

FAMILY PLANNING AND THE IMPORTANCE OF CO-OPTING MEN (Case Study Indonesia)

Delivered by Hon. dr. Nova Riyanti Yusuf

***Mr./Madame Chair,
Distinguished Delegates,
Ladies and gentlemen,***

The Indonesian delegation is very much honoured to attend this important meeting knowing that the meeting discusses our role in accelerating the achievement of MDG-5. As a country that is still in its difficult strife against high Maternal Mortality Rate (MMR), Indonesia attaches great importance on the issue at our deliberation today.

In the Millennium Development Goals 2015, the degree of maternal health enhancement is measured through the accomplishment of 2 targets, which are: target 5a: to reduce $\frac{3}{4}$ (three quarters) of the maternal mortality rate (MMR) in the period of 1990 – 2015 and 5b target: universal access towards reproductive health including family planning services on 2015.

In Indonesia, MMR has been falling gradually, with the current standing at 228 deaths per 100,000. However, it will require extra efforts to achieve the MDG-5 target of reducing maternal mortality to 102 deaths per 100,000 live births by 2015. If the current standing persists, the target of achieving the MDG-5 in Indonesia could only be expected in 2025.

Meanwhile, the trends of mothers who gave birth at health facilities have shown increasing trends and accounting for 46 percent of total pregnancies. The percentage of births attended by skilled health personnel has reached 72.5 percent. However, geographic location seems to be the main challenge behind the disparity amongst provinces. For example, in the provincial capital of Indonesia, skilled health workers attended almost 98 percent births, however in the province of Maluku, it only reached 42.28 percent. Therefore, extra efforts are needed to reach the mentioned target.

With respect to target 5b, the goals in 2015 are to increase the number of contraceptive prevalence rate (CPR) to 65%, decrease teenager labour rate to 15%, and decrease the unmet need of family planning rate to 5%. However, with the current CPR rates at 57,4%, unmet need at 9.10 %, and the percentage of adolescent birth rate is still standing at 35 per 1000, a lot of efforts are still needed to be done by Indonesia.

***Distinguished delegates,
Ladies and gentlemen,***

Family planning program is one the key elements in the efforts to reduce the number of MMR. With family planning, the spacing between pregnancies could be arranged. This

is important to allow women for recovery and have enough time to care for her children and family. Family planning could also prevent unwanted pregnancy, which often resulted in unsafe abortion and its complications, which will contribute towards maternal mortality.

However, the result of 2010 basic health research shows that most participants of family planning programs are women and most of them use the short-term contraception method (46,3%), and only 8,7% use the long-term contraceptive method. The disadvantage of short-term method is the users must be very disciplined. In this respect, Indonesia Demographic Health Survey 2007, shows that most drop out methods of modern contraception are pills and male condoms (38-39%), followed by injection method (23%).

Another daunting challenge is the high percentage of young marital age (10-19 years old) at 46,2%. This condition could increase the 4 too's (too young, too old, too close, too many) that could threaten the safety of mothers and babies, although it could be prevented through family planning. Indonesian Demographic Health Survey 2007, shows that the percentage of too young was 3%, too old was 4,7%, too close was 5,5% and too many was 8,1%.

Distinguished Delegates,

Ladies and Gentlemen,

In view of these facts, it is high time to further enhance the participation of men in family planning, which is currently still quite low, and even has the tendency to decrease. The 2007 Indonesian Demographic and Health Survey (IDHS) shows that use of male methods of family planning is limited, with the ratio of male contraceptive use compared to female contraceptive use is only 1.5%. Meanwhile, the data of 2010 basic health research shows a decrease of condom usage from 1,2% in 2007 to 1,1% in 2010. The same happened with men sterilization which decrease from 0,2% in 2007 to 0,1% in 2010.

Several factors can be identified to be responsible for this condition, which are: the lack of family planning information for men, the limitedness of family planning service for men, the socio-cultural background which considers family planning as women's affairs, the focus of communication, information and education (CIE) efforts, which are mostly directed towards female and the limited kinds of contraception for men.

It can be said that the low participation of men/husbands is a reflection of the community's socio-cultural condition, which tends to put all the responsibility for family

planning and reproductive health to the women/wives. Therefore, in order to increase men participation in family planning, it is imperative that we increase better understanding towards gender equality and equivalence, as well as reproductive rights, which is an integral part of universal human rights.

Distinguished Delegates,

Ladies and Gentlemen,

Continuous efforts by various parties, including government and private sectors to communicate, inform and educate/socialize about male family planning to various levels of society are urgently needed to increase knowledge about family planning for men. Only through increased community knowledge; as well as awareness and care about gender equality and equivalence in family planning and reproduction health, could male participation in family planning be expected to rise.

Distinguished Delegates,

Ladies and Gentlemen,

Several policies have been directed to enhance male participation in family planning, which include: 1) increasing access, 2) increasing quality, and 3) increasing partnership. All of those policies are done through four efforts/strategy, namely: 1) community mobilization, 2) service mobilization, 3) management improvement and 4) contraception invention.

However, in the implementation of those efforts faced some barriers which include: 1) the limitation of access towards men family planning information, 2) the limitation of access towards male family planning services, 3) the limitation of quality service in accordance with standard operation procedure, 4) the limitation for male family planning ways/method options, 5) the limitation of male contraceptive providers, and 6) the low political and socio-cultural support.

Distinguished Delegates,

Ladies and gentlemen,

As mentioned above, there are 4 pillars of efforts/strategies to enhance the participation of men in family planning. In this respect, community mobilization through the development of communication, information and education of men family planning should be done in accordance with the need of local area. In addition, there are also efforts to establish and develop male family planning groups, to serve as a forum for male family planning participant and to motivate others in joining male family planning programs.

These groups have bigger potential in the socializing the male family planning program, including distributing male contraception, especially condoms. The establishment and development of men family planning groups are highly probable, considering that in every provinces, as well as sub-districts, there are already a lot of men participating in family planning programs, some have even already become the member of permanent male family planning, known as “Mantap” (permanent contraception).

In addition, other the supporting channels for male family planning groups, which include: provider, field management/executor of family planning, cadre, as well as CIE facilities and media, are quite helpful for the establishment and development of these groups.

The mobilization of services is done through the integration of health-family planning services, which are done regularly or during special events. The development of family planning and health reproduction services in the work places is also one of the efforts that are meant to make services closer to the target community. This in turn is expected to gradually resolve problems caused by the lack of services and information for male family planning.

Lastly, with regards to the methods of contraception, currently men generally use condoms and vasectomy. Therefore, the challenge is to invent new kinds of male contraceptives outside condom and vasectomy to make it more convenient for men to choose the kind of contraception material used.

In this respect, Indonesia is developing a research to invent male contraceptive pills made of a plant, *Justicia Gendarusa*. With its active substance, Gendarusin, the pills could inhibit the *hyaluronidase* enzyme in the sperm, which functions to destroy the layer of the ovary.

However, the plant should not be consumed raw since it is poisonous. Therefore, we need to process the plant through elaborate scientific laboratory procedures in order to remove the dangerous substance. Of the five phases of research, we are currently working on the second phase, focusing on the benefits of the contraceptive.

Distinguished Delegates,

Ladies and gentlemen,

As a conclusion, with the increased community knowledge, awareness, and care about gender equality and equivalence in family planning and reproduction health, men could be expected to enhance their participation in family planning, especially in relation to increasing Contraception Prevalence Rate (CPR) and reducing unmet need through long-term contraception methods.

These efforts to increase of male participation in family planning are done through four efforts/strategy, which are community mobilization, service mobilization, management improvement and contraception invention.

Effort for community mobilization and services which are currently done are: the development of communication, information and education of male family planning, the forming of male family planning group, the service of family planning and health reproduction services in work place to make services closer to the target community.

However, the low participation of men in family planning at the moment is also partly caused by the limitation of the types and variation for male contraception. Therefore, we need to develop further research and inventions to promote male family planning.

Thank you.