

## Women empowerment\*

Family planning (FP) provides autonomy to women to decide when and how many children they want to bear. It also enables women to participate in income-generating activities. Economic empowerment of women promotes well-being of their families, since most of them spend their earnings on family welfare, children's health and education. Economic empowerment of women also enhances the wealth and well-being of a nation.

The Government of Indonesia is committed to promoting FP for economic development through the National Family Planning Coordination Board (BKKBN; Bahasa Indonesia). BKKBN is an autonomous body that reports directly to the President of Indonesia, thus according the programme the highest national importance. The FP programme focuses not just on controlling births, but on improving family welfare through delaying marriage, spacing births and fostering family resilience. Women participating in the FP programme are also linked to several income-generating programmes which have mutually reinforcing benefits for women and society. Developing countries aiming to build strong FP programmes often look to Indonesia as a model for its strong and successful national FP initiatives. The country has doubled its contraceptive prevalence rate to more than 60% and reduced its fertility rate to 2.11 children per woman. As part of the Indonesian Government's policy on international cooperation and partnership regarding the FP programme, a training course was organized recently. It was designed to share Indonesian experience in empowering women through case studies of income-generating activities at the grassroots level by women involved in the FP programme in the country and the positive impact on the

economy of the family. Bali, Indonesia is well-known for the role of women in the FP programme and also has the support of regional and community-based organizations for increasing the role of women in various sectors for dealing with free trade between ASEAN countries. Participants from Bangladesh, Bhutan, India, Maldives, Vietnam, Sri Lanka, Laos, Afghanistan and Indonesia attended the training course.

The programme aimed to enhance the participants' knowledge about experiences of the Government of Indonesia on empowering women through FP and apply the lessons learnt in designing action plans for their respective countries. At the end of the training, the participants had a good understanding related to women empowerment through FP programme in Indonesia. It also provided a better understanding on the policy and strategy for materializing a small, happy and prosperous family, and appreciate the link between women empowerment and FP programme. A format for the preparation of an action plan was also shared with the participants. The format delineated the key issues, activities, potential partners, timelines, monitoring and evaluation, and responsible institutions to achieve the expected outcome with respect to women empowerment in the respective countries.

The inaugural session provided an overview of the training programme. Welcome remarks by the Secretary General, Colombo Plan were followed by a brief video about the organization. It depicted the history of the Colombo Plan for cooperative economic and social development in the Asia-Pacific region. The Colombo Plan was established on 1 July 1951 by Australia, Canada, India, Pakistan, New Zealand, Sri Lanka and the United Kingdom, which has now expanded to include 26 member countries, including non-Commonwealth countries and those belonging to regional groupings such as ASEAN (Association of South-East Asian Nations) and SAARC (South Asian Association for Regional Cooperation).

The objectives of the Colombo Plan are to promote economic and social development of the Asia-Pacific region and

to review relevant information on technical cooperation between the member governments, multilateral and other agencies to accelerate development through cooperative effort.

Training components were didactic in nature on days 1 and 2, and were in the form of lectures and discussions about the philosophies, policies, strategies and activities related to women empowerment and the FP programme in Indonesia. Days 3 and 4 focused on field-based case studies on income-generating activities undertaken by women associated with FP programmes. These included: Group Society on Income Generating Programme, Group Society on Family with Children Under-5; Posdaya (community and family development programme) and private midwives.

Participants were supposed to develop an action plan using the format on the last day of the training based on the lessons learnt from the course. Country-specific strategic plans of action with delineation of key issues, activities involved, potential partners, support needed and responsible institutions, etc. were presented by the participants based country-specific issues during the valedictory session. Presentations were made by all the participating countries.

Indonesia and India are facing persistent population problems, which impact their development plans. Though both have been able to improve key health indicators, they fall short in many aspects. However, there are several lessons that may be learnt from the experience of FP programmes being implemented in Indonesia.

### Lessons relevant for India

Gender-based approach is needed to solve problems like global health threats, environmental hazards and climate change, including severe drought, deforestation, water scarcity and other disasters.

- Population and FP should be included in the national health, education, social and economic development. It must be also included in the discussion on climate change, food security, national and social security, as well as in the

\*A report on the training course 'Empowering Women through Family Planning and Economic Development Interventions', organized in Bali, Indonesia from 15 to 19 May 2017. The programme was developed through cooperation between the Government of the Republic of Indonesia and Colombo Plan Secretariat, Sri Lanka. National Population and Family Planning Board is the implementing agency in Indonesia.

2030 agenda of Sustainable Development Goals (SDGs).

- Empowering women should be considered as the key element of FP and not as a burden. Repositioning FP as a health and development issue could contribute to designing programmes that address the health needs of women alongside fertility control.

- FP programmes should focus on promotion of good health and well-being. Demographic dividend should produce healthy, smart and quality young people, underemployed young people will be of no use for the betterment of any country. Promotion of healthy lifestyle among the young generation and encouragement of active ageing for the elderly are of utmost importance in local development.

- Income-generation programmes by women and men participating in FP programmes should be promoted through joint business activities in the field of productive economy. This can be promoted through forming a group, recognizing market opportunities, determining the type of business, raising business capital, organizing production process, conducting marketing activities, managing group financial administration and establishing partnerships to increase participation of couples of child-bearing age, teenagers and elders in various activities.

- Decentralization policies in Indonesia have been able to transfer authority from the Central Government to provincial and district levels, including the implementation of FP and public health programmes. Local leaders strive to enhance the living conditions of their

people through innovative and integrated programmes as part of the FP programmes. Many districts have successfully developed efficient, innovative and people-friendly FP and health programmes that bring real benefits to the citizens.

- Social and cultural factors have greatly contributed to the rising incidence of child and teenage marriages. Teenage marriage is one of the most daunting reproductive problems in Indonesia. It stirs up serious nationwide debate, because historically and socially it is associated with negative outcomes that include lack of education, poor health, decreased job opportunity and high poverty rates throughout life.

- The success of the Indonesian FP programmes can also be attributed to the endorsements and support from the country's two largest and most influential Muslim religious organizations – Nabdland Ulma (NU) and Muhammadiyah. Both organizations have promoted FP programmes as an effort to advance health and well-being. According to them, FP is voluntary and should be used to space child birth for the general improvement of health and well-being. These organizations helped bring about a major shift in the national FP programme between 1960s and 1990s, facilitated through high-ranking leaders and scholars by encouraging FP for family welfare. Later, when decentralization created a deep void in the country's FP and population programmes in 2008, a number of leaders from diverse religions set up a platform for inter-faith dialogue on FP and population under the 'Inter-faith

Forum for Prosperous Families and Population'.

- Midwives have been playing an important role in providing healthcare services for millions of women in the Indonesian FP programme since 1970s, and form the backbone of the programme in the country. They also face tremendous social, religious and cultural barriers while providing their services, especially in rural areas. This continued even after there was a shift to the decentralized system from a centralized system in 2001. Midwives extend health services from maternal and child health to sexual and reproductive health, FP and general public health.

- The Government provides regular training and skill improvement for the midwives. Professional and well-trained midwives ensure that millions of women in Indonesia receive best healthcare from their tireless and dedicated services.

- Nurturing a happy and prosperous family as part of the FP programme, has become a way of life for many in Indonesia. The programme also provides a gateway for other health areas such as infant and childcare, nutrition and immunization. It also ensures proper health and nutrition in the community, with special programmes for the under-fives, adolescents and the elderly.

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