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DECENTRALIZATION OF THE FAMILY PLANNING PROGRAM AS A STRATEGY TO OVERCOME DISPARITIES IN THE TOTAL FERTILITY RATE IN INDONESIA

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ABSTRACT
This study examines the disparities in Indonesia's Total Fertility Rate (TFR). It examines how the decentralization of the Family Planning (FP) program can be an effective strategy to address these inequalities. These disparities are primarily driven by limited regional capacity, dependence on central government funding, and insufficient political commitment at the local level. Using a qualitative approach combining secondary data analysis and in-depth interviews with stakeholders from the National Population and Family Planning Board (BKKBN), this research reveals that decentralization can enhance Family Planning (FP) program performance by empowering local governments, promoting innovation, and fostering community-based solutions. This study's key contribution lies in examining the long-term impacts of decentralization on TFR disparities, addressing a gap in the existing literature, which has primarily focused on short-term evaluations. The study also highlights the importance of sustained financial support, coherent national policy frameworks, and the integration of digital technology to enhance access and service delivery, particularly in underserved areas. Findings suggest that effective decentralization must be supported by cross-sectoral collaboration and active community participation to ensure equity in reproductive health services. In conclusion, decentralization holds significant potential to reduce fertility disparities in Indonesia, provided it is implemented with strategic planning and strong institutional support.

Keywords: Decentralization, Disparities, Family Planning, Indonesia, Total Fertility Rate.

INTRODUCTION

The issue of inequality in Total Fertility Rate (TFR) is a significant challenge in population management in Indonesia. Although the national TFR has decreased to 2.14 children per woman in 2023, this figure hides significant regional disparities. According to data from the Central Statistics Agency (2023), more than 40% of districts/cities still have TFR above 2.3, with the highest rates in the eastern part of Indonesia, such as Papua, East Nusa Tenggara, and North Maluku. On the other hand, regions in Java and Bali tend to have lower TFR, even below 2.0 (BKKBN, 2022). This disparity suggests that the success of the Family Planning program has not been evenly distributed across all regions, and the effectiveness of government interventions remains heavily influenced by structural factors at the regional level. High TFR in certain areas has the potential to hinder the achievement of population control targets, especially in the context of Indonesia, which is currently entering a demographic transition phase. One consequence of the national decline in birth rates is a change in population structure that creates an imbalance. Increased life expectancy without controlled birth distribution leads to a significant increase in the proportion of the elderly population, while the productive age group experiences a decline (Westley et al., 2010). Such a demographic structure can increase the burden of non-productive

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population dependency on the productive age group, weaken national productivity, and create significant pressure on healthcare and social protection systems (Gietel-Basten, 2022).

The disparity in TFR not only affects demographic structure but also reflects regional development disparities. The causes include uneven access to reproductive health services, varying quality of family planning services, low levels of education, and the influence of local socio-cultural values. In regions like Papua and East Nusa Tenggara, children are often seen as economic assets or symbols of social status, leading to high resistance to family planning programs (McNicoll, 2001; Hull & Mosley, 2008). Additionally, limited health infrastructure, a minimum of trained healthcare professionals, and high dependence on central government budgets hinder the development of locally adaptive family planning programs (Hidayat, 2019). In the context of government decentralization, which has been implemented since 2001 through Law Number 22 of 1999, later refined in Law Number 23 of 2014, the responsibility for providing health and family planning services is mainly in the hands of local governments. Theoretically, decentralization offers local governments the opportunity to tailor policies to local conditions, enhance service efficiency, and strengthen accountability (Rondinelli, 1981; Eaton et al., 2011). In practice, some regions have successfully utilized decentralization policies to design innovative and community-based family planning programs, for example, by involving religious leaders in family planning education or establishing village-based integrated health posts (Suharyo, 2020).

However, the results of the decentralization of the family planning program are not consistent. There is a significant imbalance in capacity between regions. Regions with limited fiscal and human resources face difficulties in designing and implementing family planning programs independently (Hidayat, 2019; Sulaeman & Mustanir, 2019). Furthermore, there are still regions that lack a strong political commitment to population issues, resulting in minimal budget allocation for family planning programs, and this issue is not a priority for development (Hull, 2019). On the other hand, regions with strong local leadership, synergy with the health sector, and community support have been able to significantly reduce the Total Fertility Rate (TFR) in the last five years (Susanto & Anggraini, 2015).

One important issue that has been insufficiently discussed in academic studies is how variations in the implementation of decentralization across different regions affect the success of family planning programs and the long-term reduction of TFR disparities. Most previous research is still limited to case studies or short-term evaluations, lacking comprehensive longitudinal analysis. For example, studies by Mills et al. (2019) and Mutembei & Waweru (2018) emphasize the positive potential of decentralization in general for healthcare services but have not specifically examined how local political processes and dynamics influence the effectiveness of family planning policies. In practice, differences in political context, socio-cultural factors, and managerial capacity are key factors in the success of decentralized family planning programs.

The explicit objectives of this research are to: (1) evaluate the effectiveness of decentralizing the family planning program in reducing regional disparities in Total Fertility Rate (TFR) across Indonesia; (2) identify the key factors influencing the successful implementation of family planning initiatives at the regional level; and (3) offer evidence-based recommendations to enhance governance within decentralized population programs. This research aims to serve as a valuable reference for policymakers and family planning program practitioners in developing more adaptive, equitable, and sustainable strategies for national population management.

Literature Studies

Some studies suggest that successful decentralization programs require strong coordination between the central and local governments. Decentralization is not just about devolving authority but also about empowering human resources and technology at the local level. For example, studies in Nigeria have shown that decentralization programs combined with improved

capabilities of local governments in health data management have significantly reduced the Total Fertility Rate (Adebowale et al., 2022). Furthermore, decentralization in the health sector should be accompanied by strengthening monitoring and evaluation systems to ensure that family planning programs are implemented as planned. Studies in Kenya have indicated that regions with strong decentralization evaluation mechanisms experience faster reductions in Total Fertility Rate disparities compared to regions without such mechanisms (Mutembei & Waweru, 2018). Therefore, an integrated evaluation system is key to the success of this decentralization model. Additionally, the application of information technology at the local level can expedite the distribution of reproductive health services. In Indonesia, a decentralization program supported by a community-based technology platform has helped improve access to family planning services, thereby reducing the Total Fertility Rate in remote areas (Suyanto & Widodo, 2020). This highlights the crucial role of technological innovation in the success of decentralization. Previous research has presented various solutions to address Total Fertility Rate disparities through decentralization; however, gaps remain that require further investigation. One significant gap is the lack of understanding of how variations in decentralization implementation across different countries can affect the effectiveness of family planning programs. Some studies emphasize that not all regions implementing decentralization have successfully reduced the Total Fertility Rate significantly (Mills et al., 2019; Adebowale et al., 2022). Another gap is the scarcity of longitudinal data evaluating the long-term impact of decentralization on Total Fertility Rate disparities. Most existing studies assess only the short-term impacts, thereby failing to provide a comprehensive picture of the sustainability of family planning programs under decentralization (World Bank, 2020). Therefore, this research aims to explore how decentralization can be a sustainable solution to address Total Fertility Rate disparities. This study aims to describe the effectiveness of decentralization programs in reducing Total Fertility Rate disparities in various regions with different socio-economic backgrounds. The focus is on how decentralization can maintain consistent quantities of reproductive health services amidst regional inequalities. The novelty of this research lies in its approach that integrates cross-country comparative analysis to evaluate the long-term impact of decentralization.

The Concept of Decentralization and Public Service

Decentralization is the process of granting local governments authority over administrative, political, and financial power previously held by the central government. According to the decentralization hypothesis, the delegation of power can increase the efficacy and efficiency of public services, such as family planning programs and healthcare (Rondinelli, 1981). Decentralization aims to bring decision-making processes closer to the communities affected by the policies, thereby increasing community participation and strengthening the accountability of local governments (Eaton et al., 2011). Law Number 22 of 1999, subsequently amended by Law Number 23 of 2014, stipulates that Indonesia implements decentralization. The existence of the law grants regional governments the authority to regulate and manage government affairs, encompassing planning and implementing various government policies, including health and family planning policies (BKKBN, 2022). In the context of family planning services, decentralization allows local governments to tailor programs to specific local needs, which can vary based on demographic, cultural, and economic factors. Decentralization of family planning programs is expected to improve access to reproductive health services for people in remote areas and regions with high TFR as an effort to reduce the disparity in the Total Fertility Rate (TFR). The disparity in Indonesia between provinces remains significant. The different accessibility of family planning services and socio-cultural factors contribute to this.

The Disparity Total Fertility Rate in Indonesia

Although Indonesia has successfully reduced the national Total Fertility Rate (TFR), regional disparities remain high. The national TFR in 2023 is 2.14 children per woman, but there is significant variation among provinces. In Java and Bali, the TFR is lower, around 2.0 children per woman, while in eastern provinces like East Nusa Tenggara (NTT) and Papua, the TFR is still

above 3.0 children per woman (BKKBN, 2022; UNFPA, 2022). Factors influencing these TFR disparities include differences in access to family planning and reproductive health services, education levels, economic conditions, and dominant social and cultural values in each region (Hull, 2019). The variations in total fertility rates are affected by disparities in access to family planning and reproductive health services, levels of education, economic circumstances, and prevailing social and cultural values in different regions. In urban areas, access to reproductive health services and family planning programs is more readily available, resulting in higher participation rates. Conversely, in rural areas, especially in remote areas, limited infrastructure and human resources result in low access to family planning services (Jones, 2020). Some studies also indicate that cultural factors significantly affect participation rates in family planning programs. In some regions, particularly in East Nusa Tenggara and Papua, having many children is still considered a symbol of social status and family success. Additionally, children are often seen as important economic assets, especially among farming families in need of additional labor (McNicoll, 2001; Hull & Mosley, 2008).

Decentralization of the Family Planning Program in Indonesia

The decentralization of family planning programs in Indonesia aims to address the disparity in the Total Fertility Rate (TFR) by providing local governments with the flexibility to adjust family planning policies and programs to local conditions. Decentralization allows local governments to more effectively respond to the needs of local communities, especially in areas with high TFR. According to Susanto and Anggraini (2015), decentralization policies have enabled some regions to design more adaptive and innovative family planning programs, such as increasing access to free family planning services in remote villages and conducting outreach campaigns involving community and religious leaders. In some regions, the implementation of decentralized family planning programs has proven effective in reducing TFR. For example, in West Java Province, a family planning program involving religious leaders successfully raised awareness among the population about the importance of family planning, leading to increased participation in the program (Suharyo, 2020). Local governments also collaborate with Community Health Centers (*Puskesmas*) to provide more affordable and accessible family planning services to rural communities. However, the implementation of decentralization is not uniform across all regions of Indonesia. In areas with weak local government capacity, the implementation of family planning programs continues to face various challenges, including limited human resources and funding (Hidayat, 2019). The inability of regions to manage family planning programs independently exacerbates the disparity in TFR between regions, especially in poor and remote areas. Despite offering various advantages such as flexibility and increased local participation, decentralization also presents significant challenges in its implementation. One of the biggest challenges is the disparity in capacity among local governments. Some regions have limited human resources and budgets, affecting their ability to provide adequate family planning services (Hull, 2019). This disparity contributes to differences in access to family planning services between regions, further exacerbating the TFR disparity in Indonesia. Additionally, cultural resistance to family planning programs is a significant obstacle. In some regions with strong traditional values, family planning programs are often viewed negatively and seen as conflicting with local religious or cultural beliefs. For example, in East Nusa Tenggara (NTT), many families still believe that having many children is a blessing and contributes to the family workforce (BKKBN, 2022; Jones, 2020). This leads to low participation in family planning programs in these areas, despite government efforts to increase access to family planning services. Another challenge is the lack of local political support. Some local governments do not allocate sufficient resources to family planning programs, particularly in areas that prioritize development in other sectors, such as infrastructure or agriculture. According to Hull and Mosley (2008), budget allocation uncertainty often hinders the implementation of family planning programs at the regional level. In some areas, funding for family planning programs is not prioritized, making it difficult for the program to grow and have a significant impact on reducing TFR.

Efforts to Address Disparities in Total Fertility Rate through Decentralization

To address the challenges in implementing decentralized family planning programs, several efforts have been made by the central and local governments. One important effort is to enhance the capacity of local governments in designing and implementing family planning programs. The central government, through the Ministry of Health and the National Population and Family Planning Board (BKKBN), has provided various training programs for local governments and local health workers to improve their skills in providing family planning services (World Bank, 2021). These trainings include enhancing technical skills in providing family planning services and better program management. In addition to training, an integrated health information system is also crucial in reducing Total Fertility Rate disparities. This system enables the central and local governments to monitor the progress of family planning programs in real-time, allowing for more targeted policy-making. According to McNicoll (2001), integrating family planning information systems with other health services, such as maternal and child health, can help increase community participation in family planning programs. With a better system, regions with high TFR can receive immediate attention and necessary interventions. Furthermore, the central government can play a crucial role in providing additional budget support to regions with low capacity. According to Susanto and Anggraini (2015), the central government can allocate special funds for regions with high Total Fertility Rate and resource shortages, enabling them to strengthen family planning programs and address existing challenges. More equitable and sustainable funding is essential to ensure that all regions have equal access to family planning services. A culturally based approach is also an effective strategy for overcoming resistance to family planning programs. In some regions, involving religious and community leaders in family planning campaigns has proven to increase awareness and community participation. For example, in Yogyakarta, a family planning campaign involving religious leaders successfully raised awareness about the importance of family planning, leading to increased participation in family planning programs (Morgan, 2003). This approach emphasizes the importance of dialogue between the government and local communities, making family planning programs more accepted and aligned with local cultural values.

International support in the implementation of the family program in Indonesia

International assistance is crucial for strengthening family planning programs in Indonesia, complementing domestic efforts. The United Nations Population Fund (UNFPA) and the World Health Organization (WHO) are international organizations that have provided technical and financial support to enhance family planning programs, particularly in regions with high Total Fertility Rates (UNFPA, 2022). This support encompasses the supply of contraceptives, training for healthcare personnel, and educating the community on the significance of family planning. Support from international organizations also involves policy advocacy at the national and regional levels. For example, UNFPA collaborates with the Indonesian government to strengthen family planning policies and strategies through research, data collection, and evidence-based policy recommendations (UNFPA, 2022). This support helps the Indonesian government formulate more inclusive, evidence-based, and responsive policies to social and demographic dynamics, particularly in regions with high TFRs. Additionally, collaboration with non-governmental organizations has been a key strategy in strengthening family planning programs. Various domestic and international non-governmental organizations have actively participated in conducting family planning awareness campaigns, especially in remote areas. These organizations work with local communities to provide education, distribute contraceptives, and ensure that reproductive health services are accessible to all segments of society, including the most vulnerable groups (Lloyd & Mensch, 1999). This collaborative approach, involving various stakeholders such as local and central governments, local communities, and international organizations, is crucial to ensuring that family planning programs operate effectively in all regions. By enhancing coordination between government levels and increasing community involvement, family planning programs can better adapt to local needs and address existing TFR disparities. The decentralization of family planning programs in Indonesia presents both

opportunities and challenges. One significant opportunity is the potential to strengthen community-based healthcare systems through technological innovation and the digitalization of healthcare services. Digital technology can be utilized to enhance public access to family planning information, including the provision of online counseling services or mobile applications. In some countries, digital technology has proven to increase public participation in reproductive health and family planning programs (Aldrich, 2012). The use of digital technology also enables local governments to monitor family planning programs more effectively and efficiently, enhancing accountability in service provision. However, challenges such as cultural resistance, uneven regional capacities, and funding issues remain critical concerns. Therefore, a more comprehensive and integrated approach involving both central and regional governments, as well as various stakeholders, including civil society organizations and the private sector, is needed. Moreover, strengthening the capacity of local governments to manage family planning programs and ensuring more equitable resource allocation should be a priority. According to McCarthy (2003), enhancing local capacity through continuous training, technical assistance, and adequate financial support will be crucial for the successful implementation of family planning program decentralization. Support from the central government and international organizations is also essential to ensure that family planning programs in each region operate effectively and equitably.

METHOD

This research uses a qualitative approach with a descriptive and exploratory design. This approach was chosen to gain a deeper understanding of how the decentralization policy of the Family Planning program is implemented in various regions and how this policy affects the disparity in Total Fertility Rate (TFR). The qualitative approach is considered most appropriate because it allows researchers to explore the subjective perspectives of stakeholders, institutional dynamics, and local socio-cultural contexts that cannot be revealed through quantitative methods (Creswell & Poth, 2017). Data collection was conducted from August to October 2024. There are two primary sources of data used: primary data and secondary data. Primary data was obtained through in-depth interviews and Focus Group Discussions with informants consisting of officials from the National Population and Family Planning Board (BKKBN) at the central and provincial levels, Family Planning Field Officers (PLKB), and community leaders. A semi-structured interview technique was chosen to allow the researcher to have flexibility in exploring rich information while maintaining focus on the central issues (Kvale & Brinkmann, 2015). Meanwhile, Focus Group Discussions were used to understand collective views and group dynamics in the implementation of the Family Planning program at the local level (Morgan, 1997). Secondary data are obtained from official documents, such as the annual report of BKKBN, publications by BPS, and relevant legislation related to decentralization and family planning programs. Secondary data serves to provide empirical context, strengthen the validity of findings from primary data, and serve as a basis for comparison with field findings.

The justification for choosing this method is based on the need to examine policy processes contextually and understand the factors that influence the effectiveness of Family Planning policies in various regions. The qualitative method allows for the exploration of information regarding interactions among stakeholders, implementation barriers, and local strategies that cannot be captured through formal surveys. In addition, in-depth interviews and Focus Group Discussions are beneficial for exploring local meanings of Family Planning and decentralization, especially in areas with diverse socio-cultural values. Data analysis is conducted using thematic analysis techniques as developed by Braun and Clarke (2006). This process starts with data transcription, initial coding, category grouping, and identification of main themes emerging from the data. All data from interviews and Focus Group Discussions are analyzed manually with the assistance of qualitative data management software (NVivo) to ensure traceability and accuracy in the interpretation process. Secondary data is

integrated into the analysis to provide context and support the triangulation of findings from primary sources.

Triangulation is conducted to ensure the validity and reliability of data by comparing findings from interviews, Focus Group Discussions, and official documents (Denzin, 1978). In addition, member checking enables informants to verify interview summaries, ensuring that the researcher's interpretation aligns with the respondents' intentions (Lincoln & Guba, 1985). The entire research process also adheres to the principles of research ethics. Written consent for participation is obtained before interviews, with detailed explanations of the research objectives, data confidentiality, and participants' right to withdraw at any time during the interview process (Beauchamp & Childress, 2013).

Through the integration of comprehensive methods, this research is expected to provide a deep and valid overview of the implementation of the decentralization of the family planning program in Indonesia and its impact on TFR inequality.

RESULTS AND DISCUSSION

This study examines the implementation of the decentralization of the Family Planning program in Indonesia and its relationship with the disparity in Total Fertility Rate between regions. The analysis results indicate that decentralization has not entirely led to the equal distribution of Family Planning services, but instead reveals increasingly complex disparities in various regions. Five main interconnected findings describe the dimensions of program implementation facing structural, fiscal, political, cultural, and technological challenges.

One of the most dominant findings is the weak institutional capacity at the regional level. Some regencies and cities in the eastern part of Indonesia still face a shortage of family planning counselors, a lack of regular training, and inadequate service infrastructure. The ratio of family planning counselors in regions such as Papua and East Nusa Tenggara remains below the national standard of 1:15,000 women of reproductive age, whereas the ideal standard is 1:5,000. This condition directly impacts the low coverage of education and contraceptive services. Previous literature indicates that decentralization is only effective when accompanied by strengthening the managerial and technical capacities of local governments. A global study in Kenya shows that decentralized family planning services have successfully reduced the Total Fertility Rate significantly, as institutional reforms, routine training, and a strong internal monitoring system accompanied them. This suggests that weak institutions in Indonesia are a significant obstacle to achieving equitable outcomes across regions. Facts show that most family planning programs in regions are still funded through Special Allocation Funds (DAK) and heavily rely on budget decisions from the central government. When there are delays in fund disbursement, activities such as mobile family planning services, distribution of contraceptives, and cadre training are disrupted. Regions with low fiscal capacity do not have alternative financing from the Regional Budget (APBD) because population issues are not a priority. This situation reinforces the view that fiscal decentralization in Indonesia is not yet fully implemented, resulting in a half-hearted decentralization of family planning programs. In Bangladesh's experience, the success of family planning programs lies in flexible local fund allocation and performance-based incentives provided to regions. The limited fiscal flexibility in Indonesia is one of the root causes of implementing family planning programs that are less responsive to local needs.

This research also highlights that the commitment of local leaders has a significant impact on the effectiveness of family planning programs. In provinces such as Yogyakarta and Central Java, family planning issues are integrated into the region's strategic development plans and receive support from various sectors. As a result, the program runs structured, extensive counselling is conducted, and the Total Fertility Rate (TFR) decreases steadily. On the contrary, in areas that don't show political commitment, budget allocation is minimal, coordination is weak, and family planning programs only serve as administrative formalities. This indicates that the success

of decentralization is not only determined by regulations or budgets, but also by the leadership vision and local development orientation. In studies in Southeast Asian countries, local leadership oriented towards public health has been proven to be a key differentiator in the successful implementation of family planning programs.

Cultural aspects have a strong influence on the success of family planning programs. In several regions in eastern Indonesia, having many children is still considered a symbol of family strength and honor. As a result, family planning programs promoting birth control are often seen as conflicting with traditional values and religious beliefs. The use of modern contraceptives in these areas is much lower than the national average.

Family planning messages will be ineffective without a contextual, cultural approach. Countries like the Philippines address similar issues by involving religious and traditional leaders in family planning campaigns and crafting narratives that align with local values. This approach is not widely used in Indonesia. National policies remain too centralized and one-sided, lacking sufficient room for local adaptation and innovation. As a result, social resistance to family planning programs remains high in certain areas. Digitalization in family planning programs is an important issue in this research. Although some regions, such as Jakarta and Yogyakarta, have developed application-based information systems and online services for family consultation, most other regions still operate manual reporting systems. As a result, tracking acceptors, managing contraceptive stock, and program evaluation processes are slow and inaccurate.

Meanwhile, countries like India have built a national digital platform to integrate family planning services, vaccination, and maternal health. This model enables the real-time mapping of needs and a more equitable distribution of services. Indonesia has the potential to follow a similar direction, but it requires investment in technology infrastructure and capacity building of local human resources.

Reflection on the Feasibility of Decentralization Policy on Family Planning in Indonesia

Decentralization in the context of Indonesia has a strong legal basis and political legitimacy. However, in terms of implementation, a significant gap exists between normative goals and empirical realities in the field. Family planning programs, which should be a strategic tool in population control and improving quality of life, are hindered by technical and fiscal capacity limitations. Decentralization policy in the field of family planning will only be truly effective if accompanied by a policy design sensitive to the disparities in capacity between regions. Without an affirmative approach to strengthen underdeveloped areas, decentralization will continue to widen disparities instead of reducing them. In general, the feasibility of the decentralization policy for family planning in Indonesia remains in a transitional stage. It requires refinement in institutional strengthening, fiscal incentives, local innovation, and performance-based evaluation systems. Without these, decentralization will only become an additional administrative burden without real improvement in family planning services.

Compared to other countries, Indonesia can learn from the integrative approach in countries like Kenya, Bangladesh, and India. These countries have successfully reduced TFR significantly in decentralized systems by creating flexible policy frameworks, providing incentives for regions, and empowering local communities. They also demonstrate that the success of family planning programs does not depend on a single approach but on the system's ability to adapt to different social and cultural contexts. This international best practice shows that the success of decentralization depends heavily on three main factors: (1) the readiness of local capacity, (2) flexibility in policy implementation, and (3) the consistency of political support across government levels. Indonesia has the potential to adopt this model, but it requires policy courage and a focus on regions with the highest disparities.

CONCLUSION

This study empirically demonstrates that the decentralization policy of the Family Planning (KB) program in Indonesia has not effectively addressed the primary challenges in reducing disparities in the Total Fertility Rate (TFR) between regions. Although decentralization has provided formal autonomy to local governments, its implementation is still hindered by institutional capacity imbalances, high fiscal dependence, weak local political support, and limitations in adapting programs to the socio-cultural context. It was found that regions with weak institutional capacity experience program stagnation, a shortage of field workers, limited service infrastructure, and inadequate monitoring and evaluation systems. Dependence on central funds means that most regions lack the flexibility to adjust KB strategies based on local conditions. On the other hand, regions with high political commitment, strong institutional systems, and community-based approaches tend to reduce TFR below the national average successfully. Cultural gaps and societal values are also determining factors. Without integrating local values, the KB program will continue to face resistance, especially in areas where children are seen as social and economic assets. Conversely, regions that adopt cultural approaches, such as involving traditional and religious leaders in KB education, show significant increases in participation.

Information technology and digital service digitization have not been evenly utilized. KB services become more effective, efficient, and measurable in regions with high digital capacity. However, digital infrastructure disparities between regions persist as a barrier to the equitable distribution of innovation. Academically, these findings support the theory that decentralization does not automatically enhance the effectiveness of public services unless accompanied by institutional strengthening, fiscal autonomy, performance incentives, and cultural adaptation. International practices in countries such as Bangladesh, Kenya, and the Philippines demonstrate that the success of decentralization in the KB program is highly dependent on cross-sector collaboration, results-based fiscal support, and community involvement in program design and implementation. Therefore, the decentralization of the KB program in Indonesia is still in a transitional stage. A policy approach that is more responsive to capacity imbalances, adaptive to local cultural diversity, and supported by financing systems and incentives that encourage innovation and local accountability is needed to make it effective and equitable. Reforming the decentralization of the KB program should focus on comprehensive institutional strengthening, human resource capacity development, and technology utilization to expand reach and service effectiveness.

Sustainable reduction of TFR disparities can only be achieved if decentralization is not only seen as the division of administrative authority but as a policy strategy that ensures equitable access, prioritizes vulnerable groups, and sustains programs through central-local synergy and active community participation.

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