
Synchronization of Policies and Performance Achievements: Which Should Come First?

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Abstract

Synchronization of development policies in population and family planning is an issue in the central, provincial, and district/city governments as stipulated in Law No. 23/2014. Article 8 paragraph 2 of the Law states that population quantity control is carried out by synchronizing population policies at the national level and regions. Therefore, work programs in population control at the district/city level are highly varied according to the problem. Family planning promotion, counseling, and advocacy are programs in all districts/cities targeting couples of childbearing age and adolescents. The study of the program plan and regulatory documents for the 2019-2024 fiscal year became the basis for focused discussions with various levels of government, namely the central, provincial, regency/city, and sub-district levels. Targets, strategies, programs, and activities, including types, objectives, objectives, coverage, and achievements, are components to be examined for content, consistency, and synchronization. Meanwhile, policy synchronization can be seen from the formulation of work programs. The study results show that the provincial work program is linear with the national agenda.

Keywords: synchronization; policies; population control

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I. Introduction

The government has implemented many policies in the field of population, and each policy has a purpose and is implemented in its particular way. However, problems arise due to the difficulty of mapping these policies in a complete framework to achieve policy objectives, namely controlling the quantity and improving quality, or within the framework of the national development policy objectives, to be specific the welfare of the people. Meanwhile, mapping is essential because the results can be used to have a more comprehensive design of population policies in the future.

In-Law No. 52/2009 concerning Population Development and Family Development, Article 56 paragraph (1) states that the task of the National Population and Family Planning Agency (starting now will be stated as BKKBN) is to "carry out population control and organize the family planning". Furthermore, in paragraph (2), it is explained that the implementation of these tasks is carried out by (a) the formulation of national policies; (b) establishing norms, standards, procedures, and criteria; (c) advocacy and coordination; (d) providing communication, information, and education; (e) conducting monitoring and evaluation, as well as (f) training, mentoring and facilitation.

Besides, Article 52 of Law No. 52/2009 is the basis for formulating "what should be done" by the BKKBN in the future. In that article, "population control" refers to the definition of controlling the population quantity. Limiting the scope of this understanding will be easier to elaborate further, especially regarding paragraph 2 of the same article.

Reaffirmation of the BKKBN's obligations is also contained in Presidential Regulation No. 62/2010, particularly Articles 2 and 3. Article 2 states that BKKBN must carry out population control and organize family planning. This is also stated in Law No. 52/2009 paragraph 1. The derivative of the Law, namely Government Regulation No. 87/2014 concerning Population Development, Family Development, Family Planning, and Family Information Systems, Article 8 paragraph 1 states that three areas must be considered in determining the national policy population development. Those three areas are controlling population quantity, developing population quality, and directing population mobility.

Furthermore, paragraph 2 describes the population quantity control policy implemented by synchronizing population policies at the national and regional levels. As for the explanation of the synchronization of the population quantity control policy, it is described in paragraph 3, namely (a) determining the estimated population size, composition, and structure; (b) decrease in population growth rate; and (c) population distribution. Regarding synchronization, Government Regulation No. 87/2014, especially paragraphs 9 to 11, explain in detail that the synchronization of population quantity control policies is carried out at the district/city, provincial and national levels.

With the normative references derived from regulations as previously explained, it appears that there is an affirmation that the BKKBN has a mandate which must be carried out concerning its obligations and functions. One of these mandates is to synchronize population policies. This has been strengthened through Law No. 23/2014 concerning Regional Government which explains that the sub-department of population control is the concurrent authority of the district/city and provincial governments.

Conceptually, a policy must be synchronized vertically or horizontally to be implemented and achieve optimal goals. Meanwhile, vertical synchronization is synchronizing policies between the central, provincial, and district/city governments. Horizontal synchronization is the synchronization of policies between institutions responsible for compiling and implementing these policies. Based on this, here are three research questions formulated in this study. (1) How is the synchronization of population control policies in Indonesia implemented? (2) What factors influence the synchronization of population quantity control policies? (3) What are the alternatives and innovations in population quantity control policies in the future?

II. Methods

This research combines quantitative and qualitative methods. This research conducts document analysis at all levels, namely national, provincial, district/city, sub-district, and urban villages, with the main focus on policies, programs, and activities. The content, consistency, and harmony from the vision, mission, objectives, types, targets, scope, and achievements will be seen from each issue.

The documents of the 2019-2024 development plan program, regulations, and institutions are the primary data collected to produce a policy matrix. According to Burhan Bungin (2007: 121), the documentary method is one of the data collection methods used in social research methodologies to trace the historical data. Meanwhile, Sugiyono (2007: 329) states that documents are records of past events and are in the form of writings, pictures, or monumental works of a person.

Although it was initially rarely considered in qualitative research methodology, documentary method/study has become an essential and inseparable part of qualitative research methodology. This is due to the growing awareness and understanding among researchers due to the large amount of data stored in documents and artifacts. Therefore, extracting data sources through document study is a complement to the qualitative research process. As Bungin (2007) quoted, Guba even states that the level of credibility of a qualitative research result is more or less determined by the use and utilization of existing documents. According to Stake (2005), the document chosen should provide complete information regarding the main focus of the study.

The main focus of this research is the synchronization of population policies in development planning documents. In this regard, it will be seen whether or not there is synchronization and consistency in the existing documents of the National Medium Term Development Plan (*Rencana Pembangunan Jangka Menengah Nasional-RPJMN*) and Regional Medium Term Development Plan (*Rencana Pembangunan Jangka Menengah Daerah-RPJMD*). Based on this, focused discussion activities with several target groups and in-depth interviews were carried

out to clarify the quantitative results. Focus group discussions were conducted at each policy level to discuss the findings and determine policy formulation, implementation, and evaluation of policies.

The Province of Yogyakarta Special Region was chosen due to the performance of population policies in this province is one of the best, so it is expected that lessons learned can be obtained for the development of models for policy formulation in other provinces. All districts/cities in Yogyakarta Special Region Province are chosen as the research locations. From each district, one sub-district and one village were selected with good population indicators as a purposive research sample, namely relatively good achievement of contraceptive prevalence (more than 75 percent), relatively low population growth rate, and relatively good health and economic status of the population.

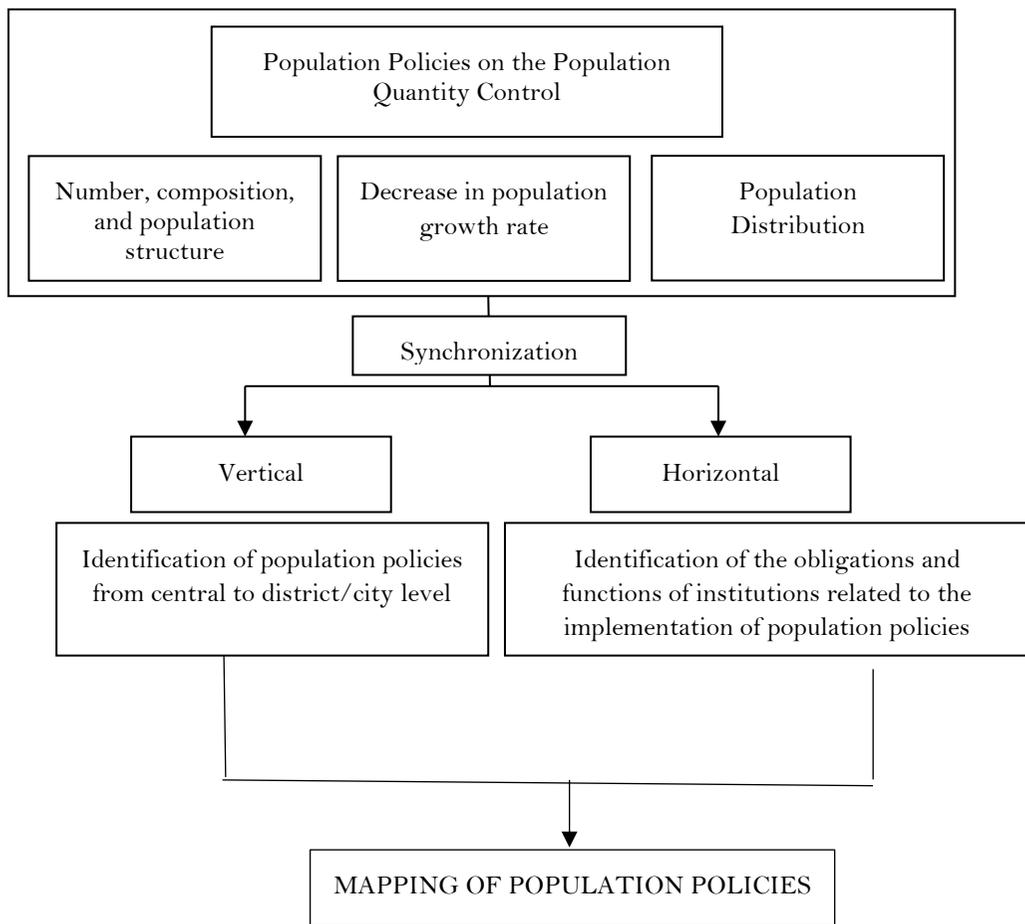


Figure 1. Synchronization of Policies

Source: Data Analysis, 2020

To obtain valid and relevant data in this study, some data collection methods were employed. The primary data collection techniques in qualitative research are participatory observation and in-depth interviews, added with the document review. The purpose of combining data collection techniques is to explore data and reveal the meaning contained in the research setting.

In this study the data collection techniques used are as follows. The first one is the documentation technique for the following documents. (a) RPJMN for 2020-2024, (b) Yogyakarta Special Region's RPJMD for 2020-2021, (c) District/City's RPJMD for 2020-2024, (d) Local Government Performance Plan (*Rencana Kinerja Pemerintah Daerah-RKPD*) of Yogyakarta for 2020, (e) Strategic Plans of BKKBN for 2020-2024, (f) The Deputy's Strategic Plan for Population Control for 2020-2024, (g) Strategic Plans of Yogyakarta Special Region Representative office of BKKBN for 2020-2024, (h) Strategic Plans of Yogyakarta City's Office of Population Control and Family Planning (*Dinas Pengendalian Penduduk dan Keluarga Berencana-DPPKB*), (i) Strategic Plans of Slemen District's Office of Women Empowerment, Child Protection, Family Planning, Community and Village Development (*Dinas Pemberdayaan Perempuan, Perlindungan Anak, Keluarga Berencana, Pemberdayaan Masyarakat dan Desa-DP3AKBPMD&D*), (j) Strategic Plans of Bantul District's Office of Population Control, Family Planning, Community and Village Development (*Dinas Pengendalian Penduduk, Keluarga Berencana, Pemberdayaan Masyarakat dan Desa- DPPKBPMD*), (k) Strategic Plans of Kulonprogo District's Office of Population Control, Family Planning, Community and Village Development (*Dinas Pengendalian Penduduk, Keluarga Berencana, Pemberdayaan Masyarakat dan Desa- DPPKBPMD*), (l) Strategic Plans of Gunungkidul District's Office of Population Control, Family Planning, Community and Village Development (*Dinas Pengendalian Penduduk, Keluarga Berencana, Pemberdayaan Masyarakat dan Desa- DPPKBPMD*), (m) State Budget and Regional Budget, (n) laws, government regulations, governor regulations, major/regent regulations, and decree related to population policy, especially population control policy, and (o) institutional documents containing the number and quality of employees in accordance with the field of work. The second one is Focus Group Discussion which is conducted after the mapping of work plan, policy and institutional documents is carried out. The purpose of this activity is to obtain a comprehensive explanation from various fields of the existing policy phenomenon. The third one is interviews which were conducted with various targets who were expected to be able of providing complete explanations. Interviews can be conducted with government officials, at all levels, the target community or an expert or observer to obtain a more comprehensive study.

To reduce the possibility of misinterpretation of various data and information obtained, a procedure called triangulation is often carried out in qualitative cases. Triangulation is a method of synthesizing data on its validity and accuracy using other data collection methods. Data that is classified as valid through triangulation will give researchers confidence about the validity of the data so that confidence appears in concluding the research being carried out.

Besides the content analysis method is a research technique for making replicable inferences and data validity by paying attention to the context. Content analysis is a non-reactive method. It does not involve subject interaction because the content analysis method is used

to examine non-living objects, such as documents, notes, recordings, speeches, books, and films (Krippendorf, 1991: 15). Since content analysis is a non-reactive method, this research is not based on the personal inclination and subjectivity of the author, so that the objectivity of the research will be maintained. Qualitative content analysis is a continuous, iterative, and continuous effort regarding data reduction, data presentation, and data verification which illustrates success in a sequence of interrelated analysis activities.

III. Results, Analysis, and Discussion

3.1. Policies on National Population Control

The population policy vision refers to the government's vision which the President has set, to be specific, "The realization of an advanced Indonesia which is independent and personalized based on mutual cooperation". This vision contains the expectation of the government's performance, which upholds the values of unity, morals, and the spirit of cooperation so Indonesia can be advanced to become an independent country according to the mandate of Pancasila and the 1945 Constitution. With the Family, Population and Family Development Program Planning (*Program Pembangunan Keluarga, Kependudukan dan Keluarga Berencana-Bangga Kencana*), in general, the BKKBN contributes directly to its achievement efforts in terms of (a) family development, (b) population, and (c) family planning.

In carrying out the tasks referred to in Article 30, the Deputy for Population Control carries out the following functions. (1) Formulating technical policies in population control; (2) implementing technical policies in population control; (3) formulating norms, standards, procedures, and criteria in population control; (4) carry out monitoring and evaluation in the area of population control; and (5) provide technical guidance and facilitation in the area of population control.

Hereafter the BKKBN program/activity policies contained in the BKKBN 2020-2024 Strategic Plan (*Rienstra*), among others, are as follows. (1) Strategic issues related to population control and strengthening population governance: demographic bonuses, aging population, life cycle approach based on family life planning, and big data on population. (2) Strategic issues related to the fulfillment of the essential services: high maternal and infant mortality rates, decreased use of modern contraceptives, low understanding of adolescents on the reproductive health and preparation for family life, the need for family planning for reproductive age couples who have not been served (unmet need) is categorized still high, and the still high prevalence of stunting. (3) Strategic issues related to building national culture and character: the low level of families who understand the function of the family and child marriages.

Referring to the above program, the strategic objectives which must be achieved are as follows. (1) To reduce the birth rate from 2.26 in 2020 to 2.1 in 2024; (2) to increase the Prevalence Rate for the Use of Modern Contraceptives from 61.78 percent in 2020 to 63.41 percent in 2024; (3) to reduce the unmet need rate from 8.6 percent in 2020 to 7.4 percent in 2024; (4) to reduce the ASFR for 15-19 years age group from 25 per 1,000 births in 2020 to 18 per 1,000 births in 2024; (5) to increase the Family Development Index (*Indeks*

Pembangunan Keluarga-iBangga) from 53.57 in 2020 to 61.00 in 2024; and (6) to increase the Median Age at the First Marriage from 21.9 in 2020 to 22.1 in 2024.

As it is known, the BKKBN strategic objectives are contained in the 2020-2024 National Population and Family Planning Agency Strategic Plan, after this referred to as the BKKBN Strategic Plan. This target elaborates the National Medium Term Development Plan (RPJMN) 2020-2024, which contains targets to be achieved by 2024 for each leading indicator of population control. To be categorized as the leading indicator of population control are the Total Fertility Rate (TFR), the Prevalence Rate of Modern Contraceptive Use/mCPR, Unmet Need for Contraception, Age-Specific Fertility Rate (ASFR), Family Development Index (iBangga), and Median Age at First Marriage. To achieve the target of each leading population control indicator set in 2024, the BKKBN carries out the following synchronization missions. (1) To control the population growth in order to maintain a balanced population quality and structure; (2) to organize the comprehensive family planning and reproductive health; (3) to organize a holistic, integrative family development according to the life cycle; (4) to build the partnerships, networks, community participation, and global cooperation; (5) to strengthen the innovation, technology, information and communication; and (6) to increase the capacity and welfare of human resources. These strategic targets are formulated to achieve the BKKBN's Vision, Mission, and Objectives.

To achieve the measurable vision, mission, and objectives, the BKKBN uses the Population Growth Rate (*Laju Pertumbuhan Penduduk-LPP*) Impact indicator. LPP is an indicator in which the achievement efforts must be comprehensively involved across sectors/fields and be well-coordinated by the government. The target of LPP in the 2020-2024 BKKBN Strategic Plan refers to the 2015-2045 Indonesian Population Projection at five-year intervals, compiled in 2018 by the Statistic Indonesia (BPS), the Ministry of National Development Planning (Bappenas), and UNFPA. The primary data for calculating this projection is population data from the 2015 Inter-Census Population Survey (*Survei Penduduk Antar Survei-SUPAS*), which has been adjusted to June 2015 and the assumptions made using the Population Census and SUPAS results.

The 2015 SUPAS results are used to correct the total population in the 2010-2035 population projection. Based on the results of the calculation of population projections which was using two scenarios, namely scenario A and scenario B, it can be seen that the population projection results from 2015 to 2025 are more likely to be similar. The total population of Indonesia from 2015 for both scenarios was 255.6 million. In 2025, based on scenario A, the total population of Indonesia is 282.4 million, while for scenario B, it is 282.0 million. The population growth from 2015-2025 for scenario A is 1.00 percent, while scenario B is 0.99 percent. Therefore, the LPP target in the 2015-2020 period is set to reach 1.11 percent, and it is expected that the LPP reduction can reach 0.95 percent during the 2020-2025 period.

Table 1. Program Activities, BKKBN Strategic Issues, Mission Synchronization, Strategic Objectives, Strategic Targets, Policy Directions, and Performance Targets in the Population Control Sector

Program Activities	BKKBN Strategic Issues	Mission Synchronization	Strategic Objectives	Strategic Targets	Policy Directions	Performance Targets in the Population Control Sector
Integration and Population Control Policy Synchronization It is strengthening the implementation of Social Protection with KP; Social welfare. Improving Maternal Child Health, Family Planning and Reproductive Health Mental revolution in social systems to strengthen resilience,	1. Population control and strengthening	1. To control the population growth in order to maintain a balance population quality and structure.	1. To create a quality family, which is a peaceful, independent, and happy family.	1. To decrease TFR from 2.26 (2020) to 2.1 (2024).	1. Holistic and integrative family resilience and welfare according to the life cycle,	1. Population growth rate (impact indicator)
	a. Demography bonus			2. To increase mCPR from 61.78 percent (2020) to 63.41 percent (2024).	2. Integration and synchronization of population control policies and access and quality of KBKR implementation	2. Total fertility rate (TFR) per woman of childbearing age 15-49 years;
	b. Aging Population				3. To decrease Unmet Need from 8.6 percent (2020) to 7.4 percent (2024).	3. Population-Based Development Index (PBK)
	c. Life cycle approach	2. To organize the comprehensive family planning and reproductive health services: holistic, integrative family development	2. To control the population structure toward a Balanced Growth Population with quality human resources, the demographic bonus is		4. Increasing Advocacy and Movement of the	4. Index of concern for Population Issues
	d. One big data					5. Percentage of
	2. Fulfillment of essential service:					
	a. IMR and MMR					
	b. mCPR					
	c. adolescent's					

quality, and the role of family and society in character building	reproductive health		according to the life cycle	realized, which is beneficial for development.	4. To decrease ASFR 15-19 from 25 (2020) to 18 per 1,000 births (2024)	<i>Bangga Kencana</i> Program	independent family planning villages.	
	d. unmet need	4.	To build partnerships, networks, community participation, and global cooperation.			5. Strengthening the integrated family information system	The target for Family Planning and Reproductive Health 1.0% mCPR	
	e. stunting prevalence						2.0% Unmet need; 3.0% of KB PA MKJP participants	
	3. Building the culture and character of the nation						4. ASFR 15-19	
	a. Family's function	5.	To strengthen innovation, technology, information, and communication.		5. To increase Family Development Index (iBangga) from 53.57 (2020) to 61.00 (2024).			
	b. Child marriages							
			6.	To increase the capacity and welfare of human resources.		6. To increase Media Age at First Marriage from 21.9 years (2020) to 22.1 years in 2024		

Source: BKKBN, 2020-2024

3.2. Provincial Population Control Policies

Based on Law No. 23/2014 concerning Regional Government, population control and family planning issues are mandatory affairs that are not related to the essential services and are joint affairs between the central and regional governments or concurrent affairs. As stipulated in article 12, paragraph 2 of Law No. 23/2014, mandatory government affairs must consist of government affairs related to essential services and government affairs which are not related to essential services. Meanwhile, the implementation of affairs in population control and family planning includes mandatory government affairs that are not related to essential services.

The principle of regional autonomy in managing population control and family planning affairs is a concrete step to overcome the range of control of family planning program service management between the government and local governments, especially in districts and cities. Of course, this can run well if supported by the improved quality of population control services and family planning to the community. The indication of quality improvement is the synchronization of the availability of regulatory instrument infrastructure which supports the program implementation, the placement of extension and family planning services workers, the design of programs contained in the Regional General Policy Direction, RPJMD and the Regional Strategic Plan (*Rencana Strategis Daerah-Renstrada*).which is reflected in the Work Unit Budget Work Plan for Regional-Family Planning (*Rencana Kerja Anggaran Satuan Kerja Perangkat Daerah-Keluarga Berencana-RKA SKPD-KB*). If all these things can be synchronized harmoniously, it can be ensured that the program's implementation will get better.

The Representative Office of the National Population and Family Planning Board of Yogyakarta Province has excellent potential in translating the direction of national population policy. Some of these potentials are as follows. (1) BKKBN has experience in population control through family planning programs by mobilizing the community and promoting family planning programs. (2) The existence of training, research, and development of Family Development, Population and Family Planning which is responsive to the needs of stakeholders and working partners. (3) The existence of adequate information and communication technology (ICT) support, both for internal and external purposes. (4) BKKBN has a strong partnership network with government agencies, both national and regional, and non-governmental organizations and universities. (5) There are various groups of activities with complete materials and a systematic implementation mechanism. (6) There is effectiveness and efficiency in the management of Family Development, Population, and Family Planning by utilizing existing resources and a transparent and accountable management system. (7) BKKBN has a work culture known as "Smart, Tough, Cooperative, Integrity, and Sincerity" to mobilize resources that are not yet optimal.

Based on this potential, the Yogyakarta Representative Office of BKKBN has become a government institution that has the mandate to revitalize the family planning program and align population policies with other development policies. The support of the Yogyakarta Representative Office of BKKBN in carrying out the Family Development, Population and Family Planning Program (*Program Pembangunan Keluarga, Kependudukan dan Keluarga Berencana-Bangga Kencana*), among others, is as follows. (1) To provide partnership support for the Bangga Kencana Program. (2) There is commitment and attention from stakeholders

and the public in receiving the socialization of the Bangsa Kencana Program. (3) The existence of a regional regulation on family resilience in 2018 as a reference for implementing the family resilience program is carried out across sectors. (4) The formulation of a Grand Design for Population Development by Regional Planning Bodies, both provincial and district/cities. (5) The initiation of regional regulations for population quantity control by the House of Representatives in 2020 and discussion of the same regulations by the Office for Women Empowerment, Child Protection and Population Control in 2019. (6) The formation of Family Planning Villages (*Kampung KB*) is a collaboration between the Yogyakarta Representative Office of BKKBN and Office/Family Planning Offices in districts/cities. (7) The existence of a village budget as one of the drivers for the sustainability of the Bangsa Kencana program at the regional level.

However, when carrying out its obligations, BKKBN also had several problems which had to be resolved in the next five years of development. The problems were weaknesses and challenges related to the institutional capacity of the BKKBN and the implementation of family development, demography, and family planning. First, there was a gap in the competency of the human resources of the BKKBN apparatus due to the zero-growth policy on the recruitment of new employees for approximately eight years (1996-2004). Second, inadequate facilities and operational infrastructure for community mobilization. Third, technical guidance and training for family planning institutions in the field, such as PKB/PLKB, PPKBD, and Sub-PPKBD, so that they have the will and ability to carry out their duties as community institutions/cadres properly.

The policy direction and strategy of the Yogyakarta Special Region Representative Office of BKKBN refer to the BKKBN policy direction set out in the 2020-2024 BKKBN Strategic Plan. The following are five policy directions and strategies for the Yogyakarta Special Region Representative Office of BKKBN for 2020-2024. (1) To improve family resilience and welfare, which is holistic and integrative according to the life cycle, and strengthening character building in the family through the following strategies. There is a strengthening of understanding of the eight functions of the family, optimizing parenting and mentoring for toddlers and children, as well as building and strengthening character from an early age through the family, improving adolescent parenting and mentoring, improving the quality and character of adolescents, as well as preparing family life for adolescents, increasing economic independence for families, with particular targets for sustainable family planning acceptor families, MKJP participant families, especially MOP and MOW, as well as independent family planning participants in the Family Planning Villages, increasing resilience and independence of vulnerable families, strengthening elderly-friendly services through seven dimensions of challenging elderly and long-term care assistance lengths for the elderly, and increased family development partnerships. (2) To strengthen the integration and synchronization of population control policies through strategies: developing the Grand Design for Population Development (*Grand Design Pembangunan Kependudukan-GDPK*), to strengthen the synergy of population control policies, to increase institutional capacity and capabilities, to increase synchronization and utilization of population data/information, to increase access and quality of implementing the Keluarga Berencana dan Kesehatan Reproduksi/KBKR which is area-based comprehensive and focus on target segmentation. (3) To improve advocacy and mobilization of the Bangsa Kencana Program according to regional characteristics and target segmentation. This can be realized

through the strategy of increasing the dissemination of IEC materials for the *Bangga Kencana* Program according to target and regional segmentation, improving the performance of family planning extension personnel PLKB and empowering the community through mobilizing PPKBD/Sub-PPKBD cadres, as well as strengthening an integrated family information system.

The strategic targets for the 2020-2024 Yogyakarta Representative Office of BKKBN are as follows. (1) To decrease Total Birth Rate (TFR), (2) to increase Prevalence of Modern Contraceptive Use (mCPR), (3) to decrease the unmet need for family planning, (4) to decrease the adolescent birth rates, (5) to increase the Family Development Index (iBangga), and (6) to increasing the median age at first marriage for women (*Median Usia Kawin Pertama Perempuan*-MUKP).

This shows that the national and provincial strategic targets are similar, covering five things: fertility, family planning, age of first marriage, and family development index. The synchronization of national and provincial policies is visible. However, Yogyakarta is a province with good population indicators. Almost all population indicators, except unmet needs, have been achieved since 2017. The following is a comparison of the achievements of national and provincial strategic targets.

Table 2. Distribution of Indicators of Population Quality Control

Indicators	National (2020-2024)	Yogyakarta (2019)
TFR	2.26 to 2.1	1.8
mCPR	61.78 to 63.41	83.86
Unmet Need	8.6 to 7.4	9.3
ASFR 15-19	25 to 18	14
iBangga	53.57 to 61	61.3
UKP	21.9 to 22.1	23.1

Source: 2020-2024 Strategic Plans of BKKBN, 2017 IDHS, and 2019 SKAP

The Indonesian Demographic and Health Survey results show that since 1991, Yogyakarta has had a low TFR: 2.04. This figure continued to decline until 2007, as indicated by the TFR for Yogyakarta, which reached 1.8. However, in 2012 that figure rose to 2.1, and the 2017 IDHS recorded the TFR for Yogyakarta at 2.2. Meanwhile, in the last 2017-2017 IDHS period, the national TFR experienced a decline, whereas previously, it had stagnated at a value of 2.6.

The increase in the 2017 Yogyakarta TFR is a low fertility dynamic. Several fertility theories starting from the sociology stated by Freedman and the fertility economic theory of Robinson, Leibenstain, Easterlin, and Caldwell, stated that social, economic, and cultural

factors affected the fertility rates. Meanwhile, the level of education and work participation of women in Yogyakarta is quite good. The level of welfare also affects the decision to have children. The following is the trend of the Yogyakarta TFR compared to the national one.

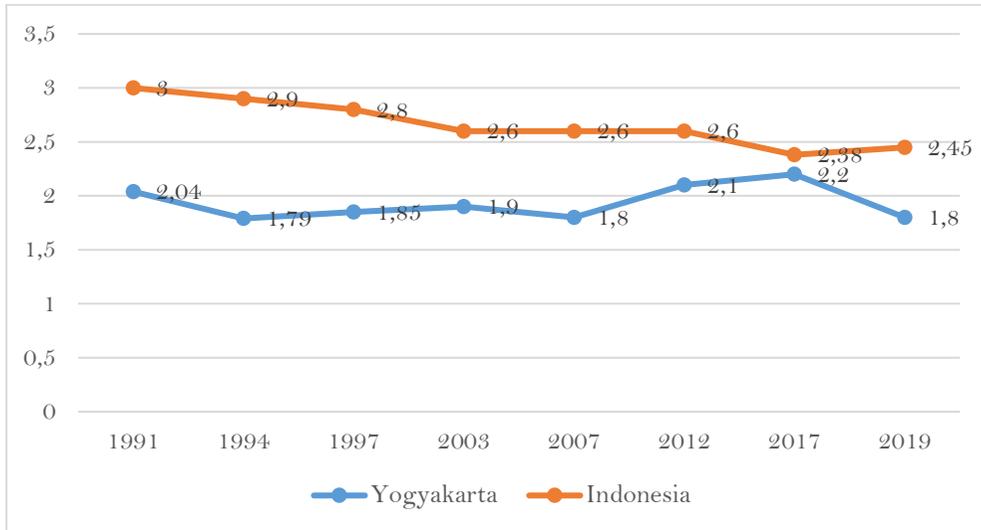


Figure 1. The Dynamic of TFR 1991-2019

Source: 1991-2017 IDHS and 2019 SKAP

The prevalence of contraceptives in Yogyakarta is a complicated matter strongly influenced by social, economic, and cultural conditions. The prevalence of modern contraception in 2017 was low (57 percent), while the prevalence of traditional contraception in the same year increased. This condition is getting worse due to the number of unmet needs in Yogyakarta is still relatively high. This determinant is supposed to increase the birth rate. This condition does not occur in Yogyakarta since the birth rate has decreased annually, as shown in the figure. This shows that controlling the number of children has become a family need, which means that births are not related to contraceptive use. Traditional contraception, which is assumed to have low effectiveness in preventing pregnancy, does not occur in Yogyakarta. Families using traditional contraceptive methods have the high discipline to prevent pregnancy as expected.

The fertility of the 15-19 age group in Yogyakarta is also relatively low, to be specific is 14 per 1,000 women aged 15-19 years according to the 2017 IDHS data. The birth rate of 15-19 years since 2007 and 2012 shows a dynamic. In 2007, the fertility of the 15-19 age group was 24 per 1,000 women aged 15-19 years. That figure rose to 32 in 2012, and eventually, the figure decreased to 14 per 1,000 women aged 15-19 years. Family Planning Villages, Bangga Kencana working group, Complete Data House, Early Warning System, and institutional roles in preparing GDPK to assist in socializing and educating adolescent reproductive health programs and family planning. The involvement of agencies and community involvement shows that child marriage problems are much more effective.

The age at first marriage in Yogyakarta, according to the 2017 IDHS, is relatively high, that is 23 years, and has been consistent since 2012, even according to the 2007 IDHS, the median age for first marriage in Yogyakarta has reached 21.7. Yogyakarta Representative Office of BKKBN resolves the phenomenon of early marriage through the formulation of GDPK, which involves other institutions, such as the Education Office, the Ministry of Religion, and the Health Office. Official cooperation and community involvement and religious leaders in Yogyakarta were able to suppress child marriages with the issuance of a regent's regulation regarding this issue.

However, the iBangga program has not been well socialized to several BKKBN provincial or district/city officials. Some employees did not know the program even though there were employees who could explain in detail about the Family Development index. This condition explains the absence of the iBangga program in the Yogyakarta Representative Office of BKKBN's strategic plan.

Based on the Yogyakarta strategic objectives which have been achieved, Division of Population Control of the Yogyakarta Representative Office of BKKBN has other target indicators as follows. (1) Percentage of regional governments which utilize GDPK in determining population parameters in regional development planning, (2) percentage of Complete Population Data Houses formed in the Family Planning Villages, (3) percentage of effective the Bangga Kencana working groups in provincial and regency/city, (4)) the coverage of population education implementation in provinces, (5) percentage of local governments implementing the Population Control Early Warning System, and (6) percentage of Family Planning Villages which carry out integrated handling of population issues.

3.3. Population Control Policies in District/City

The legal basis for the preparation of the OPD Strategic Plan refers to Law No. 23/2014 concerning Regional Government which subsequently becomes Law No. 9/2015. This legal basis gives authority to cities/districts to manage and advance their regions. This is directed at accelerating community welfare through improved services, empowerment, and community participation.

Changes in the strategic environment, such as changes in the government system from centralization to decentralization, have caused variations in the institutions which handle the National Family Planning Program in districts/cities. The institutional change for the management of Population and Family Planning Development from the National Family Planning Coordinating Board to the National Population and Family Planning Board was followed by a change in the institution managing the Population and Family Planning Program, both in provinces and districts/cities. The main goal of the policy is to transfer service delivery in the hands of those with better knowledge about the needs of service users, which in the end is expected to improve the match between services provided with public needs, as well as service quality (Liando, 2012; Nurtanzila & Kumorotomo, 2015). Communication, information, and education to the stakeholders about the Bangga Kencana program to push the program to become a priority program in the regions.

For Bantul District, the Office which handles population is Office for Population Control, Family Planning, Community and Village Empowerment. This Office works on three areas of activity. First is Population Control and Family Welfare Resilience Sector; the second is the Family Planning Sector, and third is the Community and Village Empowerment Sector. To realize its mission to improve the quality of human resources who are healthy, intelligent, skilled, and have noble personalities, this Office increases active family planning participation to achieve the goal of realizing a population to grow in balance through the institutionalization of quality small families with happy and prosperous qualities. Furthermore, the Population Control Sector follows it up in the form of a work program as follows. (1) Adolescent reproductive health program, (2) information cooperation program with mass media, (3) community participation development program in independent family planning/KR services, (4) tribunal group assistant preparation program, (5) service program and social welfare rehabilitation, and (6) development program for data analysis and population impact.

Furthermore, in Yogyakarta City, by the name of the Office of Population Control and Family Planning, this Office has the task of carrying out regional government affairs based on the principle of autonomy and assistance in population control and family planning. This Office also has two areas of work. The first one is the Family Planning and Family Development Division which is led by ahead of the division which assists the Head of the department in formulating policies, coordinating, developing, supervising and controlling programs in family planning and family development. The second one is Population Control, Data, Advocacy, and Communication, Information and Education. Division. This division is led by a head of the division that assists the Head of the department in formulating policies, coordinating, developing, supervising, and controlling programs in population control, data, advocacy, communication, information, and education. The Office of Population Control and Family Planning requires a Population Control Program service focussing on the following three things. (1) Increasing population control education for apparatus, youth and society; (2) increasing the role of the Inter-Religious Community Forum for Prosperous Families and Population (*Forum Antar Umat Beragama Peduli Keluarga Sejahtera dan Kependudukan-FAPSEDU*), and (3) increasing the management of Data, Advocacy, and Communication of Educational Information.

Meanwhile, for Kulonprogo District, the Office is called the Office of Community Empowerment Service and Village for Population Control and Family Planning, Kulonprogo District. This Office was formed based on the mandate of Law No. 23 /2014 concerning Local Government. The Office was established on September 16, 2016, by Kulonprogo District Regional Regulation No. 14/2016 concerning the Formation and Composition of Regional Apparatus, as well as Kulonprogo Regent Regulation No. 58 /2016 concerning Position, Organizational Structure, Functions and Duties and Work Procedures at the Community and Village Empowerment Service Population Control and Family Planning. One of the main tasks of the Office is to carry out population control activities.

On the one hand, the Office of Community Empowerment Service and Villages for Population Control and Family Planning in the Kulonprogo Regency have an innovative and creative human resource to support the implementation of the population control program. During his busy schedule as Head of Population Control at the Community

Empowerment Service and Population Control and Family Planning Village in Kulonprogo Regency, Drs. Mariya is very active and productive in composing songs on family and social issues. Known also as Pak Ndut, he has even determined to make songs to create Educational Information Communication for government programs. Apart from a hobby, the creativity was inspired by his sensitivity to see population, family planning and social problems around him. Apart from being entertainment, the songs he created were media to socialize or campaign for the government's efforts to overcome various problems. Through songs, people can easily understand and at the same time follow or carry out the messages in them. Pak Ndut composed the song "Bangga Kencana" to socialize the Population Family Development and Family Planning (Bangga Kencana) program to the broader community. His songs are published through various events held by the Kulonprogo Regency Government and related parties. The songs were sung for the program's socialization program. Not just for his Office, Pak Ndut often compose songs for programs from other institutions.

Many others also intentionally asked him to make songs for IEC facilities. Thanks to his activities in composing songs, Pak Ndut received several awards. At the national level, he received *the Cipta Karya Kencana* award in 2019 as a person who contributed significantly to family planning through songs. Also, in the same year, he also received an award from the Regent of Kulonprogo in the form of a Gender Champion because he was considered instrumental in publishing gender equality and family planning through the *campursari* song. However, on the other hand, in implementing the population control program, the Office of Village Community Empowerment Service for Population Control and Family Planning of Kulonprogo Regency faces constraints on the limited "real" family planning human resources. Combining human resource development, knowledge management, and leadership contributes to strengthening employee capabilities, skills, competencies, motivation, commitment, and behavior, which increase organizational performance. Although other factors are essential, the role that leadership plays in initiating, organizing, directing and managing strategy is the most important and decisive in ensuring the success of efforts to improve organizational performance Sunahwati, Maarif and Sukmawati, 2019).

In addition, for Gunungkidul District, the related office is the Office of Women Empowerment, Child Protection, and Family Planning, Community and Village Empowerment (*Dinas Pemberdayaan Perempuan, Perlindungan Anak, dan Keluarga Berencana, Pemberdayaan Masyarakat dan Desa-DP3AKBPM&D*). Based on the Gunungkidul District Regional Regulation No.7/2016 concerning the Formation and Composition of the Regional Apparatus of the Gunungkidul District, the Office is a supporting element of the Regent's task of government affairs in the field of women empowerment and child protection, government affairs in the field of population control and family planning, and government affairs in the field of community empowerment and village. To carry out tasks by the Gunungkidul Regent Regulation No. 65/2016 concerning Position, Organizational Structure, Duties, Functions and Work Procedures, the Office has the following population control functions. (1) Formulating general policies in the population control, (2) formulating technical policies in the population control; (3) preparing a performance plan and performance agreement in the population control; (4) carrying out an internal control system in the population control and family planning, and (5) formulating and applying norms,

standards, guidelines and operational instructions in the population control and family planning.

In Sleman District, the related office is the Office of Women Empowerment and Child Protection, Population Control and Family Planning (*Dinas Pemberdayaan Perempuan dan Perlindungan Anak, Pengendalian Penduduk dan Keluarga Berencana-P3AP2KB*). The Office consists of a Population Control and Family Planning Division, which fosters population control and family planning. This task has the function of (1) compiling a work plan for the Population Control and Family Planning Sector; (2) formulation of technical policies on population control and family planning; (3) implementing and developing population control; (4) implementing and developing advocacy, communication, information and education; (5) guidance and mobilization of family planning; and (6) evaluation and preparation of reports on the implementation of work in the Population Control and Family Planning Sector.

Table 3. Population Control Policies in District/City

Strategic Targets	Indicators
1. Population control	1. Number of family members
2. Increasing the quality of active family planning	2. CBR
3. Increasing the quality of welfare families	3. CPR
4. Increasing family resilience	4. Unmet Need
	5. Groups of <i>Bina Keluarga</i>
	6. Developing the community involvement in the independent family planning/KR services, including FAPSEDU
	7. Preparation of family development group assistants
	8. Social welfare services and rehabilitation
	9. Promotion and family counseling
	10. Fostering family planning, family welfare and resilience
	11. Improve education on population control and reproductive health for apparatus, youth and society through information media
	12. Family registration
	13. Development of data analysis and population impact

Source: Strategic Plans of Family Planning OPD in Districts/Cities 2020-2024, 2017 IDHS and 2019 SKAP

Several aspects still need to be improved in order to support the synchronization of population control policies. Things which still need to be improved, among others, are as follows. First is the lack of family planning extension workers (two villages on average per extension), decreasing loyalty, dedication, discipline, and professionalism. The second is the burden of family planning extension workers with the administrative problems that cadres cannot do due to the honorariums. The third is that the proposed program is based on habits instead of needs due to they do not have time to see the data (even though the data information is complete). The fourth is the strategic objective indicator which is demographic cannot be calculated at the district level or lower. The fifth is that the strategic planning money is only limited to evaluating the numbers, which generally have lower targets than their ability. Sixth, the management of Family Planning Villages expects that this program is not only the euphoria of the Jokowi government, but it can continue and has the strength to seek funding.

IV. Conclusion and Recommendation

4.1 Conclusion

1. Central and provincial population policies have a linearity of objectives, but work programs differ because several indicators of national work programs have been achieved in Yogyakarta. Yogyakarta supports the realization of the objectives of national population development by controlling quantity and increasing population quality as indirect variables in controlling population quantity.
2. Population policies between agencies or agencies at the provincial level have a slice in the program because the offices or agencies have a broader target scope. The functions of advocacy, education, information, communication, coordination and facilitation of the offices are always communicated with the BKKBN, which has main programs in family development and family planning.
3. Regencies/cities in Yogyakarta are unique in implementing the population quantity control program. Limited human resources and the broad scope of work targets have resulted in each district/city having various main programs. This is also based on the variety of population problems in districts/cities.
4. Each agency in the district/city has ahead of population control and family planning. Within the limitations of district/city human resources, they continue to support and carry out the mandated BKKBN program.
5. The success of the population quantity control policy in Yogyakarta was also influenced by the community's very high awareness and commitment towards the anti-natalist policy. Tribuna, PUP, Family Planning Guidance Index, and population education are indicators of the work targets of district/city offices
6. The application systems of SIGAbkkbn.go.id and kampungkb.bkkbn.go.id is supported by stakeholders so that other institutions do not feel that the KB village is a BKKBN program but is a joint program. The function of the hamlet head or village family planning manager dramatically determines the success of existing programs.

7. Funding for Non-BKKBN activities, for example, village funds, private CSR, and universities, contribute to population development at the micro-level.

4.2 Recommendation

The study recommends that one might consider the study findings as well as alternative for population control policy and innovations, as follows:

1. An insufficient number of family planning extension workers (2 villages/extension on average). Loyalty, dedication, discipline and professionalism decreased.
2. Family planning extension workers are burdened with administrative problems; cadres cannot do so because of the "honorarium" issue.
3. The proposed program is based on habits, not needs, because they do not "have time" to see the data (data information is complete).
4. Strategic target indicators that are demographic cannot be calculated at the district level or lower.
5. Monev Rienstra is only limited to evaluating the numbers that generally set targets are lower than their ability.
6. The management of Kampung KB hopes that this program will not only be the euphoria of the Jokowi administration but will continue and have the strength to seek funding.

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