

Political Management in the Indonesian Family Planning Program

“One cannot take for granted that the president as the top leader has the wisdom to decide what priorities are. We have to feed the president with completed stuff so he doesn't have to think too much.”

—Senior Indonesian family planning official, commenting on the relationship between his agency and former President Suharto

Family planning programs are political institutions: Globally, donors, governments and nongovernmental organizations argue over their effectiveness, purposes and financing; nationally, politicians and interest groups mobilize for and against their establishment; locally, administrators encounter social resistance to implementation; and at the household level, attempts to influence fertility can be seen as political acts as they involve exercising state power to bring about change in individual behavior. Because of the political nature of family planning programs, their administrators face multiple challenges. Among other tasks, they must build bureaucratic alliances, neutralize religious opposition and secure social support. Development administration scholars have referred to these challenges as tasks in “political management” and have suggested that administrators anticipate political conflict, identify potential allies and opponents, understand their interests and consider their concerns in program design and implementation.¹ A handful of family planning scholars also have considered these issues;² however, these dimensions of management have received considerably less attention in the family planning field than those of technical management, such as the administration of contraceptive delivery systems.

In this article, I seek to help redress this imbalance by investigating political management in the Indonesian family planning program during the Suharto era, from the 1970s through the 1990s. Scholars consider the program to have made a considerable contribution to Indonesia's large rise in contraceptive use and decline in fertility.*³ To examine the role of political management in agency effectiveness, I draw on excerpts from interviews conducted with officials in the National Family Planning Coordinating Board (BKKBN), the government organization responsible for administering the program. In addition, I explore how the agency addressed three political challenges: defusing religious opposition, over-

coming a weak human resource base and generating implementation support from the bureaucracy.

Numerous observers have pointed to political management as a factor behind the program's effectiveness.⁴ Hull has documented the agency's ongoing struggles to institutionalize priority for the program and argued that “The BKKBN achieved legitimacy through the...integration of its activities in the government structure;”⁵ others have identified similar processes. I seek to build on their insights and highlight two critical facets of the BKKBN's experience. First, it was not only agency leaders who actively engaged in this kind of management. A culture of political orchestration developed from the top to the bottom of the organization in an attempt to secure political priority at the national, regional and local levels. Second, it was not a given that the BKKBN would act in this way. Initially, the agency was less politically proactive. The agency learned to take advantage of opportunities that many of its sister agencies in the bureaucracy ignored.

The political system under Suharto had unique characteristics, and one must be cautious in drawing generalizations for other settings. The system was authoritarian and established its power across the country to a degree that few nonsocialist developing world states have achieved. The president exercised considerable control over ministers as well as governors who, in Indonesia's unitary system, were appointed from above rather than elected from below. Civil society was weak, as the state limited the ability of groups to organize autonomously. Democratic checks on state action were few, and government employees were required to be members of the ruling party. There was a legislative body, but for much of the Suharto era, it functioned largely as a rubber-stamp institution.

These authoritarian characteristics afforded Indonesian bureaucrats unusual power. They were both the creators and implementers of policy, and were relatively unimpeded by social groups and parliament. This being said, a number of the principles that emerge here are applicable across political settings. In particular, family planning program administrators in democratic and nondemocratic settings alike need to learn to systematically identify, understand and cultivate both allies and potential opponents.

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*From 1969 to the mid-1990s, Indonesia's total fertility rate declined from nearly 6.0 to 2.8 births per woman, and the proportion of currently married women using modern contraceptives rose from a very low figure to 55% (source: Central Bureau of Statistics, State Ministry of Population/National Family Planning Coordinating Board, Ministry of Health and Macro International, *Indonesia Demographic and Health Survey 1997*, Calverton, MD, USA; Central Bureau of Statistics and Macro International, 1998).

METHODOLOGY

The study of Indonesia's family planning program described in this article was part of a yearlong investigation in 1996 that evaluated the political and bureaucratic factors shaping the policy effectiveness of the country's public health

programs. I conducted 33 in-depth, unstructured interviews with BKKBN civil servants. Approximately half were in Indonesian and half in English, and most lasted 45–90 minutes. I interviewed Haryono Suyono* (the agency's chairman during much of the period under study), several past and current vice-chairmen, agency provincial leaders, district officials and fieldworkers. I also interviewed 18 officials outside the BKKBN who were involved in or had knowledge of the program, including individuals in the Ministry of Health, the National Development Planning Board and national women's organizations; employees of donor agencies, including the World Bank and the Population Council; and scholars at several Indonesian universities. In addition, I consulted internal BKKBN documents and external research reports about the program written by domestic and international analysts. Finally, I visited program sites to observe implementation in Jakarta, West Java, Bali, Lombok and South Sulawesi.

I analyzed the interview notes, documents and implementation observation notes for patterns and themes, employing a process-tracing methodology that used multiple sources of information to identify common patterns and to check factual accuracy. The research was exploratory and revelatory, rather than explanatory in intent;⁶ that is, I made use of access to policymakers and administrators to explore and reveal processes that may not have been detectable with other methodologies, while being cautious about inferring causation given the single-program focus and reliance in part on interviewee self-reports. Interviewing BKKBN policymakers directly was crucial because agency officials have revealed little of their political strategies in published works, government documents and the media, or to ordinary citizens. Doing so in an open-ended manner was also necessary because many officials are reluctant to disclose their strategies, and having an inflexible set of questions and interview procedures would have inhibited information sharing.

RESULTS

BKKBN Self-Reports

In the late 1960s, a semi-autonomous family planning agency was established in Indonesia. It was replaced in 1970 by the BKKBN, which became part of the government apparatus, reporting directly to the president. The BKKBN did not have ministerial status, but by virtue of its reporting position, its chairman had direct access to the president, participated regularly in cabinet meetings and met regularly with other government ministers. In addition to its headquarters in the capital, the agency had branches in each of the country's 27 provinces and in most of the nation's districts and subdistricts by the 1980s.

The organization of the agency was hierarchical. Fieldworkers, who were responsible for one or more villages, were at the lowest rung of the system. They reported to field-

worker supervisors responsible for subdistricts, who reported to BKKBN district heads, who in turn were subordinate to provincial chiefs. The central headquarters, as well as BKKBN provincial and district offices, maintained support divisions that were responsible for functions such as planning, evaluation and procurement. As civil servants, BKKBN employees were paid through the government budget. (Fieldworkers, who were not initially paid civil servants, became so only after agency officials lobbied on their behalf.)

Statements by BKKBN bureaucrats indicate that they viewed political management as one of their primary responsibilities, saw themselves as particularly adept at the task and perceived a relationship between their political abilities and the effectiveness of their program. These statements do not demonstrate a causal relationship between their actions and program outcomes; however, they do suggest the presence of a culture of political orchestration inside the agency and the possibility of a causal relationship.

BKKBN officials viewed themselves to be active cultivators of presidential commitment. For instance, a former deputy chairman of the BKKBN who accompanied the chairman in meetings with President Suharto said, "Haryono was extremely diligent in making sure the president was kept informed about the development of the program. Many nonministerial government agencies did not take this opportunity. [His goal was to] keep the president's commitment."

Another BKKBN official long close to the chairman commented: "All ministers feed information to the president, but he may forget. So, the minister should be skillful in feeding the president with information and give him enough alternative courses of action. [You] have to dramatize a bit, hoping he'll react in a way you want him to. Haryono is skilled in dramatizing."

A former deputy spoke of how Haryono made use of his presidential meetings: "Haryono would often be called to the president's office for reports. [Immediately afterwards] he would always go on television, always using the opportunity. He would say, 'according to Mr. President.' In this way, more people would listen." Chairman Haryono himself confirmed that he met with the president at least once per month, and acknowledged the power of the presidency, noting that "Bureaucratic mechanisms only move if instructed from the top level."

Senior BKKBN bureaucrats were not the only ones who perceived themselves to be cultivating political influence. Civil servants throughout the family planning bureaucracy viewed themselves as doing the same. Almost without exception, BKKBN officials emphasized that they had strong relationships with regional leaders and that such relationships were one of the keys to the BKKBN's effectiveness. Although BKKBN officials recognized the importance of presidential authority, they viewed it as insufficient to keep the bureaucratic machine running. As one official put it, "[We] utilize presidential authority, but do something else...follow-up maneuvers to engineer the implementation and operationalization of that kind of authority."

*Haryono Suyono was the BKKBN's second chairman, and also took on the title State Minister for Population. Suwardjono Surjaningrat was the agency's first chairman, serving from 1970 to 1983. He was a military doctor and was known as an effective cultivator of political commitment.

Provincial governors were especially important targets. A BKKBN provincial head remarked on how he imitated the BKKBN chairman in his dealings with the governor: “[Haryono] goes to the president’s office, makes an appointment, reports directly to the president. So, I do this for my governor. I send a letter and then give an explanation. The most important thing is to make the president or the governor believe in you and your idea.”

Another BKKBN official, a former chief in several provinces, explained that getting the governor’s support was crucial because he was the one who supervised the district chiefs. These officials, he said, were afraid of the governor. So, if he could manage to get the governor’s support, it would be much easier to implement the program. He emphasized that “If the governor liked golf, I would play golf with him. If tennis, I would play tennis. The main point is that whatever his passion was, I would join in. I would play tennis four times a week for two hours with one governor. But on the tennis court, we didn’t just play tennis. I’d say, ‘please instruct the district chiefs to do so and so.’ It’s not certain he would have listened to me had I not been close to him.”

BKKBN officials saw the district heads and subdistrict heads—the governor’s subordinates—as also being crucial. A former BKKBN provincial head expressed his point of view directly: “In our thinking, we manage the subdistrict and district heads. But they would be offended if we said it like that. They would prefer to think they manage us.”

One district head summarized the difference between the BKKBN’s approach and that of other government agencies, in this case the Ministry of Health: “The way they approach the district chief, it’s so ugly. They are not used to approaching formal leaders. So, I help them. I don’t know what’s wrong with the Ministry of Health, but it seems they have difficulty approaching the district chief to support their programs.”

The BKKBN’s political orientation extended even to the employees at the lowest level of the program, the family planning fieldworkers, each of whom was responsible for coordinating with a village chief or *lurah* (the head of the administrative region below the subdistrict). A fieldworker commented, “Help from the *lurah*...is extremely important. If we don’t have this, it’s just us, the workers of the BKKBN. But he is the person who owns the citizens and the area. For example, if we are going to insert IUDs, we’ll ask him to help. This way the command is from him, not the BKKBN.”

An official spoke more generally of the basic function of BKKBN fieldworkers: “Our fieldworkers are like directors. Their role: Find the person who can mobilize society. If [a fieldworker] is smart, she finds that person. If she is not smart, she tries to do it herself.”

Another BKKBN target was the PKK, the nation’s largest woman’s organization during the Suharto era. A social development movement that first emerged in West Java in the late 1950s and that received official government recognition in 1972,⁷ the PKK had a large national network of vil-

lage-level volunteers. Its leaders held their positions by virtue of being the wives of regional governing officials.⁸ BKKBN officials perceived themselves as orchestrating the women of the PKK and their governing husbands in much the same way. A former BKKBN provincial head commented, “So, why do we rely politically on the PKK? [The wife] is the person closest to the governor. If she asks for a dress, the governor will not refuse. The same is true for support of the family planning program.”

A BKKBN official made the following general comment about the agency’s strategy for securing allies: “How do we manage the orchestra? By creating a sense of ownership so they don’t feel they have been directed by the conductor, but rather have played voluntarily, joined in as participants.”

Another BKKBN official, speaking on the same theme, and commenting on how to get governors and other officials on board, said, “Don’t give them a chance to think otherwise. No chance to think [about alternative plans]. There will be a problem if there are many agencies applying the same strategy; then there will be competition. The BKKBN should be glad the Department of Health officials are slow in understanding this, because if Department of Health officials were as energetic as the BKKBN, then the BKKBN would have competition.”

A former BKKBN municipality head expressed the basic reason the BKKBN must be proactive: “Because as a coordinating body, we don’t have feet, we don’t have hands, we just have a brain...we have constraints in manpower. We’re different from the Department of Health. They have enough manpower—doctors, nurses to give service. Pak Haryono tells us on every occasion, ‘you should work with other departments. Approach other persons. Even sometimes behave as subordinates.’”

Surmounting Political Challenges

The previous statements by bureaucrats are suggestive of a culture of political orchestration inside the BKKBN. The way in which the agency surmounted three political challenges—defusing religious opposition to the program, building a human resource base and institutionalizing bureaucratic priority—offers further evidence of the presence of such an orientation.

• **Defusing religious opposition.** Most family planning programs in countries with predominantly Islamic populations have faced difficulties in promoting contraceptive use. One reason has been the orientation of clerics, many of whom view family planning as the replacement of the will of God with that of individuals in regard to reproduction. Many Indonesian clerics embraced this point of view, which presented the BKKBN with a potential obstacle.

Soon after the family planning program that preceded the BKKBN was launched, both of Indonesia’s major Islamic groups expressed unease with family planning. In 1968, Muhammadiyah declared that preventing conception was against Islamic doctrine and that contraceptive use was to be allowed only in case of emergency.⁹ In 1969, Nahdlatul Ulama, Indonesia’s largest orthodox Islamic or-

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ganization, stated that family planning was permissible only for spacing, not the prevention of births;¹⁰ also, the organization's clerics declared a prohibition on abortion and sterilization.¹¹

Faced with this challenge, BKKBN officials chose from the beginning not to circumvent religious opposition or push forward in spite of it, but rather to engage religious leaders and modify policy in response to their concerns. BKKBN officials made an early decision not to promote sterilization or abortion as part of the program.¹² In addition, they opened up direct discussions with Muhammadiyah and Nahdlatul Ulama leaders on the subject of family planning.

This approach soon had results: In 1971, Muhammadiyah decided to allow the use of contraceptives for the purpose of spacing births;¹³ and in 1972, Nahdlatul Ulama's women's division created a population project,¹⁴ and later trained family planning motivators, in cooperation with the BKKBN.¹⁵

Despite these activities, clerics continued to voice public opposition to family planning. The most difficult objection concerned the use of IUDs, which a 1972 council of Nahdlatul Ulama clerics singled out for prohibition, except under emergency conditions.¹⁶ Although the agency had hoped to establish this effective long-term contraceptive method as a central part of the family planning program, the BKKBN nevertheless decided to avoid promoting the IUD among Muslims so as not to offend Islamic leaders.¹⁷

Not willing to abandon the IUD, however, the agency engaged clerics in dialogue to determine the source of their unease.¹⁸ BKKBN officials discovered two reasons: First, some leaders believed that the IUD caused abortion, and second, they were concerned that male providers would be inserting the devices. In response, the BKKBN began education efforts to assure clerics that IUDs were not responsible for abortions. They also began negotiations with Islamic leaders on how the IUD might be brought into the family planning program in ways acceptable to Islam. These discussions eventually led to a compromise: IUD insertion would be allowed if performed by female providers or if another woman or the client's husband was in the room. These agreements were codified in a 1983 national meeting on the subject of family planning at a BKKBN-organized gathering involving participants from Islamic nations across the world.¹⁹

In the 1980s and 1990s, the BKKBN increased the intensity of its engagement with clerics, organizing dozens of meetings on family planning for Indonesian Islamic leaders and emerging as an international leader for family planning promotion in the Muslim world. In 1990, the BKKBN brought together Indonesian clerics from 23 provinces, as

well as representatives from Nahdlatul Ulama and Muhammadiyah. The seminar's concluding declaration offered the most extensive support to date by Islamic leaders for the idea of family planning: stating that family planning was of direct benefit to families, that clerics ought actively to promote the program and that Islamic teaching justifies the use of family planning.²⁰ This declaration represented a culmination of BKKBN efforts. Through strategic political management, the agency had succeeded in moving its nation's senior clerics from a position of opposition to one of noninterference or support for family planning, thereby neutralizing a potential social opponent.

• *Surmounting human resource deficiencies.* The BKKBN always faced a problem of numbers. In a country of more than 17,000 islands and a population that surpassed 200 million in 1997, the agency never had more than one representative per several thousand citizens. Without a creative outreach strategy, the agency could not have engaged more than a narrow segment of the population.

The agency overcame this problem by broadening the role of its fieldworkers, by establishing a national network of village-level family planning groups and by building alliances with national women's organizations to support family planning promotion. These organizations included Dharma Wanita, a group for wives of civil servants; Dharma Pertiwi, a similar group for spouses of members of the Armed Forces; and the PKK.²¹

When the government set up its initial family planning program in the late 1960s, it adopted a passive, clinic-based approach to contraceptive provision. This strategy resulted in slow growth in contraceptive use,²² so the agency shifted to a more active strategy—door-to-door outreach by fieldworkers—which led to more rapid expansion in contraceptive use.²³ However, instead of selecting the IUD, new contraceptive users were increasingly choosing the pill—a method that required ongoing resupply and reminders to continue its use.²⁴ With women scattered in villages across the country, fieldworkers could not handle all the work this entailed. BKKBN officials therefore decided that a new program configuration was necessary.²⁵

In 1974, the agency developed the idea of village family planning groups.* These began as contraceptive supply mechanisms but evolved over time into associations that brought together millions of women in village-level organizations that supported family planning and served as subtle forms of social pressure on married women of reproductive age to begin and sustain contraceptive use.²⁶

Because the BKKBN had too few employees to develop such a network by itself, it approached the PKK for assistance, seeking to take advantage of that organization's national network of volunteers. The PKK's presence was not uniform across the country, but it had far greater reach than the family planning agency and a social development mission consistent with the BKKBN's goals. PKK leaders agreed to participate in program development, and the BKKBN subsequently funded the training of thousands of PKK members in family planning motivation.²⁷ These activities

*The Indonesian term is Pembantu Pembina Keluarga Berencana Desa (PPKBD), which translates literally as "assistant in building family planning in the village." English literature on the subject has translated it as "village contraceptive distribution center." In reality, it grew to be an institution far more elaborate than a person or distribution point, so I employ a term with broader reference. (Source: Shiffman J, 2002, reference 21.)

resulted in the creation of a corps of more than 300,000 PKK volunteers²⁸—nearly 17 for every BKKBN fieldworker—whose primary responsibility was the expansion of the family planning program.

As the network developed, the role of fieldworkers expanded. Initially responsible only for family planning motivation, fieldworkers focused more and more, with PKK assistance, on the creation and management of village family planning groups. Also, by 1995, the BKKBN was explicitly teaching fieldworkers techniques in political management, emphasizing that one of their primary responsibilities was to generate local “political and operational commitment” for the program among key officials (e.g., the village chief, law enforcement officers and local heads of the armed forces).²⁹

By 1996, there were more than one million village family planning groups³⁰—nearly one for every 32 couples of reproductive age. The evolution of the fieldworker’s role, cultivation of the PKK and other women’s organizations, and adoption of the village family planning group strategy allowed the BKKBN to surmount its limited human resources and extend its reach into almost every village in the country.

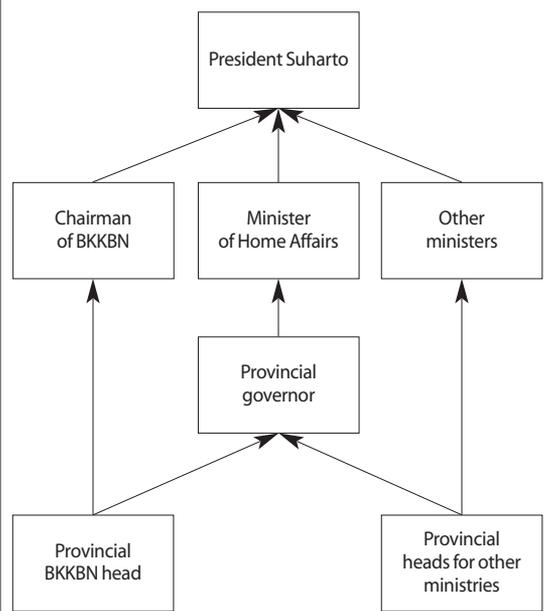
• *Cultivating bureaucratic priority.* When the government established the BKKBN, it did not provide the agency with sufficient technical capacity to administer a program by itself. The government expected other ministries to offer support on everything from contraceptive provision to media communications. Ministries take on new assignments reluctantly, however, as they are expected to meet multiple demands with limited resources. The BKKBN realized it would be cumbersome to have to approach other ministries continually for support.

Instead, it directed its primary lobbying efforts at the Ministry of Home Affairs. This ministry was crucial because it included the provincial governors, who not only had authority over provincial development priorities but also were the most powerful officials below the national level. Their subordinates in the Ministry—the district chiefs, subdistrict chiefs and lurahs—also had administrative authority in their respective territories.

Figure 1 diagrams administrative reporting relationships for most ministries and government agencies during much of the Suharto era, and indicates why the Ministry of Home Affairs was crucial to the BKKBN’s success. BKKBN and ministry provincial heads had two superiors: their minister or chairman, and the governor of the province to which they were assigned. In many ministries, at the provincial level, this dual reporting structure produced clashes, as ministers and governors often had different priorities. The BKKBN, however, interpreted the structure as an opportunity. It used these reporting relationships to seek the assistance of governors to push officials of other ministries at the provincial level to support family planning.

BKKBN officials also sought to institutionalize priority inside the Ministry of Home Affairs itself. First, the agency used presidential authority to pressure the governors. For

FIGURE 1. Regional administrative reporting relationships for Indonesian ministries and agencies during the Suharto era



example, BKKBN leaders made a point of passing on information to the State Secretariat for inclusion in the president’s speeches to the governors, so that when governors were in the capital, they would receive family planning orders directly from the president. Second, the BKKBN financed meetings for Ministry of Home Affairs leaders at the district and subdistrict levels on the subject of family planning, so that they would understand family planning and hear directly from their ministry superiors the high political priority placed on the program.³¹

Third, agency officials pushed for the passage of a series of decrees institutionalizing a high priority for family planning inside the Ministry of Home Affairs. For example, a 1974 joint directive from the BKKBN chairman and the Minister of Home Affairs declared that family planning was a concern of the national government and that governors were to take direct responsibility for implementing the program;³² a 1982 directive ordered governors and their subordinates in the ministry to achieve specific contraceptive use targets.³³ Fourth, the BKKBN successfully lobbied to have family planning placed on a list of select policy sectors, established in 1982,³⁴ for evaluation of gubernatorial performance. Governors were assessed on nine numerical family planning targets,³⁵ including the crude birth rate, the number of active users of family planning methods and the number of village family planning groups created. Finally, the BKKBN leaders put pressure on their own provincial heads: They were told that they would be replaced if they could not build a strong relationship with their governors. Through these tactics, the BKKBN helped position family planning as a priority within the Ministry of Home Affairs, influencing the governors and their subordinates to exert pressure on other ministries to support the family planning program.

DISCUSSION

The information presented here supports findings in previous studies that showed that BKKBN political management strategies contributed to the agency's effectiveness, and highlights two crucial dimensions of the experience. First, a culture of political orchestration developed at all rungs of the agency, as BKKBN officials sought political support at the national, provincial, district and village levels. Even the role of fieldworkers evolved from simple family planning motivation to the political management of localities in service of the program. Second, the BKKBN took advantage of political opportunity in ways many other agencies did not. The orientation was not an inevitable by-product of the agency's location in an authoritarian system, but a deliberate political choice.

I have not sought to determine *why* the BKKBN developed such a strong orientation toward political management. Three factors, however, may have contributed. First, the BKKBN had limited resources and therefore had strong incentives to rely on political maneuvering to build capacity. Second, its longest standing chairman, Haryono Suyono, himself had a strong political orientation and seems to have inculcated the same mentality among his subordinates. He demanded that they act politically, providing them with rewards if they were successful, and sidelining or removing them if they were not. Third, the BKKBN, unlike many developing world family planning agencies and ministries of health, avoided the passive biomedical and service delivery orientation that is characteristic of many bureaucracies with medical missions. It was staffed with medically minded personnel *and* politically minded bureaucrats, giving it both service competence and political capacity.

This case highlights the power of family planning agencies to influence the level of political priority their programs receive, a possibility that only a handful of family planning scholars have considered. Political priority for family planning largely has been viewed as a matter that cannot be controlled by agencies and that is shaped exclusively by factors external to programs.

This is not to claim that political priority emerges exclusively from within. Many conditions external to the BKKBN shaped priority for family planning in the country, including pressure by international donors from the 1960s through the 1990s on the Indonesian state to control population; a decision to establish a program structure that concentrated family planning authority in a single, autonomous agency reporting directly to the president; the BKKBN's location inside an authoritarian political system that suppressed dissent; the president's prioritization of population control as a means of improving the standard of living; substantial government funding for family planning; and extensive donor financing and support.³⁶ However, even some of these factors may have had endogenous roots. President Suharto may have prioritized population control not exclusively on his own accord but also because BKKBN leaders cultivated his attention. Government and donor agencies may have provided the BKKBN with fund-

ing not only because of their concern with population growth but also because BKKBN officials used effective strategies in approaching them for resources.

External factors condition, but do not determine, possibilities. A strategic-minded agency may enhance priority even in unfavorable political environments, whereas a neglectful agency may squander support under favorable ones. Political priority is best viewed as dynamic, rather than static, and as emerging from sources both inside and outside family planning agencies, rather than from the latter alone.

Several of the lessons on political management in family planning programs that emerge from the case of the BKKBN in Suharto-era Indonesia may apply even to administrators working in very different settings, including democracies and states with weak authority. In such settings, the challenges administrators face may be more difficult; however, the principles remain the same. First, managers will enhance prospects for program effectiveness if they systematically identify political and social allies and opponents, and deliberately seek to understand their concerns and interests. Second, managers should engage these actors directly, cultivating support or attempting to neutralize opposition, rather than leaving their responses to chance. Third, under conditions of weakness, handing over a measure of authority may be advantageous to the implementing agency, as it may serve to institutionalize wider ownership of the program. Additional research that compares the Indonesian program to programs in other settings will help to refine knowledge on the underinvestigated subject of political management in family planning programs.

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Acknowledgments

The research on which this article is based was funded by the National Security Education Program. The author would like to thank Larry Schroeder and Elizabeth Ransom for their thoughtful comments on earlier versions.

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