



## **Population Control Policies in The Special Region of Yogyakarta After Total Fertility Rate Increased Based on IDHS 2017**

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### **ABSTRACT**

This study has two main objectives. The first is to explain the achievement of the value of Total Fertility Rate (TFR) in the Special Region of Yogyakarta (DIY). The second is to explain the population control policy after the increase in TFR in DIY results of the 2017 IDHS. The population control policy taken by the DIY government comes from the Grand Design of Population Development document published by the People's Welfare Bureau. The method used in this study is library research. The analyst uses qualitative descriptive. The results showed that according to IDHS data, there had been fluctuations in the value of TFR during 1991-2017. In the last ten years, the pattern of TFR values in DIY has tended to increase. Population control is necessary to prevent this tendency. The policies taken by the government in the future in terms of population control in DIY include suppressing population growth rates, maturing marital age, controlling the value of TFR, and increasing the prevalence of contraception. The DIY government will implement at least this policy until 2035.

*Keyword:*

Population Control;

Total Fertility Rate;

Special Region of Yogyakarta

### **INTRODUCTION**

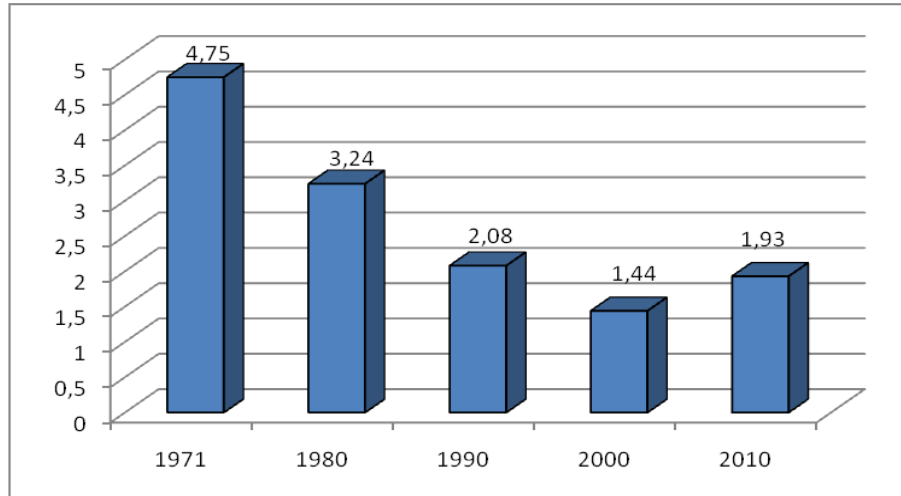
Population control is done to change the rate of population growth (Thomlinson, 1975). Berelson (1979) said that the ideal effort to control the population could be made in three ways. The methods are by increasing mortality, promoting migration,

and reducing fertility. Reducing fertility is the most effective way to control the population (Hoover and Perlman, 1966).

Special Region of Yogyakarta (DIY) is a province that has succeeded in achieving indicators of population. One aspect of this success is lower fertility rates compared to other provinces in Indonesia (Alfana, 2015).

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Figure 1. Total Fertility Rate in DIY Results of Population Census



Source : BPS 1971-2010

The low value can see this success of the Total Fertility Rate (TFR), which is one indicator of fertility. Total Fertility Rate is an indicator that illustrates the average number of children owned by a woman until she ends her reproductive period (Demeny and McNicoll, 2003).

The TFR value can be seen in the population census published by BPS. According to BPS, the value of the TFR in DIY continued to reduce from 1971 to 2000. Figure 1 shows that based on the 1971 Population Census, the TFR in DIY was 4.75 and decreased to 3.42 in 1980. The subsequent Population Census of 1990 showed that the DIY TFR declined to 2.08 and 1.44 in SP 2000. In 2010, the TFR value increased at 1.93.

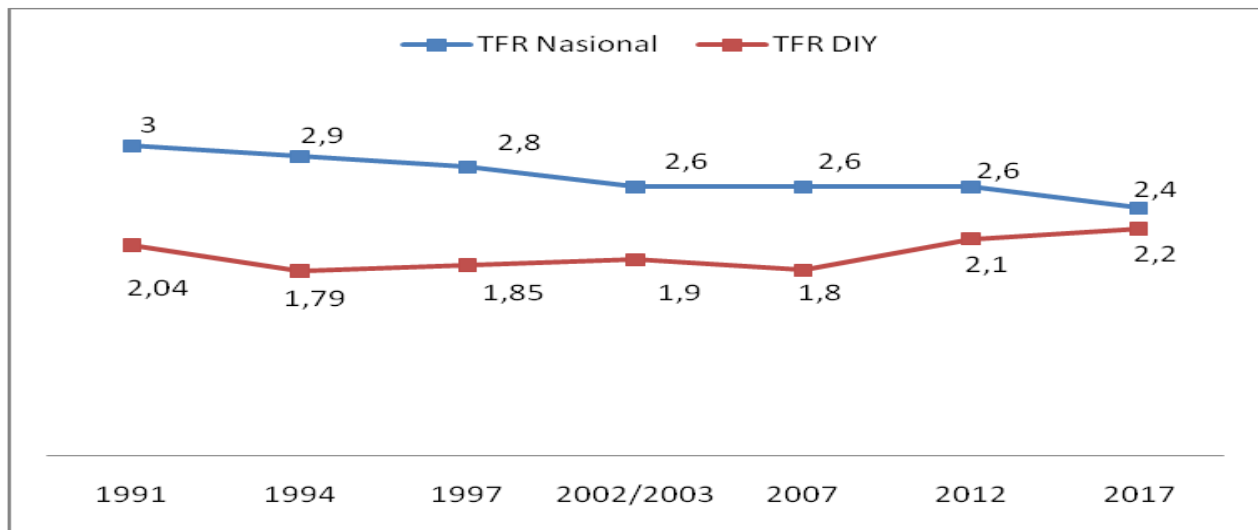
Another publication showed that the TFR value in DIY has also shown an increase in recent years. The tendency of TFR in DIY raised in 2000-2010 was also shown from the results of the Indonesian Demographic and Health Survey (IDHS). Based on the IDHS data, although the DIY TFR dropped in 2007, TFR had increased in 2012.

Based on the results of IDHS 2017, the TFR value in DIY was 2.2, which increased 0.1 points from the IDHS 2012 (Figure 2).

This picture explained the condition of population growth that has achieved in 2012. Even though the TFR DIY figure is still below the national level, various concerns have arisen due to an increase in recent years.

Based on Figure 2 also, we can see that the pattern of TFR achievements in DIY is different from national achievements. However, if the national TFR pattern continues to decline, the DIY achievement pattern again shows an increase after 2007. Even in 2017, the value of the TFR DIY achievement is the highest since 1991. Seeing the pattern of increasing TFR DIY, which is always increasing, it is very natural that the provincial government needs to implement its central policy on the side of population control. This paper seeks to describe the population policies adopted by the DIY government in the context of population control going forward. The population control policy is included in the Grand Design Document of Population Development (GDDP) of the Special Region of Yogyakarta. This document is a planning document that will end in 2035.

Figure 2. DIY and National TFR Values of the 1991-2017 IDHS



Source : Statistics Indonesia, 2017

## METHOD

This research is a quantitative research and using descriptive analysis—this research conducted in the DIY. The unit of analysis used in the study is at the provincial level. The collection data method will be conducted by literature research. This method is a way of collecting data sourced from information relevant to the issue that is the object of research. This information can be obtained from previous studies, books, journals, scientific papers, scientific documents, and other scientific sources. The primary data used is TFR data in DIY sourced from population censuses published by BPS and sourced from IDHS data. Other supporting data obtained from the DIY GDDP document published in early 2018. The data obtained will be analyzed descriptively to get a general conclusion from the findings.

## RESULT AND DISCUSSIONS

This section will discuss two main sections. The first will discuss the urgency of population control in the framework of the Act because its important as the necessary

foundation of how the control policy agenda is significant for a country, region, and at a smaller level. The second will discuss specifics about population control policies that may be implemented by the DIY government, scheduled for 2035.

### The Urgency of Population Control within The Legal Framework

The urgency regarding population control is regulated in UU No.52/2009 about population development and family development. This population control activity is more specified in controlling population quantity/number. According to the regulation, the activities to control the population's quantity carried out to create harmony and balance between the number of residents and the environment, such as the natural capacity and carrying capacity of the environment and the conditions of social, economic, and cultural development.

Control of population quantity is related to the determination of 3 things; a.population, structure, and composition; b.population growth; c.population distribution. In the context of controlling the

population quantity, it can be done in 3 ways a) birth control/fertility; b) reduction in mortality/mortality; and c) directing population mobility.

Control of the population quantity as regulated and implemented at national and regional levels. This condition means that the control must have harmony in the policy frame from the national to the regional level. At the national level, the procedures for determining quantity control determined by Government Regulations. Whereas at the regional level, it stipulated by a Regional Regulation.

The first way to control population is by setting fertility. This method is done in an effort so that birth can be arranged to reach a Balanced Growing Population. The condition of Balanced Growing Population is also known as zero population growth, which is characterized by conditions of birth and death that are almost the same (stable population).

According to UU No.52/2009, to realize balanced population growth policies in the family planning program established. Family planning carried out to help the prospective husband or wife decide and realize reproductive rights responsibly about: a) ideal age of marriage or maturity of marriage age; b. the ideal age for childbirth; c) the ideal number of children; d. the ideal distance for childbirth; e) reproductive health education.

This family planning policy has several goals. These objectives include a) Managing the desired pregnancy; b) maintain health and reduce maternal, infant, and child mortality; c) improve access and quality of information, education, counseling, and family planning services and reproductive health. Also, the objectives of this family policy are to, d) Increase the participation and participation of men in family planning practices, and e) promoting

infant breastfeeding to distance pregnancy intervals.

The second way to control population is by reducing mortality. Implementing this policy to reduce mortality rates is aimed at realizing a balanced and quality population growth in all dimensions. The policy to reduce mortality is giving priority to a) mothers during pregnancy; b) the mother gives birth; c) postpartum mothers; and d) infants and children.

Some parting notes related to the reduction in mortality. First, the action to reduce mortality must do by paying attention to a) Equality of reproductive rights between husband and wife; b) balance of access and quality of information, education, counseling, and health services, especially reproductive health for mothers, infants, and children; c) prevention and reduction of the risk of illness and death; d) active participation of families and communities. Second, the government, regional governments, and the community need to implement reducing the mortality rate policy through promotive, preventive, curative, and rehabilitative efforts by the provisions of the legislation and religious norms.

The last way to control population is to carry out direction on population mobility. The determination direction mobility policy is based on the balance between the population and the carrying capacity of nature and the environment's capacity. Therefore, planning for the direction of population mobility and/or population distribution is carried out using data, information, and population distribution by taking into account Regional Spatial Planning. One thing that must underline in the direction of this mobility is that it carried out concerning citizens' right to be free to move, move and live within the Republic of Indonesia's territory following statutory

provisions.

### **Population Control Policy in DIY after IDHS 2017**

Population control policies in Indonesia directed using three methods. These include birth control/fertility, reduction in mortality/mortality; and directing population mobility. In DIY, the population control policy contained in the planning document of the Yogyakarta GDDP.

The GDDP document consists of 5 pillars, namely the pillar of quantity control, the pillar of quality improvement, the pillar of the direction of mobility, the pillar of family development, and finally, the pillar of population data and information. In the pillar of population quantity control in DIY, there are two essential things, the regulation of fertility and reduction in mortality. Fertility regulation related to: Total Population, Population growth rate, Maturing marriage age, Net Reproduction Rate (NRR), Total Fertility Rate (TFR) per of childbearing age, Crude Birth Rate (CBR) per 1000 population, Contraceptive Prevalence Rate (CPR). Then, decreased mortality is related to: Infant Mortality Rate (IMR) per 1000 live births, Crude Death Rate (CDR) per 1000 population, Life expectancy. In the discussion of this paper, we will discuss more fertility control in terms of fertility regulation.

As mentioned in the previous section, according to the 2017 IDHS, the value of TFR in DIY has increased. In the context of population control, efforts to reduce fertility in DIY are essential. This condition is because the pattern of increase in TFR in DIY in the last ten years continues to increase so that control efforts are necessary.

According to the DIY GDDP document, efforts to control population related to fertility regulation consist of several things. In detail, this can be seen in Table 1, first,

by controlling the population and the rate of population growth. Regarding the number, the population of DIY until 2035 is expected to be around 4,348 thousand. While related to the rate of population growth, the value will continue to suppress, and the desired conditions in 2033-2035 will be around 0.93 percent.

The other policy related to population control with fertility is the maturing of marriage age. The activity carried out was the implementation of socialization and direction on maturing of marriage age that the age of marriage was 20 years old for women and 25 years for men. Other activities carried out are the implementation of licensing and dispensation of marriage under the ideal age of marriage. Also, in the context of maturing the marriage age, DIY targets the median age for marriage in 2035 to be 23.5 years. The third policy is to reduce crude birth rates. The target set is the value of crude birth rates continues to decline, and in 2033-2035 the value of 11.4. This decline means that in 2033-2035, there were 11 births per 1000 population.

The fourth policy is to reduce the number of TFR and NRR in DIY. The target set for the TFR is its value continues to decline, and in 2033-2035 the value will be 1.85. This decline indicates that the average child owned by a woman of childbearing age until she ends her reproductive period is 1.85, whereas the NRR value is targeted at 2035 to be 0.94. The last policy is to increase the number of contraceptive prevalence. This number indicates the percentage of fertile couples who use contraception in all ways. In 2033-2035, the value targeted at 66.86. This means that 66-67 PUS of 100 PUS in DIY use contraceptives.

Table 1. DIY Population Control Policy Regarding Fertility Arrangements, 2018-2035

<b>Population Control and Population Growth Rate</b>				
	2018-2022	2023-2027	2028-2032	2033-2035
Total Population (in thousands)	3.882,3	4.064,6	4.220,2	4.348,5
Population Growth Rate	0,98	0,96	0,94	0,93
<b>Maturing Age of Marriage</b>				
	2018-2022	2023-2027	2028-2032	2033-2035
Dissemination and direction on Marriage Age Maturity to supervisory institutions and potential partners that the age of marriage is 20 years old for women and 25 years for men	Xxxx	Xxxx	Xxxx	xxxx
Marriage licensing and dispensation under the ideal age of marriage	Xxxx	Xxxx	Xxxx	xxxx
Median Age of First marriage of a DIY woman	22	22,5	23	23,5
<b>Impairment of CBR values</b>				
	2018-2022	2023-2027	2028-2032	2033-2035
CBR DIY	13,9	12,8	12,0	11,4
<b>Decreased TFR value</b>				
	2018-2022	2023-2027	2028-2032	2033-2035
TFR	2,2	2,15	2,0	1,85
<b>Impairment of NRR values</b>				
	2018-2022	2023-2027	2028-2032	2033-2035
NRR	1	0,99	0,97	0,94
<b>Increased CPR value</b>				
	2018-2022	2023-2027	2028-2032	2033-2035
CPR	63,26	64,52	65,6	66,86
Source: Grand Design Document of Population Development (GDDP) DIY				

Source : Grand Design Document of Population Development (GDDP) DIY

## CONCLUSION

This research has explained that population dynamics have occurred in Yogyakarta, mainly related to fertility. These dynamics can be seen from the fluctuation of TFR values in DIY in recent years. If previously the TFR value tended to decrease, then since IDHS 2007, the TFR value has a rising trend. Finally, based on preliminary IDHS 2017 reports, the value of the TFR DIY is 2.2.

Increasing in TFR that occurred in DIY in the last ten years brought a direct consequence of the increase in births. This increase becomes a concern of the government because increasing the birth rate will affect other aspects of the population. Therefore, efforts to control the population are needed so that future human resource development can be done optimally.

In order to control this population, the DIY government has formulated a policy contained in the Yogyakarta Special Region GDDP document. In the document to control the population, the policy direction taken is one of them by fertility regulation. The policies taken by the DIY government going forward in the context of controlling the population in DIY include: 1.) suppressing the rate of population growth, 2.) maturing marriage age, 3.) controlling the value of TFR, and NRR and 4.) increasing the prevalence rate contraception. These policies will be implemented by the DIY government and planned to end in 2035

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