

Stakeholder Responses to Bali's Local Policies: Case Study of the Krama Bali Family Planning Program from a Population Policy Perspective

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Abstract:

This study uses case study analysis and aims to investigate the policy direction of the Family Planning program at the central and regional levels as well as the response of stakeholders at the central and Bali levels to the Krama Bali family planning program. A total of 36 informants were successfully interviewed and selected purposively to represent various stakeholders. Bali was chosen as the study location considering that the Total Fertility Rate (TFR) was already low and the Krama Bali family planning policy was issued, which encouraging Balinese people to have up to 4 children. This is different from the central family planning target of two children. The study shows that the direction of population policy in Indonesia is to achieve SP (Stable Population) with TFR=2.1. Meanwhile, Bali has reached below 2.1, so it issued the Krama Bali family planning policy so that couples of childbearing ages can have up to 4 children. Responses from various interests at the national and local levels in Bali can be mapped into three types of responses. First, accepting the Krama Bali on the grounds of supporting local wisdom to maintain Balinese customs and culture and supported by regulations. Second, support the Krama Bali with the following conditions; that is, it must take into account the economic capacity of the community and the program is implemented without coercion. Third, reject the Krama Bali because regional programs must follow central policy and the value of small families is ingrained in Balinese society.

Keywords: Family Planning, Total Fertility Rate, Stakeholders, Stable Population, Krama Bali Family Planning

Introduction:

Family planning programs within the framework of population development have been implemented in the Asia and Pacific region. India was the first country to adopt family planning in its national economic development plan in 1951; followed by Malaysia, Indonesia, the Philippines, Thailand and Nepal between 1965 and 1975. An increasing percentage of governments provide

direct support for the provision of contraceptives (Sobotka., et., al., 2019). The family planning program in Indonesia which was carried out intensively during the time of President Soeharto, has brought about massive changes in behavior in environments previously considered resistant to government intervention (Warwick, 1986). The government's strategy to expand the family

planning program was carried out by providing incentives to strengthen individual behavior until 1986. The incentive is in the form of a scholarship which is given to recipients who have school-age children, so that they continue to use long-term contraceptives. Apart from providing incentives, the success of family planning programs is also influenced by progress in socio-economic development, especially health, education and the economy. The most rapid decline in births occurred during the 1990-2000 period, when socio-economic development was more rapid and family planning programs had been implemented throughout the country because they were controlled centrally by the central government (Samosir, et., al., 2018).

Through the Family Planning program, population policy in Indonesia reduced the Total Fertility Rate (TFR) in the New Order era from the previous 5.61 to 2.78 within 26 years. Meanwhile, the population growth rate fell from 2.31 percent to 1.44 percent. The decline in TFR is a historical milestone in the success of the family planning program in Indonesia. The massive birth control movement during the New Order era could not be separated from the existence of a political system under Soeharto's leadership which had unique characteristics, the President exercised great control over ministers and governors in the Indonesian unitary system (Shiffman, 2004). Provincial and district governments are given large incentives to increase contraceptive prevalence and have the autonomy to adapt family planning program inputs to local needs and conditions (Molyneaux & Gertler, 2000).

Changes in the government system from the pre-independence era, the old and new order, and regional autonomy have greatly influenced population policy in Indonesia. The achievements of family planning programs as part of population policy are influenced by changes in political, social, and economic conditions in each era. The benchmark for the success of a family planning program is population control with a total birth rate that is expected to reach replacement level

(TFR=2.1). With the implementation of regional autonomy, population policy in Indonesia faces challenges because family planning programs fall under the authority of regional governments. Most of the agencies that handle family planning programs are combined with other fields, so the budget allocation for family planning programs is minimal. Thus, the success of family planning programs depends on the capabilities and policy focus of each region, and is not easily synergized nationally. Family planning matters are left entirely to the regions and not all regions have institutions that specifically handle family planning. Each region places family planning matters in different work units, some of which are even side matters deemed not as necessary as other matters (Yuwanto, 2016).

In the Explanation to Law of the Republic of Indonesia Number 23 of 2014 concerning Regional Government, it is explained that granting the widest possible autonomy to regions is carried out based on the principle of a unitary state. In line with this, policies made and implemented by regions are an integral part of national policy. The difference lies in how to utilize regional wisdom, potential, innovation, competitiveness and creativity to achieve national goals at the local level which in turn will support the achievement of overall national goals. In order to provide wider space for regions to regulate and manage the lives of their citizens, the central government in forming policies must pay attention to local wisdom. Vice versa, when regional governments form regional policies, whether in the form of regional regulations or other policies, they should also pay attention to national interests. In this way, a balance will be created between synergistic national interests and still paying attention to conditions, characteristics and local wisdom in overall government administration.

As part of the implementation of regional autonomy, the Bali Provincial Government utilizes regional authority to create policies based on local wisdom in family planning programs. The family planning program in Bali was

strengthened by the issuance of the Bali Governor's Instruction Number 1545 of 2019 concerning the Socialization of the Krama Bali Family Planning (KBFP) Program dated June 14 2019. The Bali Governor's Instruction regarding the Socialization of the Krama Bali Family Planning Program which encourages couples of childbearing age to have four children, on the one hand, it can be seen as social engineering to maintain the existence of the socio-cultural system (society and culture). The Balinese people are very obedient in carrying out the family planning program with two children and have participated in the transmigration program since the New Order era. For some people in Bali, this condition is unfair because it is feared that it could threaten the existence of the socio-cultural system of the Balinese people who are gradually becoming a minority group in their own homeland (Pujaastawa, 2019). The Krama Bali family planning policy with four children is expected to increase the population of Bali as material infrastructure to support the socio-cultural system of Balinese society which in turn will increase the existence of Balinese society and culture. However, the Krama Bali family planning policy shows that local policies are full of resistance to the hegemony of the central government, which is feared to cause new problems originating from Bali's demographic factors with its already high population density. Based on this background, the objectives of this research are: 1) to examine the direction of family planning policy in Indonesia and Bali; and 2) examine the response of stakeholders at the central and Balinese levels to the Krama Bali Family Planning policy.

Literature Review:

Several studies related to population policy issues and family planning programs in the era of regional autonomy have become references for discussing this topic. Research from Pujaastawa (2019) on the Family Planning Program with Four Children: Critical Study of the New Family Planning Policy aims to analyze the Bali Governor's Instructions regarding the

Socialization of the Krama Bali Family Planning Program to have four children. On the one hand, the Governor's instructions can be seen as social engineering to maintain the existence of the socio-cultural system (society and culture). Currently, Bali is facing a globalization process, which is characterized, among other things, by the increasing presence of a diaspora with diverse sociocultural backgrounds. Meanwhile, the Balinese people themselves are very obedient in carrying out the family planning program with two children and have participated in the transmigration program since the New Order era. A number of parties felt that this was unfair, because they feared it could threaten social and cultural existence. Meanwhile, Bunu's (2018) research on Regional Resistance to Family Planning Programs found that forms of regional resistance to family planning programs began with budget restrictions, and the resistance factor occurred because of regional autonomy which gave regions the authority to set development priority scales.

Warami (2019) conducted a study on Family Planning from the Views of Papuans: State Hegemony and Indigenous Papuan Resistance, finding that Indigenous Papuans (IP) could not fight against the state in the family planning program. Apart from that, the government, through the family planning program for every IP family, is expected to be able to plan their lives to be of better quality and prosperity. Sukeni (2018) conducted research entitled State Hegemony and Women's Resistance in the Implementation of the Family Planning Program in Tejakula District, Buleleng Regency, Bali. The research findings are that state hegemony, in general, has led the family planning program to achieve success in reducing the population little by little and changing society's opinions, attitudes, and actions from more affluent children to small, quality families. This orientation keeps the program running. In particular, this program still needs to be improved to minimize side effects and to achieve family and community welfare and health, and gender equality. Sarmita's (2019) research on

the Krama Bali Family Planning Discourse: Analysis of Netizens' Perceptions on Social Media (Facebook) shows the results that the attitudes of netizens on Facebook social media towards the Krama Bali Family Planning discourse show insignificant differences between those who agree, neutral and disagree. However, it can be seen that the majority of netizens agree with the Krama Bali family planning program, followed by a neutral attitude, and the fewest netizens who disagree.

Method and Theory:

This research uses a qualitative method with a case study approach as a qualitative strategy, where the aim is to examine a program, event, activity, process or one or more individuals in more depth (Creswell, 2016; Yin, 2016; Sugiarto, 2017). Data collection techniques were carried out through secondary data studies and in-depth interviews. Secondary data is an important part of research that can help to obtain information from previous research as a basis for conducting research or as background information needed. However, secondary data needs to be re-examined for the validity and reliability of the background to obtain authentic results (Taherdoost, 2021). The results of this secondary data study are then combined with information from interviews, so that the information obtained from documents provides important information. Documents originating from various data sources are then summarized and interpreted to answer research questions (Hancock & Algozzine, 2006). Meanwhile, in-depth interviews were conducted using open-ended questions to obtain data in the form of perceptions, opinions, feelings, and knowledge from informants (Patton, 2015). Targeted in-depth interviews were conducted with stakeholders related to family planning policy issues at the national, provincial, and district/city levels in Bali.

This research was conducted in Bali Province which was selected using a purposive technique, namely determining the research location according to its relationship to the research. Considerations for choosing Bali as a research

location include: 1). Bali is the only region in Indonesia that has issued a local family planning policy that supports couples of childbearing ages to have up to four children. This is contrary to the national fertility program which limits it to two children; and 2). Bali Province has a low total birth rate, namely below replacement level (TFR=2.1). The informants interviewed in this research at the national level were ministries/agencies (5 informants), international organizations (2 informants), national academics (1 informant), national social organizations (1 informant). Informants at the provincial and district/city levels were departments/agencies (16 informants), KB Representative offices in Bali (1 informant), regional academics (3 informants), regional community organizations (1 informant), PHDI Bali (1 informant), and the Bali Traditional Council (6 informants).

Using Smith's (1985) Theory of Regional Government and Decentralized Systems. Based on Liberal Democracy Theory, data were analyzed. Liberal Democracy Theory, a decentralized local government model is considered necessary, both at the national and local levels, to improve political education for the community, maintain political stability and public trust, facilitate political equality and policy participation, guarantee the realization of group identity and rights, and ensure local government responds to the needs of local communities. This model by Smith (1985) is called the "Fused Model". Regency/city areas are purely autonomous regions formed based on the principle of decentralization, and according to Smith this model is called the "Split Model" (Smith, 1985).

The Krama Bali family planning policy is part of ensuring the realization of the identity and rights of Balinese community groups to change the value of small families back to families with four children. Current decentralization in Indonesia does not automatically promote development outcomes or democratic local government. The implementation of decentralization has widened existing regional disparities and reduced the

quality of public service provision. However, decentralization has the potential to increase and change development capacity at the local level. The second theory used in the analysis is the Positive Deviation Theory, where the occurrence of positive deviations in various communities and organizations throughout the world is the discovery of behavior that deviates from the norm (Spreitzer & Sonenshein, 2004).

Result and Discussion:

Family Planning Program: Central Policy Versus Local Policy in Bali

The success of the family planning program during the New Order era has been recognized internationally (Cammack & Heaton, 2001). The factor that is considered to have influenced the success of the family planning program in the Soeharto era was the program campaign movement which was carried out continuously, massively and comprehensively. Various campaigns were carried out massively using all types of communication media, namely mass media, family planning assistants, community groups and religious figures (McNicol and Singarimbun, 1983). One of the stakeholders involved in the family planning program is Family Welfare Empowerment/EWF (in Indonesia popular as Pemberdayaan Kesejahteraan Keluarga-PKK) so that it can increase women's participation in using contraceptives and increase participation in family planning programs (Putri, et al., 2019). The massive birth control movement during the New Order era could not be separated from the existence of a political system with great control over ministers and governors in the Indonesian unitary system (Shiffman, 2004). Provincial and district governments are given great incentives to increase contraceptive prevalence and have the autonomy to adapt family planning program inputs to local needs and conditions (Molyneaux & Gertler, 2000).

Apart from recording success, the family planning program in Indonesia also left important records. One of them is the family planning program approach which is very centralized and with this

approach it must follow all directions and policies of the central government. The impact is that women are involved on a large scale in using contraceptives, especially after giving birth (Hull and Hull, 2005). Second, the involvement of community organization groups, namely the Empowerment of Family Welfare (EFW), means that women do not have the choice and authority to control their reproductive organs because of the large amount of state power (Putri, et al., 2019). The collaboration between family planning and the PKK aims to control women's activities in the political space as a doctrinal framework for the rationalization of family planning programs in the New Order era (Dewi and Kasuma, 2014). Through the doctrine of rationalization, women are placed as ideal figures if the mother has used modern contraceptive equipment, has only given birth to two good children, has birth spacing, is healthy and educated, so that the children will grow up to be productive citizens and form the character of citizens who loves the nation and the homeland (Blackburn, 2009).

After the reform era, the principle of decentralization was implemented which placed family planning matters under the authority of regional governments. Decentralization has given responsibility, authority and funding to Regional Governments for Reproductive Health or family planning. The ability of each Regency/City to handle these "Essential Services" is different. This is especially problematic for new districts, poorer districts, and districts that did not have strong programs in 2003. The government's primary role is to support local governments to provide essential services, implement national policies, and ensure equal access to all services important (Lewis and Haripurnomo, 2009). With changes in the political system in Indonesia, currently the focus of population policy is integration between population and development which places the population as both the object and subject of development. So far, the population-as-object paradigm has eliminated population participation in development. Therefore, empowerment efforts are needed to make the population aware of their

rights and increase the population's capacity for development. This concerns "quality human resource development" (BKKBN, 2020).

One of the objectives of controlling population quantity includes 2 main things, namely achieving balanced population growth (PTS) as stated in article 3 paragraph 2 of Presidential Regulation (Perpres) Number 153 of 2009 and achieving and utilizing the demographic bonus as stated in article 5 of the Government Regulation (Peraturan Pemerintah) Number 87 of 2014. Both have been reduced to achievement indicators, namely TFR achievement at 2.1 and dependency figures below 50 percent (Sukamdi, 2023). By considering the development of population policy through the family planning program, the direction of population policy is aimed at achieving stable population growth.

"The direction of population policy in Indonesia is to achieve PTS (Stable Population) with TFR=2.1. The strategy to achieve this goal is to carry out national mapping, from province to district because the gap is quite high. So, the policy cannot be said to be one fit for all, so it needs a specific approach in each region. For example, the problem of the availability of contraceptives at the village level and midwives must be sufficient. Locations that are easily accessible are sufficient to collaborate with hospitals, while remote areas must be able to deliver to private practice midwives, so there needs to be an MOU between private practice midwives and the District/City Family Planning Service" (HWD, National Population and Family Planning Board).

"In order to achieve balanced population growth and maintain the carrying capacity and capacity of the environment, the national Total Fertility Rate needs to be reduced and maintained to a replacement rate of 2.1. The strategy to achieve this goal is to increase the effectiveness of financing and budgeting for family planning programs in the regions; optimizing the roles and functions of Family

Planning Field Officers/Instructors (PLKB); strengthening the synergy of population control policies; and strengthening the capacity and capability of central, provincial and district/city institutions in the field of population control" (MHL, The Ministry of National Development Planning/Bappenas).

The national TFR target is one thing, but Indonesia is vast, we should not be lulled by national level achievements. Policy makers must understand the context in the era of regional autonomy because the main basis is to bring decisions closer to problems. In the past, the decision was made at the center, there might have been too many problems, even though the decision could only be one decision. The central government cannot create varied policies, so regional autonomy is expected to have a deeper understanding of the local context, so that decisions or interventions can be very specific. "Because there is no such thing as one size fits all, even though a national target has been set, it must also take into account regional conditions" (MH, UNFPA Assistant Representative).

"In 2020-2021, the TFR has reached 2.1, but that is the national figure. The problem is that the disparity per province is very high, starting from the lowest, namely Bali, Jogja and East Java, it is already low, approaching 2. Maybe some are even below 2, while in NTT it is still more than 3. Now the disparity problem is, if we adjust it for achievement. each province. "Even though everything is directed at 2.1, the targeting per the Medium-Term Development Plan is different" (DL, Main Expert at National Population and Family Planning Board).

In 1969 the Indonesian government established a Family Planning Program which was initially implemented on the islands of Java and Bali, covering around two-thirds of the national population. Since then, the number of family planning acceptors has increased and the TFR has

decreased quite significantly. The population changes that occurred were very dramatic, especially in Bali (Guttmacher Institute. 1979). One of the factors that is considered to influence the decline in fertility rates in Bali is the increase in the age at first marriage for women, thereby reducing the proportion of married people among young women (Hull, et., al., 1977; Sinquefield & Sungkono, 1979). Other factors are religion/culture, situational, and the effectiveness of family planning programs. Balinese Hinduism plays a central role in every aspect of village community life, but on the other hand, religious involvement is not an obstacle to the success of family planning because religious leaders do not oppose the program (Astawa, et., al., 1975).

In the cultural aspect, Banjar (a local community that follows customary law) has an important role in ensuring the success of government programs by encouraging the community to get involved in family planning programs. A situational factor that contributes to the success of the family planning program is Bali's population density. Compared to other regions in Indonesia, Balinese people have easy access to contraceptives (Garvie, 2017). Other determinants of fertility in Bali are economic factors, education of women of childbearing age, and location of residence (Withers, et., al., 2018; Adioetomo, 1981). For some poor families, low levels of family income cause women of childbearing age to decide to stop giving birth to children before reaching their ideal family size (Withers, et., al., 2018).

Through a participatory approach, the family planning program in Bali, taking into account cultural aspects, is also considered successful in reducing the total birth rate. The implementation of the family planning program in Bali is carried out by maximizing the role of Banjar to be actively involved in socializing the family planning program. Resistance to family planning programs began to emerge in the era of regional autonomy with the cultural argument of human rights, that having more than two children is a person's right that must be protected. The

delegation of authority from the central government to regional governments aims to create a democratic political climate, provide political education, open space for communication with the community, ensure fair and equitable development through basic services in the socio-economic sector, and maintain legal certainty and public order. Beyond the role of facilitating democracy, local government is also considered conducive to political education, popular participation, social cohesion, community empowerment, and responsive service delivery (Watt, 2006).

Balinese society has a traditional culture with the ideal value of children per family being four children which can be known from the child naming system. With these considerations in mind, the Bali Provincial government launched the Krama Bali Family Planning (KB) Program which is based on local wisdom. This is also reinforced by Law Number 23 of 2014 concerning Regional Government in the explanation section which also states that policies must take into account local wisdom. Bali Governor's Instruction Number 1545 of 2019 concerning Socialization of the Krama Bali Family Planning (KB) Program dated June 14, 2019. The Bali Governor's Instruction gives orders to all regents and mayors in the Bali Province region to stop the campaign for the national family planning program with enough two children and replace it with a campaign for up to four children. The Krama Bali Family Planning Program is considered as social engineering so that the existence of the socio-cultural system of Balinese society can be maintained. The Balinese people have strictly adhered to the family planning program since the New Order, giving rise to concerns about the weakening of the existence of the Balinese social and cultural system due to the decreasing number of native Balinese people. This stipulates that decentralization is a variation of politics and a form of political authority, namely the division of territory in a country that will have certain autonomy and have its own government through

democratically elected political institutions (Smith, 1985).

Stakeholders Response to the Krama Bali Family Planning Program

The central government through the National Population and Family Planning Board has made the family planning program an effective way to prevent a population explosion over the last fifty years, important for ensuring the welfare of society in the future. The aim of the family planning program is to increase awareness and community participation through increasing the age of marriage, birth control, fostering family resilience, as well as increasing the welfare of small, happy and prosperous families (Setyani, 2019). The approach to the family planning program changed along with the holding of the International Conference on Population and Development (ICPD) in Cairo in 1994. The previous family planning program emphasized population control to become a reproductive health approach focused to reproductive rights and gender equality (Wilopo, 1994; Tukiran, et., al., 2010: 48).

Indonesia's family planning program has drastically reduced the fertility rate from 5.61 to 2.78 in a period of 26 years. The decline in the TFR during the era of President Soeharto was a historical milestone in the success of the family planning program in Indonesia. However, the success of the family planning program in Indonesia during the New Order era faded along with the implementation of Regional Autonomy. With this system, the state is no longer totalitarian and centralized, because most policies are delegated authority to the regions (districts/cities).

The dynamics in the implementation of family planning program policies in Indonesia today are not only caused by misalignment between the central and regional governments. However, they are also thought to be caused by economic and socio-cultural factors. In the reform era, there was increased competition between conservative forces and progressive agendas in many aspects of daily life in Indonesia. This includes issues regarding marriage and family norms and regulations and issues regarding the age of first marriage (Hull, 2016; Qibthiyah & Utomo, 2016).

The jargon has long been known as family planning program "two children are enough", which has given rise to contestation in Bali, which is complicated by broader political, social, economic and cultural forces in society. The new policy regarding Balinese population issues, namely the Krama Bali family planning program, is driven by the scarcity of names for the third child (Nyoman or Komang) and fourth child (Ketut) in today's Balinese families, along with the success of the family planning program with two children (Sarmita, 2019; Kumbara and Dewi, 2019; Garvie, 2017). In addition, the success of family planning has raised concerns about the decline in the productive population ratio in Bali due to labor migration for Bali's booming tourism sector (MacRae, 2011; Nordholt, 2007). Regarding the issuance of the Krama Bali Family Planning policy, it is important to know the attitudes and responses of stakeholders. The following are the attitudes and responses of stakeholders towards the Krama Bali family planning program which are summarized as follows.

Table 1. Stakeholders Response of the Krama Bali Family Planning Program

No.	Response	Description
1.	Fully Support	
	Central Stakeholders	
	RM, Programme Specialist - Population and Development - UNFPA Indonesia)	If births continue to fall below 2.1, including Bali, are we still anti-natalists? If the TFR target is 2.1, Bali can achieve it so that it adheres to pro-natalism, but it should not be done through coercion.

No.	Response	Description
	Stakeholders in Bali	
	NGS, Head of the National Population and Family Planning Board Bali	FP Krama Bali aims to "Ajeg Bali" meaning maintaining Balinese traditions and culture with four children so that the names of Komang and Ketut are not lost. But returning to the community, if you were able, you might have planned it well.
	MY, Chairman of the Bali Indonesian Population Coalition	The Krama Bali family planning program is based on local wisdom and the culture of naming children, but actually I think behind that there is another issue, namely traditional responsibility. That's why now the Krama Bali family planning policy is not only about encouraging having up to four children, but also about strengthening traditional villages.
	KDS, Bali Province Regional Development Planning Agency	Regarding family planning, there is a program from the central BKKBN that does not explicitly state that you must have 2 children. So in our opinion, the Krama Bali FP is still realistic because we still hope that the Krama Bali FP with 4 children will ensure that Ketut's name does not disappear. So our local culture still exists.
	IG AKK, Head of Bali Province Traditional Advancement Service	The idea behind the Krama Bali family planning program is to maintain the continuity of superior Balinese people. Don't let there be restrictions with the family planning program, just 2 children, that's not synchronized because that's a basic human right, just leave it alone.
	NS, Population Control Service, Family Planning, Women's Empowerment and Child Protection, Buleleng Regency).	So, there are only 4 names for children in our local genus in Bali which were taught by our ancestors. Application. The Krama Bali family planning program was born based on the total birth rate in Bali having reached 1.9 or below the central target of 2.1, so the Bali family planning program was born with 4 children.
2.	Support with Conditions	
	Central Stakeholders	
	HWD, Central National Population and Family Planning Board-BKKBN	Bali's TFR achievement is already low, but we must provide guidance if we want our children to reach 4. For example, a couple of childbearing age who do not have 5% children, then fertility = 0. Then there are 100 people who don't have children, so there are 100 people who can have 4 children.
	DL, Main Functional Expert of the Central BKKBN	There are still many local governments that reject family planning, including Bali. Even though the Governor of Bali refused, the people did not want to have up to four children. In the era of democratic regional autonomy, regions may have family planning programs for four children like Bali.
	SA, Chairman of the Indonesian Association of Practitioners and Demographers-IPADI	Bali issued a 4-child family planning policy. Actually, there is no problem with that, but it needs to be considered that the purpose of family planning is to form a happy, prosperous family. The right to have children will be handed over to the family.
	DF, Policy Analyst for the Ministry of Home Affairs	FP Krama Bali can work or not depending on each region in Bali. For example, in the cities of Denpasar and Ubud, I think the Krama Bali policy cannot be enforced because the pillars of quality and quantity of

No.	Response	Description
		population are already high. The people are more far-sighted in thinking about their family's future.
	AA, National Academician	The TFR in Bali is far below 2.1, but there is so much incoming migration that the percentage of Balinese is getting smaller. As a result, the culture was disturbed, so a program with 4 children was born. Bali emerged as Muslim enclaves. This could be a source of conflict if not managed well. So Bali wants 4 children and that can be understood without me saying it is true. They feel that the original Balinese people will be finished.
Stakeholders in Bali		
	ID, Buleleng Traditional Village Council).	The Krama Bali family planning program for four children depends on the economic capacity of the community. This program is local wisdom passed down from generation to generation and wants to be revived. But families must consider their economic capacity to have 4 children.
	AA KS, Denpasar Traditional Village Council	FP Bali is just a conservation effort actually, if that's possible, but it depends on the economy of each family. The program is for the preservation of culture for the dynasty, in other words, to maintain it.
3. Not Supported at All		
Central Stakeholders		
	MH, Assistant Representative of UNFPA Indonesia	Regional policies that are contradictory to the national policy should not be allowed, because the policy must be within the corridor of national policy. "But if the targets are different, that's possible, but in terms of vision or big goals, regional governments should be in line with the central government."
Stakeholders in Bali		
	IB GPA, Bali Academician	The Krama Bali family planning policy is a bit strange, just a kind of identity politics that was born because of the resistance or resistance of the Balinese people because of the Balinese's worry that their cultural identity would be lost. Balinese family planning returned to the old pattern of four children. But in the system of the Unitary State of the Republic of Indonesia, Bali cannot make its own policies regarding population.
	NSA, Bali Academician	Balinese family planning is being promoted again with four children instead of two to strengthen Balinese, so the policy has a bit of a primordial smell. If there are only two children, then lots of outsiders will come so there will be fewer Balinese. But the current Balinese generation is very rational, because they have children based on their abilities. So two children still dominate the thinking of Balinese people.
	KS, Bali Academician	The Krama Bali family planning program with four children initially made us quite surprised because the family planning program was central to two children. We actually want to avoid conflict with the center. Something we might need to pay attention to is how much attention the government will pay if it wants four children or eight children. It all depends on the community whether he is capable or not.
	IG NA, Population and	Balinese people used to have 4 children who could finance it from

No.	Response	Description
	Civil Registration Service of Denpasar City	agricultural products, but now the cost of children's needs is very expensive. Bali's family planning policy contradicts the central family planning program.

Source: Primary Data, 2022

The Krama Bali Family Planning Program elicited responses from stakeholders at the national and regional levels regarding the program. Three types of responses from various stakeholders can be divided into the Krama Bali family planning program, namely: 1). fully supports; 2). support with conditions; and 3). not supported at all. The Krama Bali family planning program with four children is considered different from the central program. The Krama Bali Family Planning Program is considered to produce innovative solutions to overcome local problems that are also being faced, namely increasingly low fertility rates (Spreitzer & Sonenshein, 2004). The Krama Bali Family Planning Program will be successful if the approach in implementing the program is that the community must be involved in the entire process from start to finish (Pascale, et., al., 2010).

Conclusions:

The aims of this research are: 1) to examine the direction of family planning policy in Indonesia and Bali; and 2) examine the response of stakeholders at the central and Balinese levels to the Krama Bali Family Planning policy. The central government targets in population policy to achieve PTS (Balanced Population Growth) with TFR=2.1. However, with the implementation of regional autonomy, variations occurred between regions in Indonesia, including Bali which issued the Krama Bali family planning policy to maintain customs and traditions in naming children up to the fourth name. As the family planning program is successful with two children, the names of third and fourth children are becoming increasingly rare in Bali. In order to establish collaboration between the central and regional governments, strategic steps are needed, including: 1). strengthening the synergy of population control policies in realizing balanced population growth; 2). guidance and assistance from the central government to regional

governments in family planning programs; and 3). encourage the implementation of human rights-based family planning programs.

The birth of the Krama Bali Family Planning program generated various responses from stakeholders at the central level and in Bali. These responses include, firstly, accepting the Krama Bali family planning program on the grounds of supporting local wisdom to maintain Balinese customs and culture. Apart from that, the central government must give freedom to regions to issue local policies based on existing regulations, namely Law of the Republic of Indonesia Number 23 of 2014 concerning Regional Government which supports local wisdom. Second, the Krama Bali Family Planning program must be supported under following conditions; it must consider the community's economic capacity, and the program is must be implemented without coercion. Third, rejecting the Krama Bali Family Planning program because that the regional program refers to central policy and the value of small families is ingrained in Balinese society.

The research's limitation is that it cannot provide a general picture of the community's response to the Krama Bali family planning program. Further research with a quantitative approach through surveys so that the response of the Balinese people is known.

References:

1. Adioetomo, Sri Moertiningih. (1981). Age at Marriage and Fertility in Java-Bali: A Question of Natural or Controlled Fertility. In Australian National University.
2. Astawa, Ida Bagus, Soengeng Waloeoyo and John E. Laing. (1975). Family Planning in Bali. Studies in Family Planning, Apr. 1975, Vol. 6, No. 4 (Apr. 1975), pp. 86-101. Population Council.

3. BKKBN. (2020). Panduan Penyusunan Grand Design Pembangunan Kependudukan 5 Limar.
4. Blackburn, Susan (2009). *Women and the State in Modern Indonesia*. Cambridge University Press.
5. Bunu, Helmuth Y. (2018). Resistensi Daerah Terhadap Program Keluarga Berencana. *PIRAMIDA* Vol. XIV No. 1 Juli 2018: 1 – 15.
6. Cammack, Mark and Tim B. Heaton. (2001). Regional Variation in Acceptance of Indonesia's Family Planning Program. *Population Research and Policy Review*, Vol. 20, No. 6 (Dec., 2001), pp. 565-585. <http://www.jstor.org/stable/40230329>
7. Creswell, J. W. (2016). *Research Design Pendekatan Metode Kualitatif Kuantitatif dan Campuran Edisi ke-4*. Yogyakarta: Pustaka Pelajar.
8. Garvie, L. M. (2017). "The Disappearance of Nyoman and Ketut". Independent Study Project (ISP) Collection, 2620, 1-38.
9. Guttmacher Institute. (1979). Bali: Culture, Family Structure, Marriage Pattern All Contribute to the Success of Family Planning. *International Family Planning Perspectives*, Jun., 1979, Vol. 5, No. 2 (Jun., 1979), pp. 80-81.
10. Hancock, Dawson R. and Bob Algozzine. (2006). *Doing Case Study Research A Practical Guide for Beginning Researchers*. Teachers College Press, 1234 Amsterdam Avenue, New York, NY 10027
11. Hull, T. H. (2016). Indonesia's Fertility Levels, Trends and Determinants: Dilemmas of Analysis. In Christophe Z. Guilmoto and Gavin W. Jones (eds). *Contemporary Demographic Transformations in China, India and Indonesia* (Issue July). <https://doi.org/10.1007/978-3-319-24783-0>.
12. Hull, Terence, V. J. Hull, and Singarimbun. (1977). *Indonesia's Family Planning Story: Success and Challenge*. *Population Bulletin*, Vol. 32, No. 6 (November), pp. 1-52.
13. Lewis, Gary L. and Haripurnomo. (2009). *Planning in Indonesia A Strategy for Empirically Based Implementation*. Jakarta: National Family Planning Coordinating Board.
14. MacRae, Graeme. (2011). If Indonesia is Too Hard to Understand, Let's Start with Bali. *Journal of Indonesian Social Sciences and Humanities*, 3(1), 11-36. <https://doi.org/10.14203/jissh.v3i1.44>
15. McNicoll, Geoffrey and Masri Singarimbun. (1983). *Fertility Decline in Indonesia: Analysis and Interpretation*. Washington DC: National Academy Press, 1983.
16. Molyneaux, John W. and Paul J. Gertler. (2000). The Impact of Targeted Family Planning Programs in Indonesia. *Population and Development Review*, 2000, Vol. 26, Supplement: Population and Economic Change in East Asia (2000), pp. 61-85.
17. Nordholt, Henk Schulte. (2007). *Bali An Open Fortress 1995-2005*. NUS Press Singapore.
18. Pascale, Richard, Jerry Sternin, and Monique Sternin. (2010). *The Power of Positive Deviance: How Unlikely Innovators Solve the World's Toughest Problems*. Boston, MA: Harvard Business Press.
19. Patton, Michael Quin. (2015). *Qualitative Research and Evaluation Methods Fourth Edition*. SAGE Publication.
20. Pujaastawa, Ida Bagus Gde. (2019). Family Planning Program with Four Children Critical Studies on the New Family Planning Policy of Bali Governor. *Proceedings the 5th International Conferences on Cultural Studies*, Udayana University: Towards the Development of Trans-Disciplinary Research Collaboration in the Era of Global Disruption Thursday August 29th, 2019.
21. Putri, Puri Kusuma Dwi, Aida Vitayala Hubeis, Sarwititi Sarwoprasodjo, and Basita

- Ginting. (2019). Institutionalization and Outcomes of the Family Planning Program: From the Era of Centralization to Decentralization. *Journal of Kependudukan*, 14(1), 1-12.
22. Qibthiyah, Riatu and Ariane J. Utomo. (2016). Family Matters: Demographic Change and Social Spending in Indonesia. *Bulletin of Indonesian Economic Studies*, 52(2), 133-159. <https://doi.org/10.1080/00074918.2016.1211077>.
23. Samosir, Omas Bulan, Peter McDonald, Ariane Utomo, Terry Hull, Rina Heratri, Wisnu Fadila, Sopyan Masdar, and Sri Hartini Rachmad. (2018). Fertility Preferences in Indonesia. In Stuart Gietel-Basten, John Casterline, Minja Kim Choe (eds). *Family Demography in Asia*. Pp:138-152. Edward Elgar Publishing. <https://doi.org/10.4337/9781785363559.00014>.
24. Sarmita, I Made Sarmita. (2019). Wacana KB Krama Bali: Analisis Persepsi Warganet di Media Sosial (Facebook). *Jurnal Kajian Bali* Vol. 09, No. 02, Oktober 2019.
25. Setyani, RA. (2019). Serba-Serbi Kesehatan Reproduksi Wanita dan Keluarga Berencana. Jakarta: Sahabat Alter Indonesia
26. Shiffman, J., International, S., Planning, F., & Mar, N. (2004). Political Management in the Indonesian Family Planning Program. *International Family Planning Perspectives*, 30(1), 27–33.
27. Sinquefield, Jeanne Cairns and Bambang Sungkono. (1979). Fertility and Family Planning in Java and Bali. *International Family Planning Perspectives*, Vol. 5, No. 2 (June), pp.43-58.
28. Smith, B. C. (1985). *Decentralization the Territorial Dimension of the State*. London Allen & Unwin.pdf
29. Sobotka, Tomáš, Anna Matysiak, and Zuzanna Brzozowska. (2019). Policy Responses to Low Fertility: How Effective Are They? Working Paper No.1. UNFPA.
30. Spreitzer, G. M. and S. Sonenshein (2004). "Toward the Construct Definition of Positive Deviance." *American Behavioral Scientist*47(6):828–847. doi:10.1177/0002764203260212.
31. Sugiarto. (2017). *Metodologi Penelitian Bisnis*. Yogyakarta: Andi.
32. Sukamdi. (2023). *Revitalisasi Kebijakan Kependudukan di Indonesia*. Pidato Pengukuhan Jabatan Guru Besar (Dalam Bidang Geografi Penduduk) Pada Fakultas Geografi Universitas Gadjah Mada.
33. Sukeni, Ni Nyoman. (2018). Hegemoni Negara dan Resistensi Perempuan Dalam Pelaksanaan Program Keluarga Berencana di Kecamatan Tejakula Kabupaten Buleleng Bali. Disertasi Universitas Udayana.
34. Taherdoost, H. (2021). Determination of Business Strategies Using SWOT Analysis; Planning and Managing the Organizational Resources to Enhance Growth and Profitability. *Macro Management & Public Policies*, 3(1), pp. 19–22. doi: 10.30564/mmpp.v3i1.2748.
35. Tukiran, Pitoyo, Agus Joko dan Kutaneegara, Pande Made, eds. (2010). *Keluarga Berencana & Kesehatan Reproduksi*. Yogyakarta: Pustaka Pelajar.
36. Warami, Hugo. (2019). *Keluarga Berencana Dalam Pandangan Orang Papua: Hegemoni Negara Dan Resistensi Orang Asli Papua*. Perwakilan Badan Kependudukan dan Keluarga Berencana Nasional Provinsi Papua Barat.
37. Warwick, Donald P. (1988). Culture and the Management of Family Planning Programs. *Studies in Family Planning*, Jan. - Feb. 1988, Vol. 19, No. 1.
38. Watt, P. A. (2006). Principles and Theories of Local Government. *Economic Affairs* 26 (1) pp. 4–8.

39. Wilopo, S. A. (1994). Hasil Konferensi Kependudukan di Kairo: Implikasinya pada Program Kesehatan Reproduksi di Indonesia. *Populasi*, 5(2): 1-29.
40. Withers, M., Browner, C., & Adinata, I. N. A. (2018). The Role of Balinese Culture in Explaining Inconsistencies Between Fertility Intentions and Reproductive Outcomes. In *Global Perspectives on Women's Sexual and Reproductive Health Across the Life Course* (pp. 127-140). <https://doi.org/10.1007/978-3-319-60417-6>.
41. Yin, Robert K. (2016). *Qualitative Research from Start to Finish (Second Edition)*. The Guilford Press. New York.
42. Yuwanto (2016). *Politik Demografi di Era Otonomi Daerah: Analisis Perkembangan Kelembagaan Program Keluarga Berencana di Provinsi Jawa Tengah*. Semarang: Fakultas Ilmu Sosial dan Ilmu Politik, Universitas Diponegoro.