 Indonesian Family Life Survey (IFLS)  North Sumatra and West Java (qualitative)	<ul style="list-style-type: none"> <li>▪ Secondary analysis of IFLS (the effect of contraceptive use on women's labor force participation)</li> <li>▪ In-depth interviews (whether women's economic activities increased their bargaining power in household decision-making)</li> </ul>	The sample from the 7,000 household IFLS for this analysis included 4,617 married women age 15 to 49  In-depth interviews 32 (16 women and separately with their 16 husbands) Four with community leaders (one female and one male from each province)
<b>Family Planning and Women's Empowerment in the Family</b>  Siti Hidayati Hidayati Amal Women's Studies Center FISIP University of Indonesia	1 Compare economic autonomy between working and non-working women and users and non-users of family planning (FP) 2 Compare social autonomy between working and non-working women and users and non-users of FP, 3 Compare husbands' support of their wives' economic and social autonomy (women's empowerment), among women with differing work and FP status, 4 Determine the extent to which FP and reproductive health services information and education are gender-sensitive according to women's perceptions	Jakarta and Ujung Pandang South Sulawesi (contrasting urban neighborhoods)	<ul style="list-style-type: none"> <li>▪ Survey</li> <li>▪ In-depth interviews</li> </ul>	Survey 768 married women age 30 to 45  In-depth interviews 30 survey respondents and their husbands (interviewed separately)

<b>Study Title and Organization</b>	<b>Objectives/study questions</b>	<b>Location</b>	<b>Methodology</b>	<b>Sample</b>
<b>Family Planning, Family Welfare and Women's Activities in Indonesia</b>  Dwiyanto et al Population Studies Center, Gadjah Mada University	1 To assess the effect of family planning practice and fertility 2 On family welfare 3 To assess the effect of family planning practice and fertility on the economic and social activities of women and 4 To compare indicators of family welfare collected by BKKBN to those collected in this study	Central and East Java	<ul style="list-style-type: none"> <li>▪ Survey</li> <li>▪ In-depth interviews</li> <li>▪ Family welfare indicators</li> </ul>	Survey Random sample of 931 women ages 15-49 from two urban and two rural sites who had been married at least five years and had lived in the study site for at least five years  In-depth interviews 16 survey respondents  Family welfare indicators collected in the survey included a set of variables predefined by BKKBN and collected by BKKBN since 1994 in annual surveys of Indonesian residents
<b>Reproductive Decision-making and Women's Psychological Well-being in Indonesia</b>  Irwanto and Poerwandari Center for Social Development, Atma Jaya University and Women's Studies Program Graduate Faculty, University of Indonesia	1 Who is involved in a woman's decision to use or stop using family planning (FP) or to switch methods? What is a woman's own position to be in relation to others in the decision making process? 2 What does a woman do when her own ideas differ from those of others and how does this affect her self-image and her image of others? 3 How does the use or non-use of FP affect women's psychological well-being? What other factors affect women's psychological well-being? 4 What type of support does a woman receive from the FP program regarding reproductive decision-making and what does she need in a family planning center to help her cope with any problems resulting from her reproductive decisions?	Lampung and South Sumatra	<ul style="list-style-type: none"> <li>▪ FGD</li> <li>▪ Survey</li> <li>▪ In-depth interviews</li> </ul>	FGD 12 FGD of 78 women (in 8 FGD) and 32 men (in 4 FGD)  Survey of 796 women age 15 to 49 ever-married with at least one child representing different socio-economic statuses and areas of residences  In-depth interviews with 24 women In-depth interviews with men were cancelled due to budget constraints