

## Population and Development: Employing the Capability Approach in Family Planning Policy for Women in Indonesia

Julius Ary Mollet<sup>1</sup>, Genoveva Chatleen C. Mollet<sup>2\*</sup>

Faculty of Economics and Business, Cenderawasih University<sup>1</sup>,

Faculty of Public Health, Cenderawasih University<sup>2</sup>

Jalan Raya Sentani-Abepura, 99325, Indonesia

Correspondence email: [genoveva.mollet@gmail.com](mailto:genoveva.mollet@gmail.com)

ORCID ID: <https://orcid.org/0009-0004-6222-7232>

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#### ABSTRACT

Indonesia currently holds the position of the fourth most populous country globally, facing persistent challenges such as poverty, hunger, gender inequality, and disparity. In response, a family planning program was initiated in the 1980s to regulate population growth. Using the capability approach, this research investigates the impact of Indonesia's family planning policy on women, emphasizing gender disparity resulting from inadequate support for human rights in population and family development. Conversion factors play a significant role in shaping women's freedom and capabilities. The study critically examines the strengths and weaknesses of the family planning policy, revealing obstacles for women related to governance shifts, conflicting policies, government inefficiencies, and BKKBN's limitations. The study underscores the importance of effective implementation across all sectors and agencies to address gender inequality in women's health.

**Keywords:** Capability Approach; Family Planning; Population; Society; Women's Health

## **INTRODUCTION**

Policies are regarded as the fundamental and efforts of the Indonesian governments in improving human health. The typical method employed in formulating new policies to enhance public health involves the examination of genetic, behavioral, and socio-economic factors influencing health and well-being (Jarvis et al., 2020). Hence, the public health standpoint is essential for scrutinizing and prioritizing health issues, formulating policies, and assessing concerns within the population.

Introduced by Amartya Sen in 1979, the capability approach (CA) has evolved into an analytical and normative framework utilized across various disciplines (Sen, 2005). It finds application in economics, social policy, political philosophy, public health, and human development. As per Wells the CA centers on the moral value of individuals as they pursue their envisioned lives based on reasons. Additionally, it underscores an individual's capacity to live in accordance with a defined set of values, with a specific emphasis on good health (Wells, 2020).

Moreover, Robeyns (2005) elucidated this methodology as a means to assess policies by considering their influence on individuals' capabilities. Additionally Sen (1985, 2002) characterized capabilities as freedoms seen as tangible opportunities, setting his perspective apart from earlier authors. Nonetheless, the researcher underscores that the Capability Approach (CA) serves as a perspective to ease the shift from sustainability theory to practical implementation (Anand, 2014). According to Anand et al. (2020), this methodology comprises entitlement, signifying access to resources; function, seen as the potential to be and do things; and capability, representing an individual's accomplishments. However, the person's capability is determined by the conversion factors involved in the process.

The CA is utilized to scrutinize and evaluate the connection between health policy and human development. Through this framework, the focus is on the individual's exercise of freedom in health. It is a necessity that must be met to support human values and rights, as mentioned by Aziz (2021), where individuals are inherently entitled to equal rights. The outcomes, however, hinge on resource utilization and how conversion factors, such as personal, social, and environmental constraints, impact the individual's capacity. Furthermore, this approach provides a holistic viewpoint for analyzing population-based issues, including gender disparity and inequality (Hirani & Richter, 2017).

In addition, this research utilized the CA to evaluate the merits and drawbacks of Indonesia's family planning program and its impact on women. In this context, "capability" denotes the actual opportunities for women to access available contraceptive methods and services while safeguarding their legal entitlements to optimal health. The activities exhibited by women are referred to as functioning, and conversion factors encompass elements such as knowledge, societal norms, culture, and religion, which can positively or negatively influence a woman's capacity.

## **LITERATURE REVIEW**

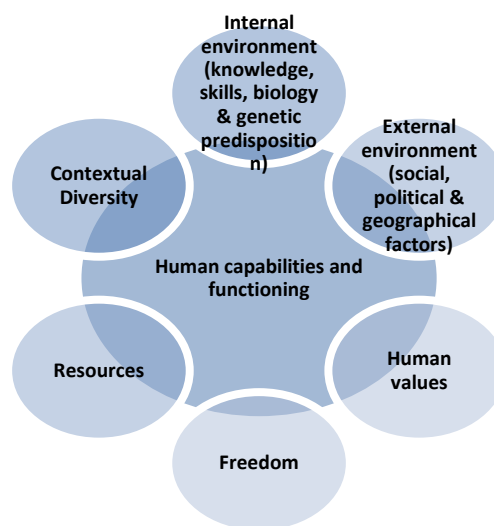
### **The Concepts of Capability Approach**

The Capability Approach (CA) was first introduced and developed in 1979 by Nobel Prize winner Amartya Sen (Sen, 1999, 2005). The approach is now developed into an analytical and normative framework, integrating a multi-disciplinary point of view. It is relevant to various disciplines, particularly in human development, economics, health, and social science, including political philosophy (Alkire, 2005; Chiappero-Martinetti & Venkatapuram, 2014; Cookson, 2005; Robeyns, 2005; Sen, 1999)

Sen (1999) formulated a framework comprising five fundamental concepts: capabilities, function, agency, endowment, and conversion factors. The term "capability" pertains to the possibilities and availabilities of an individual's opportunities, while "function" mirrors an individual's choice, values, and willingness to pursue those opportunities. The concept of agency further elucidates the ability to act and exhibit freedom in achieving individual goals. Within this framework, endowment refers to the various resources—monetary, physical, mental, social, public, or political—accessible to individuals that can strengthen their capabilities. Lastly, conversion factors encompass personal, social, or environmental characteristics that can positively or negatively impact an individual's capabilities and functioning (Sen, 1985, 2002, 2005).

The CA helps to thoroughly analyze individuals' quality of life and wellbeing without overlooking an individual's available opportunities, personal values, resources, characteristics, and ability to avail those opportunities to accomplish desirable outcomes (Chiappero-Martinetti & Venkatapuram, 2014; Law & Widdows, 2008). Evidently, each concept in the CA is interrelated and possesses the capability to mutually strengthen each other (Hirani & Richter, 2017). The ability and functioning of the individual are substantially influenced by both internal and external settings that have been adapted from the ecological framework into the CA. The internal environment refers to knowledge, skills, biology, and genetic predisposition, while the external environment consists of social, political, and geographic (Chiappero-Martinetti & Venkatapuram, 2014). An individual's capabilities and function can be enhanced or hindered by the effect of other elements (see Figure 1), such as values freedom, resources, and contextual diversity (Hirani & Richter, 2017).

**Figure 1.** Factors Affecting Human Capabilities and Functioning



Numerous studies have attempted to precisely define and apply the CA in many disciplinary contexts. Wells (2020) for instance, emphasizes the CA on the moral importance of an individual pursuing their intended lives based on reasons. Furthermore, excellent health and its link to CA highlight the capacity to live by a particular set of values. Moreover, according to Robeyns (2005), this method makes it easier to assess policies in terms of how they affect people's capabilities.

In contrast, Anand (2014) emphasizes that the CA serves as a perspective to facilitate the shift from sustainability theory to practical implementation. Anand et al. (2020)

defines entitlement as the access to resources and services supporting an individual's capability. The CA is applied to scrutinize and evaluate the connection between health policy and human development. This approach's lens, therefore, links the individual's pursuit and manifestation of freedom in health. However, the outcomes rely on the utilization of resources and how conversion factors, such as personal, social, and environmental constraints, impact capacity. Furthermore, this method provides a comprehensive viewpoint for examining population-based issues like gender disparity and inequality (Hirani & Richter, 2017)

Several pieces of literature have discussed several frameworks and the CA and its association with health economics theoretically; one framework, mainly, is the utility-based approach (Anand et al., 2008; Cookson, 2005; Mitchell et al., 2017). However, the limitation of this framework is that the objectives are happiness, preference-satisfaction, or choice, and resource-based accounts, which generally emphasize commodities and income (Levy, 2005). Other literature has implemented this framework to develop tools to assess individual and societal well-being by considering people's living conditions. At the same time, others implement standardized Gross Domestic Product (GDP) with the population's level of well-being (Barreda et al., 2019). Barreda et al., (2019) also highlighted that an individual's fundamental needs, liberties, or primary goods are proxies for assessing welfare. The CA, on the other hand, takes into account individual variability and recognizes that people can differ in how they translate resources into genuine well-being. While other theories highlight the significance of opportunities, the Capability Approach (CA) places a greater emphasis on tangible opportunities. This distinction arises from the recognition that, in certain instances, an option may only be theoretically attainable for a specific individual. One prominent real-world application of the CA is evident in the Human Development Index (HDI) developed by the UNDP (Wolff & De Shalit, 2010).

The disadvantage of the CA is that there are subjective and objective dimensions to health that can both be observed and measured. The measurable objectives are commonly accounted for, whereas the self-accomplished characters are overlooked (Sen, 2002). Furthermore, Robeyns (2005) stated the significance of pragmatic considerations when analyzing capacities and functions in health. As an example, the concrete chance of attaining a specific level of health (capabilities) or the achieved level of health (functionings). There are no exact definitions among the CA scholars in assessing the capability or functionings as the dimension (Anand et al., 2008). Although literature suggests that the CA is not a framework that is commonly applied in a health context, it can effectively address other human development issues impacting the population's health, including the human right to health, quality of life, health policy, and health economics (Cookson, 2005; Hall et al., 2013; Law & Widdows, 2008; Polly Vizard et al., 2011).

Sen (1985) states that the ability of people to exercise freedom in pursuing a preferred set of values is a key component of human development. Health organizations, policymakers, healthcare workers, and researchers around the world have traditionally aimed to promote sustainable health to the population (Cookson, 2005; Hall et al., 2013; Law & Widdows, 2008; Vizard et al., 2011). Nevertheless, maintaining excellent health remains a struggle.

Poverty and inequality are prevalent in developing countries; therefore, comprehensive policies and interventions to empower vulnerable groups to achieve good health are essential. To address population-based problems like poor health, disability, poverty, hunger, inequality, gender inequities, and conflicts, policymakers have established attainable, quantifiable, and sustainable goals proposed in the SDG (United Nations,

2015). As previously mentioned, multi-disciplinary collaborations are applied in the CA, providing a wide range of theoretical lenses in health provision.

### **An Overview of Family Planning in Indonesia**

Developing countries such as Indonesia struggle with population growth, poverty, hunger, gender inequality, and disparity (Hirani & Richter, 2017). Family planning is part of the public health policy that was initially introduced during the New Order era in 1967 under President Suharto's direction (Sulastomo, 2008). The President provided significant support for the family planning program with political, administrative, legal, moral, and funding (Warwick, 1986). This policy was carried out by the National Population and Family Planning Agency or *Badan Kependudukan dan Keluarga Berencana Nasional* (BKKBN) to control the population's growth. The policy encourages couples to have one or two children, which reduces the size of the family, to provide an opportunity to focus on childcare and personal well-being. The approach was effective at reducing population growth during this time. Consequently, the president issued strict instructions mandating BKKBN, including those at the central and regional levels to carry out the program. However, if one of the representatives fails to control the population growth in their jurisdiction, they will be removed from the position they hold (Detik Finance, 2014).

In the following years, there was a change of era, namely from the New Order era to the Reformation era. The family planning program was carried out by the Ministry of Health and BKKBN, where the primary concern of BKKBN is the need for medical supplies and contraception, and to ensure that health facilities would be able to provide family planning services (Oktariyanto, 2016). BKKBN is in charge of establishing advocacy, communication, information, and education focusing on the population, family planning, and well-being. BKKBN is essential in fostering family planning professionals to provide contraceptive supplies for everyone who qualifies (Ardiana et al., 2019). The BKKBN also emphasizes pre- and post-services to generate demand and ensure continuity in family planning participation. Meanwhile, the Ministry of Health plays a vital role in establishing the regulatory framework to ensure that services are accessible and of good quality. Additionally, decentralization was also emphasized during this period to give regional governments the authority to manage their territory, including the application and adaptation of family planning programs. However, this approach has failed to address population problems but only increased gender inequality.

In recent years, the implantation of family planning in Indonesia has encountered numerous difficulties. The first is based on the traditional idea of "*banyak anak banyak rejeki*," or many children make families prosperous. This philosophy leads to many families attempting to have many children, and if a family is without children, the husband tends to divorce his wife (Dewi, 2016). This generally happens in rural areas when the majority of people have a lower educational background. In urban societies where all are well-educated and more aware, many have set the philosophy aside.

Religious issues are another obstacle to family planning implementation in Indonesia. According to Jones (2005), religion may be connected to the age of the first marriage pattern. Indonesia is the largest Muslim country in the world. Some Islamic religious leaders avoid implementing family planning because it is against their religion- women should be encouraged to have as many children as the family desires. This is particularly core for militant and radical Muslim families in Indonesia. Katjasungkana and Damanik (2004), argues that a substantial proportion of Muslim women who are married believe that having children and being married are required by their religion. Cultural barriers are also a factor that hinders the implementation of family planning in Indonesia. In Indonesia, several ethnic groups that have family names favor having a boy. They

believe that only boys can carry on their family name and heritage, which contributes to this. For instance, the Melayu ethnic community often sss the family name alive by praying that pregnant women have sons (Dewi, 2016; Dewi, 2019). If a couple fails to have a boy, there is a good chance that the woman will become pregnant again until they do. The Batak ethnic group in North Sumatra also engages in this concept.

On the other hand, in Papua, many indigenous people refuse to participate in family planning programs because they believe that by preventing them from having children, the government is trying to eliminate them (Sativa, 2016; Shanti & Suryatmojo, 2022; Syarifah, 2013). Moreover, by restricting the number of children in the family, the indigenous population may decline and become a minority in their land. Consequently, there is a possibility that the indigenous population will grow as a result of not taking part in family planning initiatives. Additionally, Papua's governor, Lukas Enembe, established an initiative in the Lanny Jaya District that offers a couple of US 10,000 if they have 10 or more children. The reason for this action is that the population of the indigenous people is lower when compared to migrants (Sativa, 2016). Since making children into incentives is the main goal, this can result in child neglect. In addition to endangering the mother's and child's health and rights, this could lead to low-quality, unhealthy individuals (Sativa, 2016; Syarifah, 2013; UNFPA, 2018).

The decline of the family planning program can be attributed to the decentralization phase. During this period, local governments gained more autonomy in their administrative jurisdictions, diminishing the authority of the national government. Due to decentralization, family planning directives from the central government are no longer mandatory for implementation by lower-level governments (such as regencies) in Indonesia, particularly in areas with special autonomy laws like Papua. This shift encourages BKKBN representative offices in these regions to tailor their activities to local needs, partly due to the lack of financial support from the government at the city/district level (Dewi, 2019). Essentially, the program is only coordinated and supported at the provincial level by the central government, not at the regency level. This situation creates the perception that family planning services are optional, leading to a lack of necessity. Consequently, due to insufficient coordination, the family planning program at the regency level is not effectively implemented. In reality, establishing family planning initiatives at the regency level is crucial as the population continues to grow, particularly in rural areas of Indonesia.

Nevertheless, various literature has highlighted several adverse effects associated with the use of different types of family planning contraceptives. One significant drawback for women relying on birth control pills is the connection to smoking habits, potentially elevating the risk of heart attacks and strokes, as indicated by a study conducted in the United States National Research Council (US) Committee on Population in 1989f. Less severe side effects include weight gain, nausea, vomiting, breast soreness, a mild headache, fatigue, and mood changes, as outlined by Fathizadeh et al., (2011). The utilization of an intrauterine device (IUD) has been associated with a notable risk of pelvic inflammatory disease, as reported by National Research Council (US) Committee on Population in 1989. Conversely, Frohlich in Fathizadeh et al., (2011) suggests that the use of an IUD may alter the menstrual cycle, leading to increased or prolonged bleeding, spotting between periods, back pain or discomfort, and even infections. Nonetheless, despite various concerns associated with family planning contraceptives, the United Nations Population Fund (UNFPA) highlights that reproductive health interventions have led to the global acknowledgment of the success of Indonesia's family planning programs (UNFPA Indonesia, 2012).

The family planning program offers several benefits for various reasons. Firstly, it serves as a strategy to address the risk of "population explosion," particularly in Asian nations with high fertility rates, aiming to control rapid population growth by providing contraception (G. Jones & Leete, 2002). In many emerging countries where a significant portion of the population lacks education, hindering their suitability for formal employment, high population growth poses a developmental burden. Secondly, the program acts as a deterrent against unwanted pregnancies and early marriages, especially among teenagers, encouraging women to postpone marriage until after the first pregnancy (Bongaarts et al., 2012). According to a study by G. Jones (2010), women may lose interest in marriage, choosing to delay their plans while considering their careers and independence. In cases where young couples are financially, emotionally, and physically prepared, they can then proceed with marriage and family planning. This aligns with Indonesia's family planning goal of promoting small, prosperous families based on financial circumstances. Lastly, delaying childbirth contributes to a reduction in maternal and neonatal mortality rates, addressing health challenges in poor countries like Indonesia characterized by high mortality rates due to financial constraints, low health literacy, and lack of preparation. Despite the positive impact of reduced fertility on women's and children's health, many developing nations, including Indonesia, still face persistently high mortality and morbidity rates (Spagnoletti et al., 2019).

## **RESEARCH METHOD**

This study delves into Indonesia's family planning policies and their impact on women by employing the capability approach to identify areas for future research. Through desk research, the researchers analyzed literature on the capability approach, family planning policies, and their effects on women, aiming to demystify complex social phenomena with specific analytical concepts (Ponsioen, 1962). Relying on secondary data from various academic sources, the analysis was systematically carried out to organize and interpret data for clear conclusions (Sugiyono, 2019). The main goal of this descriptive research is to comprehensively present the Family Planning Policy for Women in Indonesia from the perspective of the Capability Approach.

## **RESULTS**

Since the 1970s, Indonesia has implemented a family planning program under President Suharto's New Order regime, receiving international recognition for successfully addressing population growth. Despite challenges related to religious beliefs, cultural practices, local policies, and decentralization, the program has proven effective in population control, delaying marriages, and reducing maternal and child mortality rates. Through the Capability Approach, the study examines the impact of Indonesia's family planning policy on women, highlighting gender inequalities stemming from inadequate support for women's rights. The analysis reveals that conversion factors significantly influence women's freedom and capabilities in utilizing available resources. The study identifies obstacles such as governance transitions, policy conflicts, government inefficiencies, and challenges faced by the National Population and Family Planning Board (BKKBN) in program coverage.

## **DISCUSSION**

### **Capability Approach and the Family Planning Program**

Global implementation of policies may not be feasible; hence, it is crucial to design policies tailored to meet the specific needs of the targeted population. Utilizing the Capability Approach (CA) during policy development by the government and BKKBN can

enhance the likelihood of providing women with convenient access to resources and high-quality services. However, this effort does not address the underlying causes of how functioning is significantly dependent on specific conditions or conversion factors.

The public is entitled to access health services, as stipulated by Law Number 52 of 2009 concerning population and family development. The law mandates that both the national government and local governments enhance access to and the quality of contraceptive services, taking into account religious, cultural, ethical, and health considerations. Moreover, in the context of family planning, both husbands and wives are in equivalent positions and subject to the same responsibilities. Consequently, the government is obligated to provide contraceptive services and support to both spouses. However, family services for teenagers only offer counseling, information, and education. The critical concern is that young individuals and single adults have limited protective policies and opportunities to access reproductive health rights, including family planning. This group is particularly vulnerable to reproductive health problems, sexually transmitted diseases, child marriage, unwanted pregnancies, and abortions.

The legal minimum age for both men and women to marry is set at 19 years (BPK RI 2019). Despite this regulation, child marriage remains prevalent in Indonesia, prompting recent changes in the marriage age. In 2018, there were 1.2 million reported cases, with 1 to 9 percent of women aged 20 to 24 getting married before turning 18. In contrast, 1 in 100 men in the same age group were married before reaching 18 (Supanji, 2023). In spite of initiatives, Indonesia has faced challenges in lowering the adolescent fertility rate, a target established in development agendas. Despite advancements in family planning initiatives, instances of unintended pregnancies persist. As indicated by the 2019 National Socioeconomic Survey (Susenas), 46.1% of Indonesian women experienced their first pregnancy before the age of 20 (BPS, 2016).

The outlined summary underscores the ongoing challenges faced by both the government and BKKBN in effectively managing policies, resources, and initiatives. Despite the government's commitment to child protection, the risk of children and teenagers experiencing pregnancies remains. Considering the physiological and mental harm to women, preventing child marriage and teenage pregnancies is crucial. Furthermore, recognizing children's rights as integral to human rights, it is imperative to acknowledge that child marriage constitutes a violation of these rights.

If the government had placed equal emphasis on both adolescent and adult populations, the approach would have been more effective. This would ensure that young individuals have access to family planning services and a diverse range of contraceptives (Dockalova et al., 2016). The current justification provided is insufficient to achieve development goals and reduce the reproductive rate among adolescents. To fully realize women's rights, there is a need for the implementation of new youth-friendly programs and service delivery.

Furthermore, the prevalence of contraceptives and unmet family planning needs indicates that women and adolescents still lack access to their rights. The Indonesian government should establish national policies and allocate resources to provinces and districts with high population density, addressing the elevated total fertility rate. In order to enhance the autonomy of women, particular attention should be given to the vulnerable population in smaller islands with geographical constraints (Dockalova et al., 2016)

However, efficient management of contraception necessitates comprehensive considerations to avoid surplus stock or inadequate service delivery. The USAID outlined optimal practices that underscore the importance of utilizing at least three data sources—namely consumption, service, and demographic data—to quantify contraceptives. By analyzing this data, project managers can develop plans to estimate the supply and accessibility of BKKBN funds. In the current approach, contraceptive costs are calculated based on service, consumption statistics, and stock status in the warehouse, serving as primary data.

Indonesian women exhibit a preference for short-term contraception, as it is more accessible and is actively promoted by healthcare providers. This preference can be attributed to the Blue and Golden Circle Campaigns of the 1980s and 1990s, which aimed to shift family planning access from the public to private sectors, particularly through village midwives in rural areas. Consequently, private providers have intensively advocated for the use of injections and pills, often without considering the individual capabilities or functions of women (Ardiana et al., 2019).

A substantial number of Indonesian women who are acquainted with injections and pills, along with evident biases among healthcare professionals, favor short-term approaches. This preference poses a hindrance to the government's endeavors to enhance the existing combined contraceptive method. Women perceive that investing in a long-term form of contraception necessitates more significant financial commitment (Ardiana et al., 2019). Preliminary assessments conducted by BKKBN and UNFPA (2013) in Indonesia reveal high stock-out occurrences for short-term methods like tablets, injections, and condoms, standing at 26%, 31%, and 41%, respectively. This assessment covered 497 BKKBN offices across districts, tracking stock-outs from June 2012 to January 2013. Findings indicate that at least 80 areas experienced shortages of one or more items (Surapaty et al., 2017)

Several factors constrain women's capabilities and abilities in family planning. These constraints stem from issues such as managerial inefficiency, geographical limitations, inadequate physical infrastructure (including 80 sub-districts lacking warehouses), and insufficient quality assurance throughout the logistical process (Ardiana et al., 2019; Surapaty et al., 2017). This data underscores that family planning and contraception needs are inconsistently met at the district or city levels, indicating uneven implementation of family planning programs across regions and depriving certain community groups of their rights. However, according to UNFPA, 11% of married women who do not wish to have more children or want to postpone pregnancy avoid using contraception (Surapaty et al., 2017).

Several challenges significantly impact contraceptive and family planning services, particularly at the district or city level. The varying levels of commitment among districts or cities, coupled with frequent stock-outs, create obstacles. The absence of family planning officers in the field, limited program managers, and insufficient funds further exacerbate these issues. Even in areas with fully operational BKKBN facilities, the restricted capacity of family planning program managers poses a significant challenge.

Not only is capacity a concern, but the availability of field personnel in districts or cities is also problematic. Family planning field officers are limited in overseeing only two villages simultaneously, leading to low ratios of field personnel in many districts or towns in eastern Indonesia. On average, one field officer serves 3.6 village (Surapaty et al., 2017). Research by UNFPA and BKKBN research in 2017, highlighted that budget decision-makers in districts and cities lack effective advocacy skills, contributing to inadequate funding for family planning programs. Factors such as high staff turnover, employee transfers, inappropriate educational backgrounds, and lack of work experience further contribute to the insufficient allocation of funds for family planning programs.

The economic factor has the potential to impact an individual's ability to opt for contraception. However, women facing financial challenges often encounter pricing barriers when seeking contraception, aligning with the findings of the Haryani, (2008) study, which emphasized that lower income significantly influences contraceptive choices. Primary health care includes counseling and short-term contraceptives such as tablets, injections, and condoms. Consequently, women frequently access government-funded family planning and essential contraception services. However, certain services require payment, with payment procedures following the guidelines of Indonesia's Case-Based Groups (INA-CBGs) established by the Ministry of Health (Ardiana et al., 2019; Surapaty et al., 2017).

To address financial barriers hindering financially struggling women from accessing contraception and other services, the government has restructured family planning programs and integrated them with Universal Health Coverage (UHC). Despite government subsidies for specific forms of contraception and services, family planning services within the UHC framework are still underutilized. Challenges such as distance, the absence of specific medical devices and contraceptives, and the limited number of qualifying health institutions result in only private and untrained health service providers being able to offer family planning services. This pertains to the reliability aspect. The text emphasizes the critical role of reliability in public health center services, focusing on their ability to deliver health services as promised and meet the community's expected quality standards (Pananrangi et al., 2021). It also points out that not achieving these standards can especially hinder women's access to healthcare (Ardiana et al., 2019).

The current health system poses challenges to the integration of family planning into the Universal Health Coverage (UHC) system. Delays in formulating technical guidelines create uncertainty for the surgical sterilization procedure for women, as conflicts between regulations and execution arise. The shift from service fees to insurance-based payments, as highlighted by Ardiana et al., (2019), has made health professionals hesitant to provide services below their expertise level. This reluctance is particularly evident in hospitals using the case-based cluster technique for payments.

Various factors contribute to a person's well-being, originating both internally and externally. Internal determinants are linked to a person's risk of illness, ability to resist disease, and access to quality services (Bandura, 1986). This obstacle constrains women's freedom of action and complicates the government and BKKBN's efforts to implement and offer accessible services. The acknowledged benefits of modern contraceptives, crucial for reproductive health, align with societal acceptance. This alignment resonates with specific Sustainable Development Goals (SDGs), particularly Goal 3, which focuses on ensuring healthy lives and promoting well-being for all ages. Additionally, Goal 5, calling for gender equality and the empowerment of all women and girls, is relevant to the discussed context (Dockalova et al., 2016). Empowerment and awareness initiatives must emphasize on the role of women's autonomy in achieving equality, specifically by empowering them to make their own health-related decisions

and changes. This empowerment is viewed as a key indicator of realizing women's equality and freedom. The underlying belief is that all individuals are born with equal rights and should have equal chances for self-improvement (Imran et al., 2022).

To instigate behavioral change, it is imperative to ensure equal access to contraceptives and services for vulnerable populations, coupled with transparency, accountability, robust advocacy, family planning education, counseling, and effective communication. The involvement of non-governmental organizations is also vital for the efficacy of the policy. Political commitment becomes essential for collaborative efforts involving various stakeholders, including community leaders (both religious and cultural) and the government. Addressing gender disparities and identifying access barriers is crucial for realizing the well-being and autonomy of women. Family planning initiatives significantly elevate the quality of life for women, children, and families in society. Collaboration among programs, industries, and non-governmental groups is also imperative for gender and cultural sensitivity.

The significance of conversion factors lies in their impact on how individuals convert resources into action. Numerous studies indicate that family planning is not equally accessible to men and women, illustrating the freedom women have in deciding whether and when to have children and how many. Indonesia, being a multicultural and religious country with a majority (90%) practicing Islam, witnesses the influence of religious beliefs on the rejection of contraceptive and family planning programs (Lette, 2018). Additionally, certain cultures and religions accept polygamy, where a husband may have multiple wives concurrently (Saebani, 2018). Polygamy can be seen as an alternative method for releasing tension caused by dissatisfaction, portraying a form of masculine authority or influence (Hermanto, 2015).

Patriarchal culture prevails in Indonesia, establishing a dominant position and power for men over women in various aspects of socio-cultural and economic life (Tedjo, 2009). This cultural context significantly influences women's decisions regarding contraceptive methods. In East Java, for instance, 70% of wives attribute their choice of family planning programs to the influence of their husbands (Herawati & Purnomo, 2015). Although the law on population and family development explicitly states equal rights for husbands and wives, the existing cultural norms create a disparity, violating women's rights to access information and choose desired contraceptive methods. To address this issue, enhancing husband participation in family planning programs is crucial to establish a supportive environment for women (Surapaty et al., 2017)

One specific method faces societal resistance. Sterilization methods for both males (vasectomy) and females (tubectomy) aimed at preventing unplanned pregnancies are underutilized (Sutinah, 2017). Despite being promoted since 1970, vasectomy awareness campaigns continue to be supported by the government to encourage men to share reproductive responsibilities with women (Ardiana et al., 2019). This underscores the importance of men's involvement in supporting their partners in deciding whether or not to use contraception.

Economic conditions play a role in shaping women's utilization of contraceptives and their attitudes towards education. The findings indicate that women with lower levels of education often exhibit less concern for reproductive health, leading to a higher prevalence of modern contraceptive use and increased rates of adolescent pregnancies. While there are substantial differences based on educational levels, the variation in sexual experience by age and area of residence is only marginal (Surapaty et al., 2017). The study's evidence reveals an upsurge in adolescent fertility rates within the sub-groups of the uneducated and those with primary school education, compared to those

with secondary or advanced education. Consequently, individuals with lower educational attainment and those residing in rural areas often face disadvantages. Economic disparity emerges as the primary factor influencing overall pregnancy rates (World Health Organization, 2017). Additionally, there is a likelihood that satisfaction indicators may arise in a scenario where knowledge, beliefs, social norms, and culture significantly impact resistance to family planning programs in Indonesia.

Papua exhibits a low performance (35%) compared to the national average in terms of satisfaction and demand for contraception indicators, as reported by the World Health Organization in 2017. The East Nusa Tenggara, Maluku, Papua, and West Papua regions also experience elevated pregnancy rates due to limited access to modern contraception. Family planning coverage remains minimal in Papua, primarily because it is not prioritized by the indigenous population, aligning with their social rejection of contraception. The Papuan People's Assembly (Majelis Rakyat Papua/MRP) and the wider community vehemently oppose the family planning program, perceiving it as a hindrance to development. The government's endorsement of contraceptive pills through BKKBN contributes to the misconception that local women become incapable of conceiving and giving birth again, as highlighted by Ciska Abugau, an MRP employee, reported in Majelis Rakyat Papua piece from early January 2020. A report quotes her stating, *"This is what Papuan women often experience when taking birth control pills; they can no longer conceive because the pills close their womb."* Local government officials and tribal chiefs in Papua, as mentioned by Rahail in Sativa (2016), also express opposition to family planning.

Conversely, local communities in Papua have distinct practices for regulating childbirth. Following childbirth and during breastfeeding, men are prohibited from entering the *honay* (local house), as per local tradition. Violating this rule results in sanctions. The community believes that this tradition effectively controls the interval between pregnancies. Consequently, they perceive the need for contraception as unnecessary. However, it is acknowledged that in certain rural areas, men, particularly those with multiple wives, can contribute to increased birth rates, challenging the effectiveness of solely relying on traditional practices.

Misconceptions about contraceptive methods cultural traditions, and the desire to preserve indigenous population growth pose challenges to the implementation of family planning programs. Particularly when faced with resistance from communities and their representatives, it becomes evident that clashes and disharmony exist between programs, policies, and the local community's understanding, impacting the realization of women's health rights.

Indonesia, being a country with diverse religious and cultural backgrounds, presents challenges to women's capabilities. For instance, certain cultures enforce mandatory rules restricting women's freedom in family planning discussions and addressing topics like *mahar* or *maskawin* (dowry) (Saebani, 2018). The assumption is that a married woman, who receives a dowry, may fear her mother-in-law, who often contributes to the dowry payment. Consequently, the bride might feel obligated to reproduce children for her husband, adhering to social norms that discourage women from acting against these expectations (Hirani & Richter, 2017; World Health Organization, 2017)

In Indonesian society, significant respect is accorded to religious and cultural leaders, and their support plays a crucial role in influencing individual behaviors related to contraceptive use. However, policies aimed at bolstering public health should prioritize districts and cities in the eastern part of Indonesia. This entails providing financial and

technical support and adopting a social and cultural approach that encourages behavior change and leadership at the community level (World Health Organization, 2017).

## **CONCLUSION**

Since the 1970s, Indonesia has been praised for its successful implementation of a family planning program aimed at regulating population growth. Despite facing challenges like religious beliefs, cultural factors, and decentralization, the program shows promise in controlling population, delaying marriages, and reducing maternal and child mortality. The Capability Approach highlights the policy's impact on women, exposing gender inequality caused by ineffective policies. Conversion factors significantly influence women's freedom and capabilities. The study identifies barriers, including governance changes, policy conflicts, and BKKBN's challenges, suggesting that collaborative efforts can minimize gender inequality in women's health.

## **LIMITATION**

This study utilized pre-existing secondary data collected by external parties, limiting the researchers' control over its accuracy, relevance, and reliability. Nevertheless, to ensure credible findings, a systematic and rigorous analysis was conducted, carefully organizing and interpreting the data to draw clear conclusions.

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## **DECLARATION OF CONFLICTING INTERESTS**

The authors do not have any conflicts of interest to disclose. All co-authors have reviewed the manuscript and concur with its content, and there are no financial interests to be reported. We confirm that the submission constitutes original work and is not currently being considered for publication elsewhere.

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