



UvA-DARE (Digital Academic Repository)

Can authoritarianism be good for women?

Community-based health care, citizenship, and democracy in Indonesia

Febriany, V.

Publication date

2023

Document Version

Final published version

[Link to publication](#)

Citation for published version (APA):

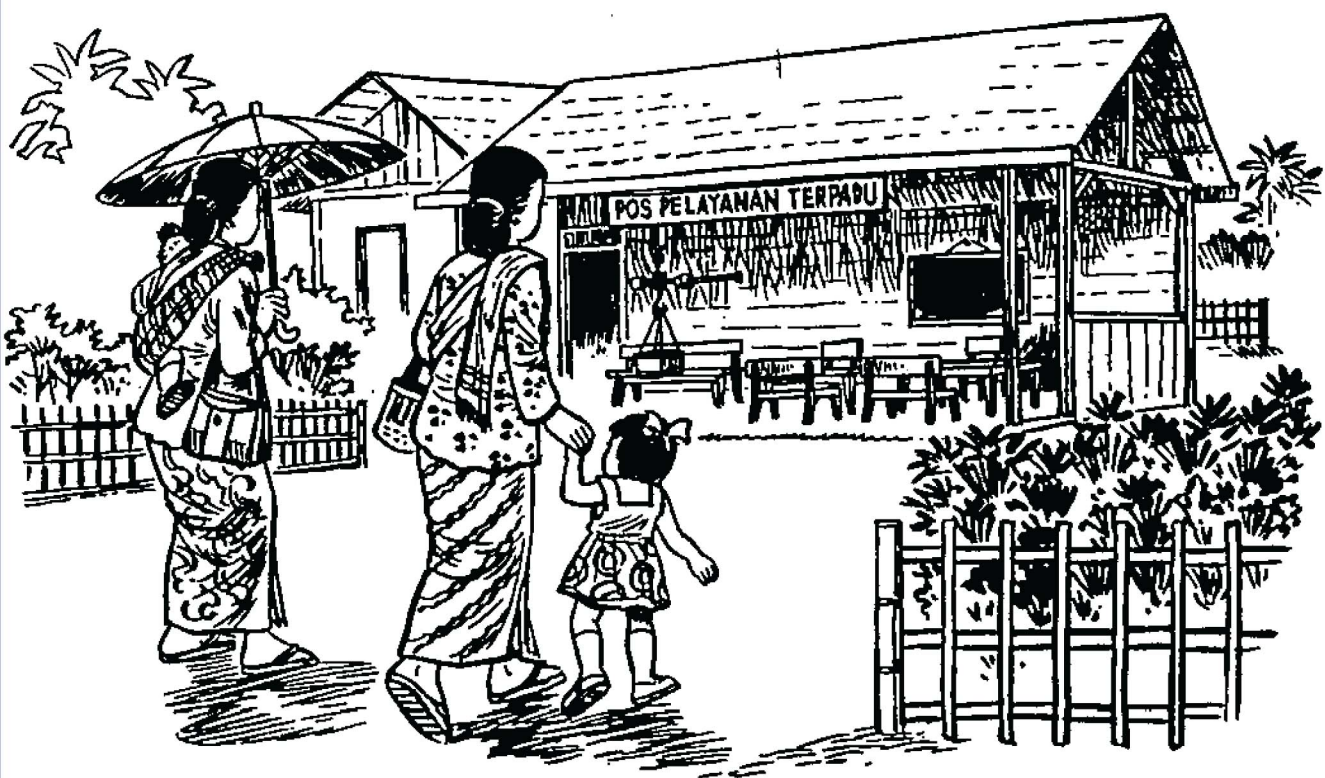
Febriany, V. (2023). *Can authoritarianism be good for women? Community-based health care, citizenship, and democracy in Indonesia*. [Thesis, fully internal, Universiteit van Amsterdam].

General rights

It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations

If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: <https://uba.uva.nl/en/contact>, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.



Can Authoritarianism be Good for Women?

Community-Based Health Care, Citizenship,
and Democracy in Indonesia

Vita Febriany

**Can Authoritarianism be Good for Women?
Community-Based Health Care, Citizenship,
and Democracy in Indonesia**

ACADEMISCH PROEFSCHRIFT

ter verkrijging van de graad van doctor
aan de Universiteit van Amsterdam
op gezag van de Rector Magnificus
prof. dr. ir. P.P.C.C. Verbeek

ten overstaan van een door het College voor Promoties ingestelde commissie,
in het openbaar te verdedigen in de Agnietenkapel
op dinsdag 20 juni 2023, te 10.00 uur

door Vita Febriany
geboren te Sukabumi

Promotiecommissie

Promotor: prof. dr. W.J. Berenschot Universiteit van Amsterdam

Copromotor: prof. dr. G.A. van Klinken Universiteit van Amsterdam

Overige leden: prof. dr. L. Trisnantoro Universitas Gadjah Mada
 prof. dr. S.E. Wieringa Universiteit van Amsterdam
 prof. dr. E.M. Moyer Universiteit van Amsterdam
 dr. R. Saptari Universiteit Leiden
 dr. D.H. de Vries Universiteit van Amsterdam

Faculteit der Maatschappij- en Gedragwetenschappen

Book Title:

Can Authoritarianism be Good for Women?
Community-Based Health Care, Citizenship, and Democracy in Indonesia

Author:

Vita Febriany

Cover Design:

A sketch of mothers and children coming to a Posyandu post during the New Order era
Source: Ministry of Health of the Republic of Indonesia. 1990. Primary Health Care in Indonesia. Jakarta.

Number of Pages:

173 + xiii Roman Pages

Table of Content

Table of Content	iv
Table of Figures	vii
Abbreviations and Glossary	viii
Acknowledgements.....	xi
Chapter 1. Introduction	1
1.1 Background.....	1
1.2 Women's empowerment	4
1.3 The need for a reassessment of the New Order	7
1.4 Why the Posyandu program?.....	8
1.5 Research questions	12
1.6 An authoritarian way of promoting citizenship.....	13
1.7 The empowerment of women and the unintended consequences of authoritarianism	16
1.8 Method and study areas.....	18
1.9 Outline	20
Chapter 2. The Ideology of the New Order: Creating Obedient yet Active Women	24
2.1 The developmentalism of the New Order	25
2.2 Disseminating developmental discourse.....	31
2.3 Community participation.....	35
2.4 Positioning women based on their <i>kodrat</i>	37
2.5 The developmentalist state and women	39
2.6 Conclusion.....	42

Chapter 3.	The Posyandu Program during the New Order	44
3.1	The Posyandu, the New Order's developmentalist program	45
3.2	The Posyandu's services.....	48
3.3	The Posyandu's success.....	53
3.4	The authoritarian bureaucracy of the New Order ..	55
3.5	An inexpensive health care program	59
3.6	Disciplining health behavior at the community level	62
3.7	Disciplining motherhood	66
3.8	Conclusion.....	69
Chapter 4.	Working at the Posyandu Program and Everyday Empowerment	71
4.1	Becoming a Posyandu <i>kader</i> in the New Order.....	72
4.2	Training and education in the Posyandu program..	76
4.3	Acquiring contacts and confidence	81
4.4	Legitimizing the role of women in public life.....	82
4.5	More than just a housewife.....	84
4.6	The <i>kader</i> as citizen-state broker	87
4.7	Conclusion.....	90
Chapter 5.	Democratization and the Posyandu Program	92
5.1	The deterioration of the Posyandu program.....	95
5.2	The health of mothers and children	98
5.3	Decentralization and democratization in Indonesia	102
5.4	The one-legged king	103
5.5	Democratization: less vertical accountability, more lucrative incentives	104
5.6	Conclusion.....	111

Chapter 6.	The Evolution of the Discourse of ‘Good Women’ and Women’s Participation in Community Life	113
6.1	Women participating less in the community	115
6.2	Feminization of the labor force.....	118
6.3	Working mothers and the functioning of the Posyandu program.....	121
6.4	“ <i>Wani piro</i> voluntarism”	123
6.5	Changing public discourse about “good women”. ..	125
6.6	Islam-inspired ideas about “good women”	128
6.7	Conclusion.....	130
Chapter 7.	Conclusion: Can an Authoritarian Regime Be Good for Women?	132
7.1	The Posyandu program’s positive impact on health care	133
7.2	The Posyandu program’s positive impact on women’s empowerment	135
7.3	The decline of the Posyandu program.....	136
7.4	Relevance of this study	139
7.5	Broader policy implications of this study.....	140
Bibliography	144
Summary	161
Samenvatting	167

Table of Figures

Figure 1.	The IDR 50,000 banknote (1993), “Suharto Bapak Pembangunan Indonesia”	28
Figure 2.	Weighing a baby	50
Figure 3.	Dacin	50
Figure 4.	A colorful growth charts	51
Figure 5.	Mothers holding their children’s Road to Health cards while feeding them green bean porridge	51
Figure 6.	The Posyandu’s Basic Procedures	52
Figure 7.	President Suharto immunizing a baby	57
Figure 8.	“Resources for the Posyandu program: 1. Jimpitan rice; 2. Table-bench-chair; 3. Food; 4. Community labor; 5. Community dues”	59
Figure 9.	“Indirect use of resources through jimpitan”	62
Figure 10.	Posyandu banner picturing a mother and two children	67
Figure 11.	Participating in the Posyandu as a contribution to national development	68
Figure 12.	Capacities of a Posyandu kader	78
Figure 13.	Number of Posyandu posts	96
Figure 14.	Type of Services at Posyandu Posts	97
Figure 15.	Indonesia’s stunting rates 2007 & 2013	99
Figure 16.	Maternal Mortality Rate in 1995	100
Figure 17.	Maternal Mortality Rate in 2013	100
Figure 18.	Sources of Posyandu post funding.....	117

Abbreviations and Glossary

ASEAN	The Association of Southeast Asian Nations
BIMAS	Mass guidance
BKKBN	National Coordinating Board for Family Planning
Dacin	A locally made, robust and standardized scale used to weigh children
Dasa Wisma	A concept which divided the community into a unit consisting of ten households
DPT	Diphtheria, pertussis, and tetanus
Empat sehat lima sempurna	Four health and five complete: carbohydrates, protein, fat, and vitamins supplemented by a fifth, milk
GBHN	Broad Guidelines of State Policy
GDP	Gross Domestic Product
Gerwani	Indonesian Women's Movement
Gotong Royong	Mutual Help
HKTI	Indonesian Farmers Association
Ibadah	Worship
Ibu	Mrs.
IDR	Indonesian Rupiah
IMR	Infant Mortality Rates
Jamkesda	Regional Health Insurance
JNK	National Health Insurance
Jilbab	Headscarf

Inpres Desa	Village Development Subsidy
Jimpitan	Traditional Javanese practice in which wives set aside a certain amount of rice every day to give to poor people
Kader	Women volunteers in development program
Kanca wingking	Background companion
Karang Taruna	Youth Groups
Kartu Sehat	Road to Health card
Kebaya	Traditional Javanese dress
Kekeluargaan	Kinship
Kodrat	Biological nature assigned particularly to women
KUD	Village Unit Cooperative
LKMD	Village Community Resilience Agency
MITI	Ministry of International Trade and Industry
MMR	Maternal Mortality Rate
MoA	Ministry of Agriculture
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoRA	Ministry of Religious Affairs
Orde Baru	New Order (1966-1998)
ORS	Oral Rehydration Salt
P4	Guidelines for understanding and implementing Pancasila
Pak (Bapak)	Mr.
Pancasila	Five Basic Principles of Indonesian State Ideology
Pembangunan	Development (National Development)
PKK	Family Welfare Guidance

PMP	Pancasila Moral Education
Posyandu	Integrated Service Pos
Puskesmas	Sub-district health clinic
RCTI	Commercial Television Channel
RRI	National Public Radio Channel
Sanggul	Tied-back hair
SPSI	Worker Union
Swadaya	Self-help
TVRI	National Public Television Channel
UNICEF	United Nations International Children's Emergency Funds
UPKG	Family Nutrition Improvement Program

Acknowledgements

I would like to first dedicate this dissertation to the millions of Indonesian women who have been working voluntarily for decades to help maintain the health and development of children throughout Indonesia. You all are real heroes! I am especially grateful to the 15 Ibu Kader in Sukabumi, Karawang, TTS and Kupang district, who have been very helpful and opening up their lives and allowed me to learn from their life stories.

I would never be who I am now, without the caring and loving of my parents. When I was a little my late father sang me and my siblings a lullaby that encouraged us to study as high as possible. My father worked very hard so he could send his four children to the university, because he never had the opportunity to have one. My father showed me how to be a kind person and to appreciate the kindness of others. He always prayed for me when I was away, and picked me up at the station when I came home. Unfortunately, my father cannot see my finished dissertation, he passed away when I was in the stage of writing the proposal for this dissertation. Our last meeting was at the airport before I flew to Amsterdam. My mother is the person who taught me to be a strong and brave woman but at the same time enjoy life to the fullest. She not for a moment showed her worry when I was far away, but kept asking me when I would come home. She taught me cooking and other skills that allowed me to survive being away from home. For my sisters and brother and my nephews and nieces, thank you for always supporting me and for making my going home always warm and comfort.

I am especially thankful to my two wonderful supervisors: Prof. Gerry van Klinken and Prof. Ward Berenschot.

My PhD journey at the University of Amsterdam would never have started without the opportunity given to me by Prof. Gerry van Klinken. On my first day at the University, Pak Gerry (as I always called him) welcomed

me warmly and asked me if my moving to Amsterdam was all fine. Along my PhD journey he challenged me to go beyond the how questions and to explore more the why questions. His comments were always stimulating in expanding my arguments and generating new ideas for my chapters. I will always cherish our countless supervision meetings in his bright sunny room in Leiden.

Prof. Ward Berenschot supported me tremendously through the final phase of my dissertation. He constantly encouraged me to keep writing, challenged me to sharpen my arguments and to write clearly and concisely. He criticized me when my writing was vague, but complimented me when it was deemed good. Ward helped me build my confidence for my dissertation and kept me away from too much stress. He reminded me to take long walks, eat well and get enough sleep. Our morning supervision meetings over coffee and tea were always productive yet very enjoyable.

I thank the SMERU research institute, a place where I learned to be a researcher, especially to teh Nina, Ibu Anti, Pak Asep, Ibu Mirna, Pak Darno, Pak Syaikh, and Dakim. It has been a pleasure to be part of the AISSR and the Moving Matters group, I am especially thankful to Gerben Noteboom, Thijs Schut, Rossane Rutten, Willem van Schendel, Leo Douw, Tina Harris, Shanshan Lan, Yatun Sastramidjaja, Laurens Bakker, Erella Grassiani, Luisa Steur, Barak Kalir and Olga Sooud. I also thanks members of flex room for their friendship: Retna (and also Pak Bowo), Lisa (and also Henri and Istan), Arum, Diana, Isdah, Budi and Eni, Lex, Oil, Arnaud, Busarin, Prio, Wiza, Fajri, Karim, Bono, Kyana, Ke Ma, Sharon, Christina, Raviv, Willy, Ilan, and Sarah. I also thank to the UVA administrative staff: Murriel Kiesel, Janus Oomen, Danny van der Pool, Yomi van der Veen, Alix Nieuwenhuis, and Joan Schrijvers.

My sincere gratitude also goes to Madelyn van Rijckevorsel for helping me in making my thesis more readable. I will never forget our endless discussions and nice dinners. For my best friend, the late Ninie, thank you for never tired listening to my stories during my PhD journey, even when you were ill. My pray that you are in the best place now. My cheerleader friends in Indonesia: Arin, Dewi, Mike, Puspa, Indri, Widy, and the late

Dian. To John and Robyn, thank you for always checking to see if I was ok and for our fun meetings in Europe. For Willy Riswick, thank you for being so kind and so care to me.

For Rick who made my life in the Netherlands so colorful, you gave me so much happiness, always there to help, never let me feel unsafe and always made sure that everything is ok with me, if I could thank you more, I would certainly do.

Chapter 1.

Introduction

1.1 Background

It was a wet Tuesday morning in early December 2015, and 59-year-old Ibu (Mrs.) Aminah had invited me to accompany her on her daily routine. This was a rare opportunity since Ibu Aminah was always busy. After rescheduling our plan twice, Ibu Aminah finally agreed to see me, but only if I would come with her as she went about her business. When I arrived at Ibu Aminah's house, her husband, Pak (Mr.) Ahmad, greeted me at the door. A former village official, he had been retired for two years, and apart from occasionally taking his wife on his motorcycle to run errands, he had little to do.

At 7:30 in the morning, Ibu Aminah and I left her house for our first destination, the district registry office. Her neighbor had just given birth, and Ibu Aminah needed to arrange a birth certificate for the child. When we entered the office building, Ibu Aminah knew exactly where to go and who to meet, and many people in the office seemed to know her. We stayed there for about half an hour. When we left, Ibu Aminah looked satisfied; her first mission had been successful. Our second destination was the district hospital. It took about forty-five minutes to travel there by public minivan.

I was first introduced to Ibu Aminah at a health care post for mothers and children in Sukabumi Regency, West Java province, where she was a volunteer coordinator. The post was part of a national community-based health care program called the Posyandu (an acronym for *Pos Pelayanan*

Terpadu, or integrated service post). The program was set up in the early 1980s, during Indonesia's period of authoritarian rule, the New Order (Orde Baru), which lasted from 1966 to 1998. During the New Order, the program was successful in reducing the number of malnourished children, infant and maternal mortality rates, and the incidence of diarrhea (the leading cause of infant death until the early 1980s). Throughout Indonesia, millions of women have worked as volunteers in the Posyandu program. Ibu Aminah and many women like her became prominent in their communities through more than three decades of participation in the program.

We arrived at the hospital around eleven o'clock and went straight to the inpatient area. There, we met one of Ibu Aminah's neighbors, Pak Hadi, who was being treated for kidney disease. The night before, Pak Hadi's son had knocked on Ibu Aminah's door. Panicked, he asked her to help him take Pak Hadi to the hospital. She did so and took care of the admission process so Pak Hadi could get the treatment he needed. Today, she wanted to help him access the government's free health care program. Pak Hadi's son gave Ibu Aminah his father's identity card and other official documents, which we took to the hospital administration's office. Ibu Aminah negotiated with the staff there, and then we waited. While we did, I asked Ibu Aminah why people needed her help. Couldn't they arrange things themselves? Her answer was that people in her village knew that she could arrange things faster and more smoothly than they could—she knew the procedures, the “right people,” and how to negotiate. She had learned all these things during her long-term participation in the Posyandu program and other community works in her village. At around 12:30, Pak Hadi's name was called, and Ibu Aminah resumed her negotiations with the hospital staff. She looked unhappy with the result. We went back to Pak Hadi's room. Ibu Aminah told Pak Hadi's family that she would come back to complete the process the next day. When we said goodbye, I saw Pak Hadi's wife tuck a small white envelope into Ibu Aminah's hand as she thanked her.

The clock showed around ten minutes to one as we had lunch at the hospital cafeteria. After lunch, we returned to Ibu Aminah's village. At two o'clock, she had a meeting at the village office to discuss a Ministry of

Public Works project, “House Renovation for the Poor.” Ibu Aminah was a village facilitator for this project. Fifteen people were in the meeting, including the head of the village, staff from the district public works office, project facilitators, program beneficiaries, and the owners of shops that sold building materials. Ibu Aminah was one of only two women. During the meeting, she actively participated in the discussion, and she seemed confident arguing with the staff from the public works office.

At around half past three, Ibu Aminah and I said goodbye. Having followed her busy daily routine, it seemed to me that Ibu Aminah had been a bit disingenuous when she had initially introduced herself as a housewife. It turned out that she was not only a community health care volunteer, but also a broker between citizens and the state, a village facilitator for several government programs, a member of the village council, and a board member for two community associations. She had started out as a housewife, but her daily activities began to branch out when she joined the Posyandu program as a volunteer health worker more than thirty years before our meeting. The program helped her develop her skills and contacts, enabling her to become the active citizen she is today.

The topic of this thesis is the Posyandu program and its impact on the empowerment of women. In the chapters that follow, I will trace the program’s birth, heyday, and decline over the last thirty-five years with the aim of assessing the impact of the New Order regime on contemporary Indonesia. Founded in the early 1980s and run by millions of women volunteers, the Posyandu program improved the health of Indonesians, particularly mothers and children. At the same time, it was an important vehicle for disseminating the New Order’s paternalistic propaganda about womanhood and voluntarism. I will use the Posyandu program as a lens through which the New Order’s shaping of contemporary Indonesian society can be evaluated. I will argue that, although common criticisms of its paternalism and conservatism are justified, through the Posyandu, the New Order also had an important, empowering effect in the lives of Indonesian women—even if that effect was unintended. The Posyandu program paved the way for women to play a more prominent role in public life. By providing women volunteers (who were known as *kader*) with skills,

knowledge, and contacts, the Posyandu program prepared women like Ibu Aminah to benefit from Indonesia's subsequent democratization by taking a prominent role in local affairs. Despite—or perhaps even because of—its paternalism, coercion, and propaganda, the New Order's program did empower women.

1.2 Women's empowerment

In this study, I will relate the empowerment of women fostered by the Posyandu program to Maxine Molyneux's (1985) concept of gender interests. As Molyneux writes, "Gender interests are those that women (or men) may develop by virtue of their social positioning through gender attributes" (1985 p. 232). Molyneux identifies two kinds of gender interests: practical gender interests and strategic gender interests. Strategic gender interests involve addressing the causes of women's subordination. Policies that serve strategic interests are efforts to overcome women's subordination—working toward, for example, abolishing the gendered division of labor, alleviating the burden of domestic labor and childcare, or doing away with institutionalized forms of discrimination.

Practical gender interests, by contrast, relate to the specific conditions that women face within the gendered division of labor. They involve women's immediate perceived needs. The gendered division of labor within households assigns women primary responsibility for not only domestic work involving childcare, family health, and food provision, but also for the management of basic services in their communities. Addressing women's practical gender interests is an attempt to ease such burdens, yet these efforts risk reinforcing gender stereotypes that portray women as primary caregivers within their families (Molyneux, 1985 p. 233). Yet, as Molyneux argues (1985, p. 234), the formulation of strategic interests can only be effective as an intervention when full account is taken of practical interests.

For example, in a study on redistributive government policies in rural Nicaragua, Molyneux (1985) observed that the policies' initial aims did not go beyond serving practical gender interests. They targeted the most economically disadvantaged populations and aimed to support them in the areas of health, housing, and education, as well as through food subsidies.

Because women are responsible for childcare, family health, housing, and food provision, these redistributive policies served to resolve some of the practical problems they face. Furthermore, Molyneux (1985) argues that serving women's practical gender interests may constitute the precondition for serving their strategic gender interests because the former can also help to eliminate sources of fundamental inequality between the sexes. For that reason, policies focusing on practical gender interests can also end up serving strategic gender interests even if that was not their intended aim (Molyneux, 1985 p. 251).

Hays-Mitchell (1999) applies Molyneux's (1985) gender interests' approach to gender-focused microenterprise assistance programs in Peru. Researching the lives of women participating in these programs, she showed that the programs opened up space for them to challenge hegemonic identities and negotiate and create alternative ones. She found that the women acquired a clearer sense of their rights as citizens and gained respect, influence, and authority at home and in their communities. She concluded that addressing practical gender needs via initiatives such as microenterprise development programs can open up spaces in which poor women can negotiate more empowering identities, thereby addressing their strategic gender needs (Hays-Mitchell, 1999 p. 251).

In the same vein, Jennifer Mandel (2006) shows how efforts to boost their spatial mobility (through road construction in Porto Novo, Benin, West Africa) enhanced women's capacity to generate income and created opportunities for them to address their strategic gender needs. Road construction in Porto Novo encouraged women to trade in goods that were customarily the province of men, such as imported Chinese fabrics and electronics. Mandel concludes, "Addressing women's need for spatial mobility as well as the practical factors limiting it, may, in turn, create spaces in which women can transform their own strategic gender needs" (Mandel, 2006 p. 343).

Molyneux's concept of gender interests has been applied in Indonesia before. In 1992, Saskia Wieringa assessed the performance of the PKK (*Pembinaan Kesejahteraan Keluarga*, or Family Welfare Guidance), a

New Order women's organization, and compared it to that of Gerwani (an acronym for *Gerakan Wanita Indonesia*, or Indonesian Women's Movement), a women's organization active during the Orde Lama (Old Order: from 1945 to 1966) regime. She argues that both organizations' main activities were based on addressing problems women face in their daily lives, such as learning practical skills like sewing or cooking. In this sense, both organizations addressed women's practical gender interests. The difference was that the PKK did not aim to change existing gender relations; the organization firmly believed that women's place was in the home and under male leadership. Gerwani, on the other hand, consistently promoted a different, more emancipated image of women and advocated for transforming society into one in which women were vocal and active members (Wieringa, 1992 p. 111).

In this study, I make an observation about the Posyandu that is similar to Wieringa's (1992) conclusion about the PKK: that it mainly aims to serve women's practical gender interests. The Posyandu program's focus on mobilizing women was neither based on an analysis of their subordination nor aimed at overcoming that subordination. Instead, it was grounded in the assumption that women are more responsible for the daily welfare of their households and, hence, that they have a special role in the provision of health care and community services. By strongly encouraging women to volunteer as health care providers, the Posyandu program extended women's responsibilities to be caregivers from the domestic, private sphere into their communities. In doing so, it did not challenge women's subordination. On the contrary, the program promoted a highly paternalistic view of women: that they were chiefly responsible for being good wives and mothers. Yet my study of its long-term impact yielded the conclusion that the Posyandu also served women's strategic interests. I found that the program empowered women by giving them the skills, knowledge, and confidence to be active in the public sphere. A remarkable and recurring theme in the lives of the long-term Posyandu volunteers I followed was that through the program, they became active citizens and thereby acquired more respect and authority and stronger voices within their households and communities. Relatively shy and inexperienced at first, Posyandu volunteers gradually acquired

self-confidence, knowledge, and contacts, which enabled them to take up various prominent roles in their communities. Despite its paternalistic characteristics, the Posyandu program had important (though unintended) long-term consequences for women's empowerment.

1.3 The need for a reassessment of the New Order

The New Order has a bad image. Many of Indonesia's current problems are considered to be the legacy of the authoritarian regime, from corruption and bad governance (see, for example, McLeod, 2000; Barter, 2008; Crouch, 2010) to the dominance of the army (see, for example, Honna, 2003; Mietzner, 2006) and provincial patronage democracy (see van Klinken, 2009). Studies on gender often conclude that New Order policies and programs propagated an outlook on women and curtailed women's role in public life. For example, Julia Suryakusuma (1996 p. 102) argues that the New Order encouraged women to serve their children, their families, their communities, the state, and to provide their labor freely without expecting status or power in return. Ines Smyth (1993 p. 117) calls New Order policies on women "functionalist," as they promoted traditional notions about women's place in society and focused exclusively on what women could do for their families, their communities, and national development. Els Postel-Coster (1993 p. 131) regards these policies as mere instruments for development; they do not, she believes, treat women as direct beneficiaries. Coster argues that the promotion of women's interests was almost non-existent in New Order policies (1993 p. 133).

I do not necessarily disagree with these authors; in various ways, I share their observations about the paternalistic nature of the New Order's policies and programs like the Posyandu. My research, however, adopts a mixed approach to assessing the New Order's impact. My approach differs from most evaluations conducted after the end of the regime in two ways. First, many scholars have evaluated the regime by studying its policies, mainly by examining official documents and interviewing key figures. Such studies pay very little attention to the societal impact of these policies, which, in my view, is of crucial importance in assessing the New Order's impact. In this study, therefore, I engage in not just an examination of public policies,

but also an ethnographic study that gauges these policies' impact in rural Indonesia. This combination of ethnographic fieldwork and policy analysis enables a much broader assessment of the impact of the New Order's programs.

A second difference is that I study the long-term impact of the New Order. Most previous reassessments of the New Order were conducted during the regime, shortly after it ended, or directly following Indonesia's transition to democracy—i.e., in the early 2000s. Yet the present moment is a good one for reassessing the New Order's impact on contemporary Indonesia. The passing of two decades since the end of the regime provided me with the opportunity to study the long-term impact of its programs on people's everyday lives. It is partially due to this different approach and timeline that I arrived at different conclusions than did previous studies.

1.4 Why the Posyandu program?

To assess the New Order's long-term impact on people's lives, this study will focus on the Posyandu program. The Posyandu uses volunteers to provide primary health care at the community level, especially preventive care and health promotion services, such as maternal care, nutrition advice, diarrhea control, family planning advice and supplies, and immunization. Many of the Posyandu's activities focus on infants (up to a year old), toddlers (1–5 years old), and pregnant women. These activities take place once a month at sessions held at “Posyandu posts,” designated meeting places in villages or neighborhoods. Posyandu posts are normally held in volunteers' front yards, village offices, or the homes of community leaders or heads of villages. Each post is generally run by 4–5 volunteers (*kader*), who are mostly women. In each village, there is at least a single post, and on average, there are 3–5, depending on the size of the village. A single Posyandu post covers roughly 25–100 infants and children under five and 15–25 pregnant women. During the New Order, Posyandu posts were the primary source of maternal and child health care for poor people in rural and remote areas.

The Posyandu is a good case for analyzing the New Order's long-term impact on people's everyday lives for six reasons. First, it is a community-based health program initiated, structured, and supervised by the state. Various

government departments at all levels were involved in implementing the program. Yet, at the same time, the program is run by women volunteers with support from village midwives or medical staff from nearby sub-district clinics called Puskesmas (from *Pusat Kesehatan Masyarakat*, or community health clinic). Jeremy Shiffman (2002 p. 1201) calls programs like the Posyandu “state-society hybrids,” entities that straddle both state and society while belonging to neither. These hybrids retain many features of state institutions while being socially embedded in society. Because the Posyandu possesses this hybrid character, an analysis of the program should pay particular attention to the New Order’s impact on people’s lives.

The second reason the Posyandu is useful because community health specialists and international agencies consider the Posyandu to be the New Order’s most enduring and successful program (see Berman, 1992; Rohde, 1993; Nugent and Swaminathan, 2005). While many of the New Order’s development programs—for instance, the KUD program (Koperasi Unit Desa, or Village Unit Cooperative) and the BIMAS agricultural program (from *Bimbingan Massal*, or mass guidance)—were terminated after the regime ended, the Posyandu program is still running today, some twenty years later. In other countries in the Global South, large-scale community-based health care programs of the same era have generally not lasted as long, and they have seldom been as successful in employing volunteer health workers. In India, for example, a large national community-based health program, the Village Health Guide, was established in the late 1970s. Although smaller, pilot versions of the program had succeeded, it failed to have a significant impact when implemented nationwide, where it was met with resistance from the medical profession and demands for payment from volunteer health workers (Strodel and Perry, 2019). Large-scale community-based health care programs with long-term durability are generally staffed by professionally health workers who have been trained for a minimum of six months, as is the case with the barefoot doctors in China (Zhang and Unschuld, 2008) and the Family Health Program in Brazil (de Sousa and Hamann, 2009). In comparison to these programs, the Posyandu is special, as it is one of the longest-running community-based health care programs in the world (Rohde, 1993) with a very high degree of involvement from community volunteers.

The Posyandu was also one of the New Order's most successful programs. It changed Indonesians' health behavior, and by the end of 1990, child immunization coverage exceeded 80 percent (Rohde, 1993 p.149). Family planning also increased significantly: in the early 1990s, 75 percent of married women used contraception, with many of them participating in the family planning program organized at the Posyandu posts (Suyono et al., 1993). The Posyandu even gained international fame, receiving awards from the World Health Organization and UNICEF for its successes in voluntarism and health improvement (Nugent and Swaminathan, 2005). It also became an example for other developing countries to follow, with its design replicated in community-based health care initiatives in, among others, Honduras (in the *Atención Integral a la Niñez en la Comunidad* program), and Madagascar (the SEECALINE program) (Rokx et al., 2018).

Third, the Posyandu program involved almost the entire Indonesian population. In 1985, a year after the program was officially launched nationwide, the number of posts had already reached 20,000; by 1995, that number had increased tenfold to 200,000. The program was present in almost every neighborhood in Indonesia, reaching 90 percent of Indonesian families (Rohde, 1993). With such community involvement on such a massive scale, the program constitutes an important case for assessing the New Order's impact on people's lives.

The fourth reason for the Posyandu's relevance is that during the New Order, its aims extended beyond health care provision. The program was also used as a vehicle for the regime to control the behavior of its citizens (particularly regarding health and family planning) and instill its ideology—particularly concerning citizenship and womanhood. Studies on community health care programs in Indonesia tend to focus only on these programs' contributions to the health of the population;¹ such studies include Anwar et al. (2010) on the Posyandu's role in children's nutrition; Maharani and Tampubolon (2014) on child immunization; and Saepuddin et al. (2018) on the health of mothers and children. My research will supplement the existing literature

¹ This is also true for other countries in the Global South. See, for example, Siekmans et al. (2017) on the role of community-based health care programs in the prevention of Ebola in Liberia; Haider et al. (2000) on breastfeeding practices in Bangladesh; and Jokhio et al. (2005) on perinatal and maternal mortality in Pakistan.

by including an analysis of the political and social aspects of the Posyandu program. For example, to understand the impact of the program, this study explores how the New Order regime used it to promote particular views of citizenship and womanhood.

Fifth, the fact that the Posyandu program is run by women volunteers provides an interesting opportunity for reassessing the impact of the New Order. The program has mobilized millions of women to volunteer, and these women carry out most of the tasks at the Posyandu posts, encourage mothers to regularly participate in the program, and dispense advice on sanitary, nutritional, and reproductive habits. Over time, the program has provided these women with new knowledge, skills, networks, and acceptance of their being socially active in the public sphere. I will study these women's long careers as Posyandu volunteers, along with their current achievements, in order to analyze the program's impact on the role of women in public life.

The sixth element that makes the Posyandu program a good case for reassessing the New Order is that in democratic Indonesia, the program is declining. Though the program is still being implemented nationally, and its official number of posts registered with the Ministry of Health continued to rise even after the end of the regime, this number cannot be taken as representative of the actual condition of the Posyandu. Many of these registered posts are no longer active, or widely reported in the local media as '*mati suri*' (apparent death). In 1992, according to the Ministry of Health's report, 85 percent of the 245,000 Posyandu posts were active. In 2005, only 58 percent were recorded as being active. In 2017, it was reported that out of the total of 294,000 Posyandu posts that were officially registered that year, only 57.5 percent were active. While the population had increased drastically, there were fewer active Posyandu posts in 2017 than in 1992. The average number of *kader* per Posyandu post also declined, from 5.5 in 1993 to 4.8 in 2000 (Nugent and Swaminathan, 2005). During my fieldwork, I observed that many Posyandu posts found it difficult to recruit new volunteers. Women were less motivated to work as Posyandu *kader*, and many of these *Posyandu* posts still relied on senior *kader* that were recruited and trained during the New Order.

This Posyandu program's decline has led to a deterioration in the quality of maternal and child health in Indonesia. In 1995, when the New Order was still in power, Indonesia's maternal mortality rate was lower than those of Cambodia, Laos, Myanmar, Bangladesh, and even India. By 2013, Indonesia had fallen behind Cambodia and Bangladesh, while Laos, Myanmar, and India had drawn even. In the 1980s, other countries looked to Indonesia for solutions to the problems of maternal and child health. Today, the situation is reversed, and Indonesia must learn from countries like Peru, whose community health programs outperform the Posyandu (Rokx et al., 2018).

This development is puzzling. If the Posyandu program was so successful under an authoritarian regime, with many positive consequences (both intentional and otherwise) for both the health of mothers and children and women's role in public life, why does it not flourish in democratic Indonesia? As I will discuss in the next section, this is one of the main questions that I will take up in this study.

1.5 Research questions

To address the question of why the Posyandu program—so successful during the New Order—has declined in a democratic Indonesia, this dissertation is divided into three main parts.

In the first part, I will analyze the Posyandu program's success during the New Order. My first research question will be: What is the nature of the ideology that motivated the New Order regime in developing and implementing the Posyandu program? This question is important to understanding the character of the Posyandu program and women's particular role in the program. My follow-up questions will be: In what ways was the Posyandu program successful? and, even more importantly, What are the reasons behind this success? What did the New Order do to make the Posyandu program a success?

In the second part of the dissertation, I will assess the long-term impact of the Posyandu program, focusing particularly on women's empowerment. This part will focus on 15 senior Posyandu volunteers. I will employ

the following research questions: What were women's main motivations for joining the program? What are the program's long-term impacts on people's everyday lives, particularly the lives of those women who have been volunteering in the Posyandu program for over thirty years? To what extent has the New Order contributed to these women's achievements and the public roles they play today?

In the third part of the dissertation, I will discuss the decline of the Posyandu program during Indonesia's current democratic era. I will address the following questions: To what extent and in what ways is the program declining? What are the reasons for the decline? Why is the program declining in a decentralized and democratic Indonesia, particularly when democracy is often associated with increased community participation? What can be said about the ideological dimensions of the program, particularly the views of citizenship and womanhood that it promoted? If the state is now less assertive in imposing its views on womanhood, what other ideas is it promoting?

1.6 An authoritarian way of promoting citizenship

In addressing these research questions, I will develop three main arguments. First, I will argue that one of the main reasons the Posyandu thrived during the New Order is that the regime was able to mobilize thousands of women to volunteer in the program. In doing so, the New Order promoted and instrumentalized a particular view of citizenship, and one key long-term impact of its propaganda is that it instilled in the minds of Indonesians particular notions about active and obedient citizenship—that is, about how they should relate to the Indonesian state.

I will argue that the New Order, through its Posyandu program, promoted a particular type of citizenry—namely, citizens who take responsibility for their local communities while obeying the authorities and refraining from expressing criticism of the regime and its rulers. This type of citizenship is different from that found in Western academic literature. Discussion of citizenship in the West focuses mainly on legal status, rights, participation, and identity. T.H. Marshall's seminal essay (1950), "*Citizenship and Social Class, and Other Essays*" written in post-war Britain, highlights

the possession of civil, political, and social rights as the three principal elements of citizenship. Engin Isin (2008) extended this concept, arguing that citizenship encompasses not a bundle of rights and duties, but also the practices through which individuals and groups struggle to expand or maintain existing rights and claim new ones (Isin, 2008 p. 2).

These rights-based conceptions of citizenship have been criticized for being narrowly rooted in Western historical experience. In his article “Citizenship in Non-Western Contexts,” Chung (2017 p. 431) criticizes the Western interpretation of citizenship, which frames it as universal, democratic, and inclusive; such ideas, he argues, do not necessarily translate well to other contexts. In the context of postcolonial societies, citizenship is uneven and differentiated, and poorer people’s citizenship differs in character from that of wealthy segments of society (Chatterjee, 2004 p. 36). The Western concept of citizenship has also been criticized for being tied to democracy; as Distelhorst and Fu write, “If ‘authoritarian citizenship’ has an oxymoronic ring, it is because citizenship is sometimes used almost interchangeably with democracy” (2019 p. 107).

Citizenship is generally studied in the context of liberal, high-capacity welfare states; up until the last ten years, relatively little attention studying it in the context of non-democratic states. (Berenschot et al., 2017 p. 2). It is only relatively recently that scholars have begun to accept that there is a need to expand conceptual assumptions about what constitutes citizenship, especially within the context of postcolonial societies that have very different historical experiences. One study that does this is Lazar’s (2010) exploration of the formation of citizenship as a social practice in a school in El Alto, Bolivia. Another, by Distelhorst and Fu (2019), explores how citizenship shapes communication between ordinary citizens and political authorities in China. In *Citizenship and democratization in Southeast Asia*, Berenschot et al. (2017) studied everyday interactions between the state and citizens in Indonesia, analyzing the gap between “rights on paper” and “rights as realized” with a focus on prevalent practices, values, and attitudes.

By studying the Posyandu program, I aim to contribute to these debates about the character and development of citizenship in Indonesia. The New Order’s propaganda strongly emphasized citizens’ obligation to “serve the

community.” Good citizens were expected to provide time, cash, and in-kind contributions for the good of their communities. Citizenship meant combining obedience to state authority with active involvement in the community (Bowen, 1986). This propaganda paid considerable attention to how women should behave and how they should contribute to society. Nowhere was this interpretation of citizenship more pronounced than in the Posyandu. Through the program, the New Order did not promote citizens’ rights—the right to basic health care, for instance—but instead emphasized the duty citizens owed their communities; claim-making was actively discouraged in favor of community harmony. Studying the Posyandu program illuminates how the state promoted a certain type of citizenship through its ideology and its programs. Citizenship was at least partly a product of an authoritarian regime and its ideology, which relates to the broader aim of studying the long-term impact of the New Order.

Through the Posyandu program, the New Order propagated women’s roles as active citizens and good mothers responsible for producing healthy future human resources while learning to be good citizens themselves. “Good women” were also active in their communities—they were required to be—and helped to implement the state’s development programs. The sense of responsibility and obligation to the community that the New Order instilled was not limited to women, but the duties the regime assigned to women were based on their *kodrat* (biological nature) as mothers and wives (Blackwood, 1995; Suryakusuma, 1996), making their public roles merely extensions of their private ones. Becoming a Posyandu volunteer met the state’s criteria for the activities of good women, and so the program became the place where women actualized their citizenship.

The second main argument of this dissertation concerns the reasons why contemporary Indonesia’s state institutions seem less successful than those of the New Order when it comes to promoting and strengthening active citizenship. Indonesian state is no longer capable of promoting the same kind of active citizenship. This change in the character of the state contributed to the decline of the Posyandu program.

I attribute this decline partly to the clientelist character of politics in Indonesia, which was shaped by democratization—especially the direct local election of district officials and heads of provinces. To distribute state resources in a clientelist fashion, politicians first need to gain control over such resources. And Indonesia's highly competitive elections incentivize the use of government contracts, jobs, and public services by politicians to attract and reward supporters. They have less incentive, therefore, to support programs (including the Posyandu) that do not yield patronage resources—as opposed to, for example, infrastructure programs like building roads or hospitals, which involve contracts that can be awarded.

This study also attributed the decline in the Posyandu program to changing public discourse about “good women” and the role of women in public life. In Indonesia's current era of democratization, the state is no longer as active in promoting citizen participation in its health care programs. Nor is it very active in promoting the New Order's view of women as obedient wives and mothers active in their communities. As the state has stepped back and taken a less active role in promoting community participation and a particular view of women, other social forces have begun to fill this vacuum. In particular, Islam-inspired ideas about good women have become more dominant. These ideas emphasize personal virtue, piety, and morality more than they do civic duty or women's contributions to their communities. I will argue that this changing idea of good women has contributed to a reduction in community participation on the part of women, as it has undermined their willingness to volunteer in the Posyandu program.

1.7 The empowerment of women and the unintended consequences of authoritarianism

The third main argument of this dissertation is that the New Order's process of producing good citizens through the Posyandu program had unintended consequences that were empowering for women. I will argue that through the Posyandu program, long-term, state-led voluntarism has enabled women to take up more active and prominent roles in public life. Across Indonesia today, many women like Ibu Aminah are involved in daily efforts to help their neighbors solve everyday problems. Their prominence

and effectiveness in this role result, I will argue, from how the Posyandu program served to empower women. Through the program, women volunteers gained new knowledge and skills. By participating in various trainings and meetings, they acquired not only knowledge but also self-confidence. In the course of being Posyandu volunteers, women developed networks of useful contacts with health departments, local hospitals, and district health offices, among others. They also became familiar with dealing with different departments and with the apparatus of government, as well as with government procedures and the workings of local bureaucracies. The program also generated space for and acceptance of women being socially active in the public sphere, and it strengthened their voices within their households and communities.

Ibu Aminah is just one of many women who used the state-sponsored community-based health care program to develop and strengthen their own resources. Many of them used their connections and new skills to develop their own businesses. Their experience as Posyandu *kader* has made some women influential political actors—some even managed to become members of Parliament. Other women used their connections and the knowledge they had gained of government procedures to become brokers between citizens and the state. Today, these women all play vital roles in neighborhoods and villages, where they help people deal with the state and solve daily problems, such as accessing health care and other public services. Interestingly, in other countries in the Global South, studies show that it is usually men who use their connections to help poor citizens deal with state bureaucracies and access public services (Jeffrey et al., 2011; Berenschot, 2011). I will attribute women's prominence in everyday governance and community life to the unintended, long-term impact of the Posyandu program. A salient (and ironic) finding of this study is that the authoritarian, top-down rule of the New Order had an empowering (though unintended) effect on women.

1.8 Method and study areas

The analysis in this dissertation is based on three sources: policy documents, interviews with policymakers and gender and health experts, and ethnographic fieldwork. I first interviewed policymakers in Jakarta, including civil servants in the Ministry of Home Affairs, the Ministry of Health, the Ministry of Planning, and the national working groups of the PKK, which still exists today. In doing so, my main objective was to get a broad overview of the condition of the Posyandu program, both today and at the time of the New Order. The interviews were open-ended and conducted at the interviewees' offices or home. Through these national actors, I also gained access to various state documents related to the Posyandu program.

From Jakarta, I moved to the district level. I selected two regencies in West Java province (Sukabumi and Karawang) and two in East Nusa Tenggara province (Kupang and *Timor Tengah Selatan*, or TTS). In each district, I selected two to three Puskesmas, and in each one's area, I visited two to three Posyandu posts. In a country as large and diverse as Indonesia, two provinces cannot be fully representative. I selected those to capture some of the variety within Indonesia's regions—West Java is a more highly developed, populated, and industrialized region, while on the other side of the spectrum, NTT is one of the poorest provinces in Indonesia, more sparsely populated and dependent on agriculture. Attempting to draw attention to Indonesia's diversity, in each province, I made sure that one of the districts was more developed and industrialized than the other. In each district, I selected three sub-districts (*kecamatan*) in which a Puskesmas was located; one in the center of the district, one in the middle, and one farther out. In each sub-district, I randomly selected a village in which to do my ethnographic work.

At the district level, I engaged in the same activities I had in Jakarta. I interviewed district-level actors and spent time arranging research permits. From the district level, I moved on to the Puskesmas in the sub-districts. In each Puskesmas, I interviewed the head of the facility and/or the midwife coordinator and also had discussions with one or two village midwives. I

tried to obtain lists from each Puskesmas detailing the names, locations, and schedules of all the Posyandu posts in their area, but only some provided them.

In selecting Posyandu posts, I was somewhat dependent on their schedules, as each post is run only once a month. For that reason, I made my selection in two steps, using a mix of purposive and random sampling methods. First, when I received a Posyandu post list from a Puskesmas, I wrote down all the posts that were scheduled to run during my stay in that area. Next, from that list, I randomly selected three posts. I did not notify Puskesmas staff about which posts I intended to visit, although some of them asked me to inform them; I wanted to observe the posts as they normally are, without special prior arrangements. I was not always successful. For example, in one of sub-district in Karawang Regency, I was told by several mothers that none of the scheduled Posyandu posts were active—there had not been any Posyandu activities for three months. However, the morning after meeting with the Puskesmas midwife coordinator, I received a call from her. She told me that there was currently a Posyandu post running in the neighborhood and urged me to go there right away. I did so, though I was a little surprised—she had not mentioned anything about the post during our meeting. When I arrived, there were a few mothers and a *kader* at the post. It did not look like an appropriate place to perform maternal and child health care—it was a small bamboo hut on the side of the road. It was still ten o'clock in the morning, but I did not see much activity at the post. According to the *kader*, I was late—they had almost finished. After the *kader* had left, I talked to several mothers in the neighborhood and was informed that the *kader* had come to their houses that morning and asked them to come to the Posyandu post. I assumed it had been opened because of my research.

While doing an ethnographic study of a Posyandu post, its *kader*, and the rural women it served, I lived in the village where the post was held. Here, my time was divided between observing the Posyandu, recording the life histories of the *kader*, and spending time with local women. During a Posyandu session, I observed the *kader* carrying out their duties and their interactions with mothers and health professionals. I paid attention to

their appearances, manners of speaking, and levels of self-confidence. I also observed how women who came to the Posyandu posts interacted with the *kader* and with the health professionals. I arrived before a Posyandu session began—usually at seven o'clock in the morning—and stayed until the *kader* finished cleaning up the post around midday.

After a Posyandu session, I tried to get acquainted with one or two of the post's *kader*. Of those I got to know, about half were *kader* coordinators; coincidentally, all were the most senior *kader* at their respective posts. I followed these women into their homes, accompanied them as they went about their daily activities, and listened to their stories and to their experiences of being Posyandu *kader* from the time of the New Order to the present. I was getting to know 35 *kader* across 24 Posyandu posts in West Java and NTT provinces. Of these, this study will focus on the lives of 15 senior *kader*, 50–65 years of age, with long-term associations (30 years or more) with the Posyandu program.

My ethnographic work also involved socializing with women in the neighborhoods where I stayed. In West Java province, many young women worked outside the village during the daytime and were busy with household work in the evening. On weekdays, I was only able to talk with stay-at-home mothers and grandmothers who looked after their grandchildren while their daughters were at work. On weekends, I had the opportunity to chat with working mothers, usually in a small group at one of their houses. In NTT, although fewer women worked outside the village, during the daytime, many worked on agricultural land. Such land is generally located far from their homes. The women went to the fields at seven o'clock in the morning and returned at noon. I mostly talked with them in the late afternoon.

1.9 Outline

In line with the three sets of research questions, this dissertation is divided into three parts. The first, consisting of chapter 2 and chapter 3, will discuss the Posyandu's success. In chapter 2, I will elaborate on the nature of the New Order's ideology, which is important to understanding the character

of community health care in Indonesia and the particular role of women in the Posyandu program. The chapter will focus on the authoritarian regime's ideas about the role of the state in promoting national development, including in the health sector, and the role of women in bringing about that development. It will highlight three aspects of the New Order's ideology: its developmentalist nature, its promotion of community participation, and its paternalism.

In chapter 3, I will explore the Posyandu program's origins and its character. I will discuss its design and implementation during the New Order. This chapter will demonstrate that the program was remarkably successful in terms of achieving its intended objectives and having an impact on communities. Further, I will argue that three interrelated elements led to the success of the program. First was the authoritarian and centralized nature of the New Order, whose developmentalist ideology drove the massive expansion of the Posyandu program. Second is the mobilization of women volunteers, which enabled the regime to implement such a large program at a cost lower than would have been possible for clinic-based health care delivering the same type of services. Third, the Posyandu *kader* enabled the program to reach all the way to the village level; as a result, it was possible to effectively provide preventive and promotive health care as well as monitor the health behavior of a large part of the Indonesian population.

The second part of the book will focus on the unintended long-term impact of the Posyandu program. Chapter 4 will focus on the life trajectories of 15 *kader*, on whom I will argue the program unintentionally had an empowering effect. The first section of this chapter will discuss these women's experiences becoming *kader* in the New Order, including their initial motivations. I will then elaborate on how they were trained, how their networks expanded, and how they grew in confidence and became more accepted by their communities due to their taking more active roles therein. The chapter ends with an evaluation of the impact of their involvement in the Posyandu program on their current activities and roles in public life.

The third part of the book discusses the decline of the Posyandu program in democratic Indonesia. This part consists of chapter 5 and chapter 6. Chapter 5 links the decline of the Posyandu program to changes in the structure of the state, which went from centralized and authoritarian during the New Order to decentralized and democratic in the current post-New Order period. I will argue that decentralization has weakened the central government's capacity and power to command local governments to support the Posyandu program. The process of democratization in Indonesia—especially the institution of direct elections—created new incentives for politicians, leading them to prioritize curative health care over the preventive and promotive care offered by the Posyandu because the former generates more voters than the latter.

Chapter 6 will develop a second explanation for the decline of the Posyandu program. This chapter relates the program's deterioration to a reduction in women's participation in community life. I will propose two equally important reasons for this reduction, the first being the feminization of the labor force. Women now have more opportunities to find work, and it has become easier for them to find work outside the agricultural sector. Ideas about "women's work" have also changed, with women going from being unpaid workers in family businesses to being permanent, paid employees. I will also highlight how even so-called volunteer work has become professionalized. The second reason for women's reduced participation in community life is a change in public discourse about the idea of "good women." Since the New Order ended, state propaganda on this topic has given way to a different discourse about how women should behave. Inspired by Islamic teaching, this discourse emphasizes personal virtue, piety, and morality over civic duty, citizenship, and women's contributions to their communities. I will argue that this changing discourse has also had an impact on women's motivation to participate in community life.

The last chapter contains the study's main conclusions, as well as a number of policy implications. I will discuss the study's relevance for scholars concerned with the issues of women's empowerment, state authoritarianism, and citizenship and discuss two implications for health care policy and women's empowerment. Preventive and promotive health care, which is

located within the community, is still much needed in Indonesia, and the Posyandu program needs to be reformed considerably to become better attuned to the current needs of communities across the country. Furthermore, the program can no longer rely on volunteers. If Indonesia's community health program is again to be effective, Posyandu *kader* should be formally employed and appropriately remunerated on an ongoing basis. This chapter will also conclude that the time has come to educate men, further involve them in the program, and teach communities that family and community health is the responsibility of not only women but also men. While the program was an important vehicle for spreading the New Order regime's paternalistic propaganda about womanhood and voluntarism, in democratic Indonesia, the Posyandu could be a powerful vehicle through which institutions—governmental and otherwise—could effectively challenge women's subordination within families and communities.

Chapter 2.

The Ideology of the New Order: Creating Obedient yet Active Women

In order to understand the character of community health care in Indonesia and women's particular role in the Posyandu program, it is important to explore the nature of the New Order's ideology. Suharto's authoritarian regime embraced a particular set of ideas about the role of the state in promoting development and the role of women in bringing about that development. At least three aspects of the New Order's ideology shaped the character and design of the Posyandu program: its developmentalist nature, its promotion of community participation, and its paternalism.

As I will discuss in detail in the next chapter, the Posyandu was an important instrument for the regime in realizing its developmentalist vision for Indonesia. The regime considered malnutrition and other health issues related to children to be developmental challenges: healthy human resources were needed to support long-term economic development. While resources were limited, the New Order's ideas related to community participation—namely, extracting resources and regulating society—shaped the way the program was structured, and a particular brand of paternalism made women the backbone of the program.

In this chapter, I will argue that while, on the one hand, the New Order's attitude towards women was paternalistic, on the other, it encouraged women to be active and take responsibility for Indonesia's development. But the New Order stipulated the fields in which women should be active in public life, which mostly included those deemed "appropriate" for them, such as health, welfare, and education. Other areas, such as politics, the military, or high-level bureaucracy, were considered less appropriate. As I will discuss in chapter 4, by guiding women and encouraging them to be active in their communities, New Order policies related to the Posyandu program had an unintended empowering effect on the women who volunteered.

The rest of this chapter will proceed as follows: The first two sections will discuss the developmentalist character of the New Order, particularly regarding its discourse and focus on economic growth. I will highlight the means by which the New Order disseminated its developmental discourse—namely, schools, radio, television, and government policies and programs. I will then discuss the importance of community participation in the realization of the New Order's development goals and its efforts to extract communities' resources and regulate social behavior. Finally, I will discuss the New Order's ideology as it concerns women's role in both private and public life and its vision of how women should contribute to national development.

2.1 The developmentalism of the New Order

Discussions of the New Order often refer to it as a "developmental state"—that is, a state that plays a significant role in development, promoting it and even taking the lead rather than leaving it to the market. Herb Feith (1982, p. 493) describes the New Order as a repressive developmentalist regime in which authoritarian leaders employed state power to create a self-sustaining development process. Robert Cribb (2010) illustrates how developmentalist the New Order was, writing, "There was nothing casual about the New Order's commitment to the development effort," and "Its commitment to economic development was consistently sustained and purposeful" (Cribb, 2010 p. 77). Eric Budd (2000) argues that Indonesia

during the New Order was an authoritarian yet developmentalist state and attributes the country's high economic growth to a strong bureaucracy. Because President Suharto was able to provide a considerable degree of insulation from the particularistic demands of powerful vested interests, his bureaucracy was able to adopt and implement coherent economic policies (Budd, 2000).

The model is not unique to Indonesia. Chalmers Johnson (1982) coined the term "developmental state" to describe Japan, where the Ministry of International Trade and Industry (MITI) leading state actor in the economy. Johnson's focus on the power of the developmental state was enriched with broader evidence from South Korea, Hong Kong, Taiwan, and Singapore, all of which achieved remarkable economic growth in the late twentieth century. The idea refutes neoliberal conceptions of economic growth, arguing that a strong and autonomous state, as opposed to the free market, is the key to rapid industrialization and economic growth in East Asia.

The idea that Indonesia under the New Order was a developmental state is based on evidence that after Suharto took over in 1966, economic development in Indonesia underwent radical changes. First, the per capita income increased from USD 50 in 1967 to USD 610 in 1991, and annual GDP (Gross Domestic Product) per capita growth of 4.6 percent, making Indonesia one of the fastest-growing economies in the world during that period, and jumping up from one of the poorest countries in the world to a middle-income country. Second, the high rate of economic growth during this period resulted in improvements in various social indicators: Life expectancy increased from 52 years in 1970 to 62 years in 1990; school enrolment rose from 17 percent in 1970 to 48 percent in 1990 for secondary education; and the poverty rate fell from around 40.1 percent in 1976 to 11.3 percent in 1996. Third, the provision of basic infrastructure, including health facilities, also rose substantially, including the number of health workers increased from 50,000 in 1974 to 190,000 in 1992 (Suryahadi et al., 2014 p. 2- 3).

To achieve its developmental goals, the New Order spent considerable energy on propagating a highly developmentalist discourse. Zeffry Alkatiri (2013 p. 82) calls the terms the regime used to encourage participation

in its initiatives, discipline citizens, and reinforce the positive intentions of its policies “magic words.” He argues that these “magic words” were so powerful they worked like magic. Ariel Heryanto (1995 p. 1) calls this the “language of development,” referring not to technical jargon but to a particular model of logic and discourse, structures of words and meanings, and cohering perceptions and values.

The New Order built its developmental discourse mainly on Javanese values and tradition, which was the cultural background of President Suharto and most elites in the New Order (Heryanto, 1995 p. 43). This discourse was disseminated through official documents and presidential speeches and through the character of development program guidelines, school textbooks, and television and radio broadcasts. It had several key elements:

One was an emphasis on the notion of *pembangunan* (development). Many scholars have noted that the New Order was characterized by its *pembangunan* consciousness, rhetoric, and programs—for example, Heryanto (1995) and van Langenberg (1986). *Pembangunan* was a powerful word during the New Order, perhaps partly due to its origins—it derived from *bangun*, which can be translated as “wake up,” “stand up,” “aware of,” or “rise up.” In Parliament Decree No. V of 1983, President Suharto was officially dubbed Bapak Pembangunan (Father of Development). For Suharto, this title was legitimizing, confirming that he deserved to be president of Indonesia. As he reflected in a speech on the day he assumed the title, “If I am considered successful in leading development, then actually, it is the people who have succeeded in choosing a leader who can carry out the people’s determination to enact development [...]. I received the award as the Father of Development with the deepest gratitude for the presence of God Almighty” (Suharto, 1983).

The cult of Suharto as the Father of Development is apparent in an Indonesian banknote circulated during the 1980s and 1990s. The highest denomination banknote during the New Order, IDR 50,000 (equivalent to USD 20 at the 1993 exchange rate), was named Suharto *Bapak Pembangunan Indonesia* (Suharto, the Father of Indonesian Development). Issued by Indonesia’s central bank in 1993, it features a large picture of

Suharto, smiling and proud, surrounded by images of the various products of infrastructure development in his day, such as a highway overpass, a dam, a port, an airport, houses of worship, and a university graduation ceremony. There is also an image of a seated Suharto speaking in front of a group of people, who appear to be listening obediently.



Figure 1. The IDR 50,000 banknote (1993), “Suharto Bapak Pembangunan Indonesia”

On an almost daily basis, Suharto delivered speeches, broadcast live on television and the radio, in which he used the term “development” in a particular way. He specified the relationship between development and communities, saying, “Development is indeed an effort from the community, by the community, and for the welfare of the community; therefore, development is not only the responsibility of the government; development is the duty and responsibility of the nation as a whole” (Suharto, 1993). He also related it to the Indonesian people, who he called “the focal point of our development. This means that through development, Indonesian human beings must be developed by the state, and their quality and abilities should be enhanced so that they can elevate their dignity and honor. Thus, Indonesian people can become the main capital of development” (Suharto, 1996).

Another key element of the New Order's developmental discourse was "modernization," which was understood to mean progress regarding development. Modernization was considered crucial to overcoming the conditions of ignorance in which most Indonesians lived—many traditional beliefs and attitudes were equated with poverty and economic backwardness. For development to be achieved, these traditional values had to be overcome by progress. John MacDougall describes Suharto's clear articulation of what he meant by modernization:

Suharto called for the replacement of traditional attributes that obstructed development: Traditional men had to be replaced by more practical men and become new Indonesians who will bear the ethos and capabilities of the disciplined proletariat of industrialized societies. Suharto publicly urged Indonesian workers to work hard, be frugal, have civic responsibility, be task-oriented, open-minded, self-confident, think rationally, and be disciplined. Suharto admonishes Indonesians to work for a new environment that will help workers achieve "total rectification in the mental field" and that will free them from such unproductive "old values" as "wasteful spending." (MacDougall, 1976 p. 1175).

Modernization at school meant that children learned certain modern lifestyle habits, such as wearing uniforms, being disciplined, washing their hands, using toilets, saving money, and eating a balanced diet (Parker, 2002 p. 25). The famous slogan "*Empat sehat lima sempurna*" ("Four health and five complete"), which was used at both schools and Posyandu posts, taught that a healthy diet consisted of four essential components—carbohydrates, protein, fat, and vitamins—supplemented by a fifth, milk, which would boost calcium intake. Introduced in 1950 during the Old Order, the slogan became part of a popular New Order campaign promoting the importance of a healthy diet to producing a healthy labor force that could achieve economic growth.

Modernization also meant that people had to get used to saving money. The New Order promoted saving not only for an individual's future, but also for the sake of economic development. To promote saving habits, the New Order launched a "savings movement," and President Suharto himself gave a speech on the day of its launch, saying, "I never get tired of asking all of

you to save [...] Saving is a lifestyle that is needed for a developing nation. Saving is also very necessary for sustainable development. A developing nation must indeed actively save, [that is,] set aside part of one's income to accelerate the economic development" (Suharto, 1995).

For women, modernization meant, among other things, accessing modern health care—going to Posyandu posts, midwives, or the hospital instead of using the services of a *dukun beranak* (traditional birth attendant). It also meant having fewer babies by participating in the state's family planning program. Parker (2003 p. 16) argues that, due to their reproductivity, women are drawn into the web of government health care and its accompanying ideology of hygiene, modernity, and family health and welfare. Women's reproductive health became an indicator—through metrics such as maternal mortality or fertility rates—of the success or failure of development in the New Order and, as such, a development target in its own right.

Another key element of developmental discourse was the emphasis on certain traditional values and principles concerning family, —not all traditional values were seen as negative and in need of modernization. For the New Order, the state was a big metaphorical family headed by a wise and benevolent father figure, President Suharto, who understood the needs of his “children.” Guided by his love for his family, he ruled in their best interests. Stressing this “family values” discourse was meant to instil in Indonesians an obedience and respect for rulers that resembled that which they might feel for their own fathers. Parker (2002) argues that Suharto assuming the mantle of a father figure was a way of transforming the power of his position into personal authority.

The primacy of family of the New Order also meant that power was unified and legitimate opposition was impossible. As David Bouchier (2015) argues, “Opposition and conflict were condemned as alien notions deriving from individualistic, Western culture” (p. 2)—the opposite of traditional family culture. In his speeches, Suharto stressed the importance of embracing the notion of *kekeluargaan* (kinship) in order to deal with (or perhaps counter) “outside” notions of democracy and critical debate. In one address, he declared, “We must not take it for granted: the idea comes from

outside. For example, the ideas of personal freedom and human rights, issues of criticism, expressing opinions, and opposition, which are not necessarily in accordance with the ideals of family spirit that we embrace and will continue to develop [...] It is also very dangerous if we use the thoughts of others to assess our country's political system, government, and society" (Suharto, 1979).

Another traditional value that became important to New Order developmental discourse was *gotong royong* (mutual assistance). This phrase refers to indigenous notions of moral obligation and generalized reciprocity. John Bowen (1986) describes *gotong royong* as "images of social relations in a traditional, smoothly working, harmonious, self-enclosed village on Java, where labor is accomplished through reciprocal exchange, and villagers are motivated by a general ethos of selflessness and concern for the common good" (Bowen, 1986 p. 545). In the Old Order, the term *gotong royong* was primarily used to describe the horizontal interaction between the functional groups that made up the nation. In the New Order, it was repurposed as a cultural-ideological instrument for mobilizing community participation (Bowen, 1986). The state's utilization of the discourse of *gotong royong* will be explored further in section 2.3, which focuses on aspects of community participation.

2.2 Disseminating developmental discourse

With this developmental discourse, the New Order aimed to shape the worldviews and mindsets of Indonesians. To do so, it had to disseminate its propaganda widely. This was first done through the education system. In the New Order, basic education programs had two main purposes: producing educated human resources for the development of the nation and good Indonesian citizens who were obedient to the state, which was clearly reflected in Suharto's speech at the commemoration of National Education Day in 1967: "It is clear to us that education is the main tool for investment in the mental and physical health as well as skills of citizens that are absolutely necessary to improve the lives and livelihoods of the people of Indonesia. In the short term, education should be able to make citizens capable of making government programs successful" (Suharto, 1967).

A subject that was compulsory at all levels of education, from primary school to university, was *Pendidikan Moral Pancasila* (Pancasila Moral Education), or PMP, which mainstreamed the values of the five principles of Indonesia's state ideology Pancasila. As Suharto explained in his speech on National Education Day in 1967, "The foundation of our national education system must be Pancasila. National education on another basis will give birth to citizens who have ideologies other than Pancasila. And being faithful to ideologies other than Pancasila will bring destruction to the Indonesian people" (Suharto, 1967). School textbooks on the PMP subject state that "each citizen must have a social and national conscience, accompanied by a national spirit which is alive and dynamic. With this spirit, we must always place the interests of the state above those of the individual or group" (Parker, 2003 p. 135).

Developmental discourse was also woven into through the intensive Pancasila course, *Pedoman, Penghayatan dan Pengamalan Pancasila* (Guidelines for understanding and implementing Pancasila), or P4. The goal of P4 was to transform all Indonesians into Pancasila citizens, obedient and loyal to the regime (Amir, 2013 p. 28). It provided a concrete guide to manifesting Pancasila in daily life. The course was mandatory for students in their first year of middle school, high school, or university and for all civil servants. The PKK members were obligated to participate. In 1987, it was reported that about two million women were trained in Pancasila through P4 (Roestam, 1988 p.11).

State-sponsored institutions were also a channel for conveying the developmental discourse of the New Order. In the interest of increasing its control and implementing various development programs, the New Order established a range of these institutions: the LKMD (*Lembaga Ketahanan Masyarakat Desa*, or Village Community Resilience Agency), *Karang Taruna* (youth groups), the SPSI (*Serikat Pekerja Seluruh Indonesia*, or Workers Union), the HKTI (*Himpunan Kerukunan Tani Indonesia*, or Indonesian Farmer's Association), and the PKK. All were required to use Pancasila as their sole guideline. Each had branches down to the village level across Indonesia, and a large part of the population membered in such institutions.

All of these state sponsored institutions were used by the New Order as a political tool and as a means of ideological control (Suryakusuma, 2012). PKK, for example, became the main channel through which the state reached women at the grassroots level. Although a precursor of the PKK established by the Old Order regime was initially intended to be a highly populist organization, under the New Order, it was influenced by the development targets prioritized by the regime (Rahayu, 2005), which changed its name from Family Welfare Education to Family Welfare Guidance. It has been argued that this name change represented the state's hegemony over women's movements in Indonesia (Adzmy and Disyacitta, 2018). Women were members of the PKK by virtue of residence, gender, and marriage; that is to say, all married women were considered members of their local chapter of the PKK, so membership could be regarded as open and receptive (Shiffman, 2002).

The PKK played a highly significant role; not just the only mediating body between the state and rural women, it was also a motivating agent of change (Roestam, 1988). It was the only vehicle for enacting development programs at the rural level, and it officially became the government's partner in strategic development; as stated in the GBHN, (*Garis Garis Besar Haluan Negara* or Broad Guidelines of State Policy) "In order to encourage women's participation in development, women's activities need to be further developed to improve family welfare through the PKK" (GBHN, 1983 p. 31). In his speech at the parliamentary session in August 1982, President Suharto stressed the official justification for the government's right to deliver women's programs solely through the PKK, excluding other organizations: "I ask that the various development programs at the national level be channeled through the PKK. We can have many programs for women that enhance their role in development. But it should not be forgotten that these programs are aimed at and are to be implemented by women in the villages, whether in urban or rural areas. If there are too many organizations, it is not in accordance with their simple desires and way of thinking and will only serve to confuse them" (Suryakusuma, 1988 p. 41).

Developmental discourse was also propagated through development programs. The New Order established programs in many sectors, including infrastructure, agriculture, education, health, and family planning. While aimed at achieving development goals, these programs also enabled the regime to engage in self-promotion. The programs were designed in accordance with not only the regime's development goals, but also its ideological aims. They took a top-down approach with predetermined objectives and priorities. Programs such as family planning, agricultural extension, the Posyandu, village cooperatives, and the transmigration of settlers are some examples of what Sajogyo (1993) calls the top-down social engineering process.

State-sponsored media also played an important role. In the early New Order, only state television (TVRI) and radio (RRI) were allowed to broadcast. These stations, largely tools for government propaganda and even outright mouthpieces for the regime, monopolized the dissemination of information to the public. Indonesia's first commercial television station, RCTI (Rajawali Citra Televisi Indonesia), was in 1987 granted the right to establish a broadcasting service restricted to Jakarta and the surrounding area. The governmental decree relating to the new station indicated that, among other reasons, commercial television broadcasting was being allowed in order to realize the benefits of national development. RCTI was required to broadcast government news programming supplied by TVRI three times a day, and RRI provided thirteen news bulletins to commercial radio broadcasters. Any advertising that stations carried also had to promote national development (Article 19, 1996). As Suharto said at the inauguration of a radio transmitter, "In the current development era, the RRI and the TVRI also play a very important role. RRI and TVRI broadcasts have a wide influence on our society. Through their broadcasts, the RRI and TVRI not only forward news to the public and provide entertainment and knowledge, but also help shape people's values. RRI and TVRI broadcasts must be able to participate in maintaining and strengthening motivation for national development. RRI and TVRI, in their broadcasts, should be able to spread their enthusiasm for work and the spirit of development to the community" (Suharto 1984).

Private television and radio stations were also required to broadcast other items the government deemed to be of national importance. Consequently, broadcast news reporting seldom contained any reference to the views of the government's political opponents or critics. Moreover, all too often, events that were deemed to be especially politically sensitive or which reflected poorly on the government were not reported on at all (Article 19, 1996).

2.3 Community participation

Another aspect of the New Order's ideology that related to the operationalization of the Posyandu program was community participation. Advocating community participation had two main objectives: extracting resources and regulating society. By extracting resources from communities—by, for example, relying on contributions from community members—the New Order was able to implement its programs inexpensively. A clear, large-scale example of this was the implementation of the village development program, *Inpres Desa* (Village Development Subsidy). The program involved grant to every village in Indonesia, which in 1984 amounted to IDR 1,250,000 per village (equivalent to 500 USD at the 1984 exchange rate). In return for the grant, communities were expected to provide free labor, building materials, and/or cash and to use the grant for materials not available in the village. The total value of the grant plus community contributions was to be put towards infrastructure projects with the potential to improve production, transportation, or general welfare. The most frequent use of the grant was to cover, fully or partially, the expense of constructing or repairing irrigation facilities, roads, and public buildings (Bowen, 1986).

The New Order's second reason for advocating community participation was to enable the regime to penetrate into society and regulate citizens' behavior. Shiffman (2003) argues that the Indonesian state penetrated further into society than was the case in most developing countries, the governments of which often struggled to exert their authority in this way. For instance, the New Order's top-down agricultural "rice intensification program," *Bimbingan Massal* (mass guidance), or BIMAS, aimed at changing farmers' cropping patterns by, in effect, forcing them to plant

high-yield rice varieties. To soften perceptions of the program, the phrase *gotong royong* was added to its name, making it BIMAS Gotong Royong. It was hoped that the new name would suggest that it was a community initiative; communities would then expect to benefit from it and accept the program. Bowen (1996) argues that the use of the term *gotong royong* was aimed at rendering the authoritarian measures that were being carried out innocuous.

During the New Order, “community participation” was neither organic nor spontaneous but coercive and regressive (Rao, 2004 p. 21). By “community participation,” the New Order meant participation guided from the top. Community participation was the norm, not the exception, and to be good Indonesians,” citizens—*all* citizens—were expected to contribute both cash and free labor to development projects (Sullivan, 1992 p. 182). Those who did not risked being labelled unpatriotic or uncooperative and consequently facing social, political, material, and even physical sanctions (Rao, 2004 p. 13; Sullivan, 1992 p.177).

An important element in this strategy was the spirit of *gotong royong*, which in practice meant that they were forced to voluntarily contribute their labor and other material resources to the New Order’s development goals. *Gotong royong* became a key element of development strategies in rural areas, particularly in the mobilization of rural labor. In order to protect its political and cultural unity, Suharto believed that the Indonesian state had to be strongly authoritarian and that development had to proceed through citizen cooperation (Rao, 2004, p. 12). By the early 1970s, the Sanskrit word *swadaya* (self-help) began to be used in combination with *gotong royong*, and *swadaya-gotong royong* (mobilizing) became central to the implementation of development policy (Bowen, 1986 p.553). The combination of authoritarian state and the concept of *swadaya-gotong royong*, resulted in an extraordinary cheap infrastructure development. As Sullivan (2014) explains: village grants were small because the government assumed that any gap between the expected cost of the proposed project and the funds allocated would be provided by local community. In each case, the grants were solely for materials, the labor being cost-free. The

grants were mostly spent to build village infrastructure, including roads, irrigation, schools, village offices and halls, dams, and water tanks (Rao, 2004, p. 13; Sullivan, 2014 p. 184).

Community participation during the New Order was totally unlike political participation, which was considered undesirable in attaining development goals. Susan Blackburn (1999) argues that political participation was limited to voting in the elections held every five years from 1971 onwards. This was considered a duty of Indonesian citizens rather than a right. Far from providing channels for their political participation, the New Order instead chose to repress and exclude its citizens (Blackburn 1999).

Yet the New Order's community participation strategy did result in the efficient delivery of public services. Comparing this strategy with that of India which emphasized democracy, Rao (2004) argues that: "For the most part, resulted in the inefficient delivery of public services, keeping India well behind Indonesia in human development indicators despite similar levels of per capita income" (Rao, 2004 p. 21).

2.4 Positioning women based on their *kodrat*

Another important element of the New Order's ideology that related to the conception and design of the Posyandu program is ideas about the position of women in both private and public life. In the New Order, women were given equal legal standing as Indonesian citizens. This was true in legal matters—Chapter X, Article 27 of the 1945 constitution stipulates, "Without any exception, all citizens shall have equal position in law and government"—as well as in political rhetoric; in a speech in 1990, Suharto himself said, "Politically and legally, our women have the same rights, obligations, and opportunities as men in all areas of national life and in all development activities. We do not recognize the differentiation of rights and obligations between men and women" (Suharto, 1990a).

In contrast to its rhetoric, which declared them equal to men, the New Order positioned women in society based on *kodrat*. Based on English-Indonesian dictionary (Echols and Shadily, 1989) a term derived from Arabic that connotes "God's will" or "God's intention" but which can

also suggest the power of nature. With regard to gender, the term is used to denote a mixture of women's innate biological capabilities—such as becoming pregnant, giving birth, menstruating, and breastfeeding—and the things they are considered capable of doing, including traditional duties such as childrearing and performing household duties. *Kodrat* also determines woman's role and status relative to men in the private and public spheres alike; as a societal norm, it is a determining factor in the acceptance or non-acceptance of women's social engagement. The New Order used the term *kodrat wanita* (women's nature) to justify confining women in their primary role as wife and mother (Robinson, 2009; Blackburn, 1999; Suryakusuma, 1988). In this sense, women were responsible for the well-being of their families. Suharto's speech on Mother's Day in 1990 clearly indicated how the regime linked women's position to their *kodrat*: "By carrying out her *kodrat* duties as a mother, a woman has carried out a noble task for her nation. Thus, mothers have taken a very important first step in raising and growing for our nation a new generation that is physically and spiritually healthy" (Suharto, 1990).

The state also assigned men a role in their families—head of the household—but this was not framed in terms of *kodrat*. All households had to be registered with the village administrative office, and unless there were no men in the household, all household heads had to be male. Men the inner world of the household, but also outside it, in public life (Robinson, 2009); within the household, men became surrogates for the state as father figure. This concept is linked to an expression of gender ideology taken from elite Javanese circles, in which the term *kanca wingking* (background companion) is used to describe women (Robinson, 2009).

The New Order had several rationales for basing its ideology of gender on *kodrat*. First, positioning women based on *kodrat* fit with traditional conservative and/or Islamic teachings (more than 90 percent of Indonesians are Muslim). This was especially true of ideas with Javanese origins; in Java, women were expected to serve their *priyayi* (noblemen), children, families, communities, and the state and to provide their labor freely, without expectation of status or power in return (Suryakusuma, 1988). Second, as Kathryn Robinson (2009) argues that the paternalism of the New Order

was linked to militaristic, hegemonic masculinity and the exercise of power in general. Third, positioning women as wives and mothers served to entrench the idea of family life after a period of great upheaval caused by Gerwani, a women's movement associated with the Communist Party (Blackburn, 2004). As Suzanne Brenner writes, 'By serving as guarantors of the family's orderliness and morality, women would also, in effect, guarantee the orderliness and morality of the entire society' (Brenner, 1998 p. 245).

The notions of *kodrat* and citizens' gender-based responsibilities were also reflected in the education system. The International Labour Organization (1986) reports that education in Indonesia during the New Order preserved certain aspects of gender ideology. In primary school textbooks, the ideal Indonesian family was described as comprising a father, who was the head of the household and breadwinner; a mother, who was responsible for educating the children and looking after the household; and two children, whose main job was to attend school. In middle school, women were guided towards particular fields of study, such as teacher training and public health, or towards acquiring domestic skills (Parker, 2003).

Women's position based on their *kodrat* was most obvious in the New Order's family planning program. The number of women using birth control became a measure of family planning progress. As Robinson (2009) argues, the New Order's ideal woman was one who, aided by modern contraceptives, produced two healthy, well-educated children, an appropriate age gap between them, who grew up to take their places as productive workers and loyal Indonesian citizens. A report on the program's achievements in 1994, for example, mentioned that 95.67 percent of married women knew about family planning and 75 percent of married women had used contraception (Suyono, 1996). Family Planning program of the New Order, rested reproductive responsibility in women, rather than in women and men as equal participant in conception (Robinson, 2009).

2.5 The developmentalist state and women

The fact that the New Order needed women—who made up half the population—to realize its development goals tempered the paternalistic character of the regime. Molineux argues that it was important to involve

women in development because they were considered key to tying families more securely to the state's goals; as agents of socialization, women were important in inculcating the values of development in the next generation (Molyneux, 1985). To increase women's participation in development, the New Order channelled them into state-sponsored women's institutions, especially the PKK. In President Suharto's speech at the commemoration of PKK Day in 1993, he emphasized that the PKK was a medium for exploring women's participation in development: "The PKK is an initiative for exploring and developing the potential of women to realize family welfare and public welfare in general" (Suharto, 1993). Suharto's speech illustrates how the state delegated some of the responsibility for community welfare to women. As Jan Newberry (2010) argues that in the New Order, women managed the population's welfare as unpaid community workers whose social labor was mobilized to deliver social services to their neighbors (Newberry, 2010).

Women's responsibility for development was reflected in the activities of the PKK, which was divided into four working groups: comprehensive application of Pancasila and *gotong royong*; education, handicrafts, and the promotion of cooperatives; clothing, housing, and home economics; and health care, financial planning, and environmental preservation (Roestam, 1988). In each working group, various trainings were conducted for the PKK members. These were aimed at improving the knowledge and skill of women, so that they could contribute more to national development, as what stated in Suharto's speech: "Enhancing women's education and abilities is one of the important activities in relation to national development" (Suharto, 1993), and also in the GBHN 1983: "Women's roles and responsibilities in development are further strengthened by increasing knowledge and skills in various fields according to their needs and abilities" (GBHN, 1983 p. 31).

To support national economic growth, women were also expected to be economically active—in accordance with their *kodrat*. Rural women, particularly those living in Java (where unemployment was high), were directed to pursue work in the informal sector, as the formal sector was mainly reserved for men. Through the PKK, women were encouraged

to develop small cottage industries. With these, they could support their families with extra income even while remaining in the community and continuing to work in the home, cooking and cleaning for other household members. Some PKK volunteers received small loans to start their businesses, and in 1987, about 200,000 small cottage industries across Indonesia had been started by women and were supervised by the PKK (Roestam, 1988). Newberry (2006) argues women's work in the informal sector supported their underemployed and unemployed family members and added to their family's income. It also served to reduce pressure on the formal sector, absorb excess labor, and mask high levels of unemployment among women. It served to keep people fed and labor unrest and overall wages low (Newberry, 2006). Further, engaging women in domestic work was aimed at supporting capitalist production. The labor force's productivity was supported by unpaid domestic work. Women's work in the domestic sphere and in their communities supported the constitution, maintenance, and replacement of a readily available low-wage labor force (Newberry, 2006).

But the role the New Order mobilized women to play in development was to be within the bounds of their *kodrat*. As Suharto said in a speech opening the National Meeting to Increase Women's Participation in Development, "Of course, women's participation in and contribution to development should not reduce their dignity and honor; they should not eliminate their *kodrat* as women. As the role of women according to *kodrat* is mother and a wife, women's role in development must therefore develop in harmony with their responsibilities as housewives who have a natural obligation to build a family that is healthy, prosperous, and happy" (Suharto, 1990a). Trainings that given in the PKK all were in accordance with women's *kodrat*, for example, in business, cooking, sewing, craft-making, and gardening.

The state directing women to actively participate in development did not mean that it empowered them to be active in politics. Nor did it prepare them to be leaders in their communities or at a national level—that was deemed the territory of men. Wieringa (1992) argues that the state's intention for PKK members was to create obedient wives and submissive supporters of the government—a not fighting for women's rights, because,

officially, they were already emancipated. From the PKK's perspective, the extension of women's biological role to social and economic aspects of their lives was empowering.

2.6 Conclusion

This chapter discussed the ideology of the New Order, which, as I demonstrated, was developmentalist in nature. The New Order's developmental strategy involved active intervention in citizens' mindsets and worldviews. It sought to shape their aspirations, attitudes, and day-to-day lives, guiding them to actively support the state's developmental policies. These policies included directing women to play a particular role in development. I elaborated on the New Order's strategies for instilling developmental ideology in its citizens, one of the most important of which was creating developmental discourses and propaganda, including around the notions of development, modernization, and *gotong royong*. These discourses were inculcated in citizens through education, state-sponsored media, and the programs and institutions of the state. One such institution, the PKK, became the state's main channel for reaching women at the grassroots level.

The chapter also highlighted the New Order's emphasis on community participation to realize its developmental goals. The notion of *gotong royong* was key to the state's mobilization of community resources, especially voluntary labor. The state urged women to actively participate in development and determined that they should do so in a role determined by their *kodrat*—that is, through involvement in the PKK and working to improve the welfare of their families. The New Order promoted the importance of motherhood and the idea that women's contributions to the nation were to be made in a family context.

The discussion in this chapter will be used as background to better understand the design of the Posyandu program, which will be discussed in the next chapter. I will argue that the Posyandu program was part of the New Order's developmental strategy both structurally and ideologically. Malnutrition and other health issues related to children were considered

developmental challenges. As I will demonstrate, the New Order's emphasis on women's role in bringing about development—concurrent with their role as mothers—unintentionally empowered women and afforded them greater prominence in the public sphere as obedient, long-term volunteers in the Posyandu program.

Chapter 3.

The Posyandu Program during the New Order

This chapter evaluates the success of the Posyandu program. Applying a number of different indicators, I conclude that the program was a success for three reasons. The first was that the authoritarian character and developmentalist ideology of the New Order regime drove a massive expansion of the Posyandu program. The centralized machinery of Indonesia's bureaucracy was put to work supporting the Posyandu program from the national to the village level. The second reason for the program's success was the mobilization of women volunteers. Because the New Order could mobilize women to participate in (and contribute to) the Posyandu program, it was able to implement this very large program at very low cost. The third reason was that, through this large contingent of volunteers, the Posyandu program could reach all the way to the village level, where *kader* (volunteers) monitored and managed the health behavior of a large part of the Indonesian population. Taking a cue from Foucault, I argue that the Posyandu program functioned like a panopticon. Through the program, the regime had not only eyes on the ground, but also the capacity to police both health behavior and womanhood itself.

As I discussed in the introduction, one of my aims in studying the Posyandu is to contribute to debates about the character of citizenship in Indonesia. This chapter will discuss how, through Posyandu, the New Order promoted a particular type of citizenship that differed from rights-based Western

conceptions. This chapter will demonstrate that the New Order did not promote citizens' rights —the right to basic health care, for instance— but instead emphasized the duty they owed their communities. Through the program, the regime instilled in women a sense of responsibility and obligation to their communities. Good citizens were expected to provide time, cash, and in-kind contributions for the good of the community. Through the Posyandu program, the regime propagated women's roles as good mothers and active citizens.

The chapter will proceed as follows: First, I will discuss the ideas behind the Posyandu program and its design. After that, I will examine the everyday operation of the program. I will then explain why the Posyandu can be considered a success, discussing the reasons for this in detail.

3.1 The Posyandu, the New Order's developmentalist program

In the early days of the New Order in the 1970s, the number of malnourished children in Indonesia was worryingly high, with half of all children being undernourished (Rohde, 1993). For the same period, the infant mortality rate was 200 per thousand live births, and life expectancy at birth was 48 years (Kristiansen and Santoso, 2006). The causes of infant deaths were mainly diarrhea, tetanus, and acute respiratory infections (Kristiansen and Santoso, 2006). The numbers were similarly grim for women, with a maternal mortality rate of 500 per 100,000 live births.² The underlying causes of death for women during or after pregnancy were anemia, malnutrition, short intervals between pregnancies, poor hygiene, and complications during delivery. These rates were worse than those of the other ASEAN countries and were close to the rates in African countries (MoH, 1990).

² The maternal mortality ratio (MMR) is the number of maternal deaths during a given time period per 100,000 live births during the same period. A maternal death is the death of a woman from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy.

This situation threatened President Suharto's national development goals and legitimacy. As I explained in chapter 2, the health of mothers and children was necessary to achieving these goals, a fact that was reflected in a speech that Suharto gave in Jakarta on April 7, 1984:

On the 36th World Health Day today, we in Indonesia have chosen the theme "Healthy Children for the Nation's Future." Healthy and intelligent children are invaluable capital in development because these children will later continue the development that we have pioneered [...] The intelligence and health of our children are closely related to the health of the mothers who give birth to, nurture, and raise them. Therefore, efforts to protect the health of mothers have an important meaning for the continuation of our development in the future. (Suharto, 1984a).

Clearly, Indonesian children were seen as significant human capital that would sustain national development. Women, meanwhile, were responsible for looking after children's health, which was only possible if they themselves were healthy and understood how to take care of children "properly."

The New Order's intention to solve the health problems of mothers and children was hindered by the fact that, in the early 1970s, clinic-based primary health care (Puskesmas) was only accessed by approximately 20 percent of the target population (Kollmann, 1992 p. 1). Traditional beliefs about health and diseases prevented people from visiting the centers, as did their geographical distance. In remote and rural areas, Puskesmas services did not reach most of the people at whom they were targeted. Although Puskesmas were designed to integrate curative care, preventive care, and promotive care, in practice, the services they provided emphasized curative care alone. Puskesmas were unable to address the major causes of mortality in the population: diarrhea, acute respiratory infection, severe malnutrition, and communicable diseases (Berman et al., 1987).

In that context, the Posyandu program was created to improve the health of Indonesian mothers and children by making preventive health care services more accessible to all Indonesians, especially those unable to access a Puskesmas or another clinic-based service provider. This aim of the Posyandu program is found in several official Ministry of Health

documents, excerpts of which follow: “With the aim of implementing the development of community health in the villages in Indonesia, we implement the Posyandu program” (MoH, 1988 p.8). “The Posyandu program is aimed at protecting the health of all children under five years old and pregnant women” (MoH, 1991 p. i).

Prior to the official establishment of the Posyandu program, there were already local community health care initiatives in a number of districts in Indonesia. The most successful was the Banjarnegara project. The initiative was implemented in several villages in Banjarnegara Regency in Central Java province in the early 1970s. It was both a collaboration between private intuitions, local health services, and villagers and part of larger community development efforts in which health development was one part of the program. This innovative approach, which used women volunteers, soon spread to the entire district after receiving strong support from the local government (Berman, 1984).

Learning from the success of the Banjarnegara project, the New Order undertook a pilot project in several other districts in the mid-1970s. The project trained about twenty volunteers per village to be “health promoters,” with each responsible for the health care of 10–20 households (Berman, 1984). The results of the program were positive, and in the late 1970s, the government established a community-based health care program, *Usaha Perbaikan Gizi Keluarga* (Family Nutrition Improvement Program), or UPGK. At first, the UPGK focused only on family nutrition and child survival. The program involved different ministries under the coordination of the Ministry of Home Affairs. The Ministry of Health and the Ministry of Agriculture were directly involved in the delivery of UPGK services. The Ministry of Religion, meanwhile, used a religious approach to motivate mothers to make use of the program. The program included activities and messaging related to nutrition, health, appropriately spacing out pregnancies, and home gardening (MoH, 1990).

In 1979, the UPGK program became the Family Planning and Nutrition Program. The Family Planning Board recognized the UPGK’s potential in sustaining family planning efforts— especially its weighing of infants,

which would attract mothers to Posyandu posts, where they would be giving family planning information. It also saw an opportunity to provide an array of services through the program, as well as to continue motivating mothers to use contraception by focusing on the health of their youngest child. As its activities continued to expand, in 1984, the Family Planning and Nutrition Program was renamed, becoming the Posyandu program. That same year, the program was implemented nationally. Since then, it has developed significantly, growing into one of Indonesia's most important health care providers (Rohde, 1993)

3.2 The Posyandu's services

The Posyandu program provides preventive and promotive health care. The program's main activities take place once a month at "Posyandu posts." During the New Order, posts were typically run by four or five *kader*, one of which was a *kader* coordinator. Almost all *kader* were women. Each post was supported by a village midwife or, sometimes, a medical doctor and a nutritionist from the nearest Puskesmas. Posts were also regularly visited by a member of the Agricultural and Family Planning office's technical staff. Each post covered around 25–100 infants and children under the age of five. There was at least a single post in each village and usually 3–5, depending on how large and densely populated the village was. Posyandu posts were supervised by the Puskesmas in the sub-districts where they were located. In general, each Puskesmas oversaw 20–50 Posyandu posts, and each village midwife supported 5–10 posts.

The post provided primary health care to infants, toddlers, and pregnant women. Then as now, services focused mainly on preventive and promotive care. For children, this included the provision of immunizations, children supplementary food and vitamin A, as well as growth monitoring for infants and children under the age of five. For women, it meant regular pregnancy check-ups; vaccinations; the prevention and treatment of diarrhea using ORS (oral rehydration salts); the provision of nutrition information; education on child-rearing practices and healthy behaviors, including breastfeeding; family planning counseling; and the provision of

micronutrient supplements (particularly iron-folic acid tablet for anemia in pregnancy), and contraceptive pills and injections. The Posyandu posts were also used to promote other state messages and programs, especially those targeting women, such as income-generation or microcredit programs.

Each Posyandu post had a specific name, the common ones being the names of flowers, fruits, or the areas where the posts were held—for instance, Posyandu Mawar (Rose), Posyandu Melati (Jasmine), and Posyandu Jeruk (Orange). Posts were almost always held on the same day or date each month—for example, the fifth of every month or the first Wednesday. Schedules were fixed to make it easier for mothers to remember them and so that village midwives and Puskesmas staff could arrange their schedules ahead of time. Posts normally started at around eight or nine o'clock in the morning and finished around noon.

During the New Order, the majority of Posyandu posts did not have their own buildings. Instead, they were usually held in the front yard of a *kader*'s house (usually the *kader* coordinator) or at the village office or the home of the head of the village or another community leader. Each post was provided with a locally made *dacin*—a robust and standardized scale used to weigh children, who were suspended in cloth pants with long “suspenders,” a woven basket, a wooden chair, or a cheerfully painted box (see figure 2 and 3). Standard growth charts were printed in cheerful colors on durable, plastic *Menuju Sehat* (Road to Health) cards, which were distributed to mothers at the posts. These charts tracked growth through a series of colorful lines, reminiscent of a rainbow, that represented weight gain over time (see figure 4). The card substantially enhanced mothers' desire to participate regularly in the weighing program, which the regime also used to measure (and oversee) the progress and achievements of the Posyandu (Rohde, 1993 p. 139).

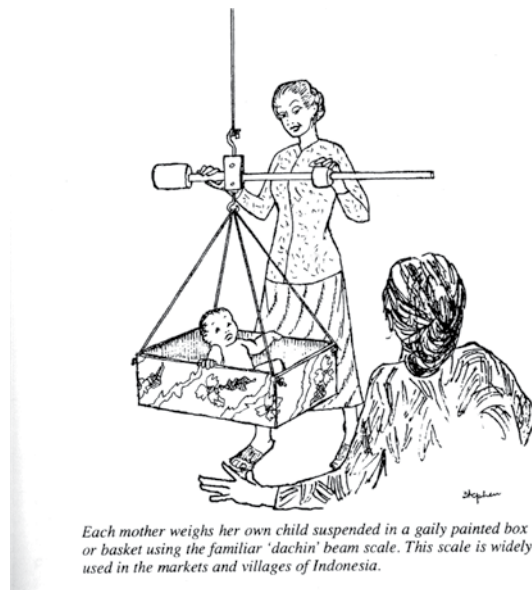


Figure 2. Weighing a baby
(Rohde, 1993 p. 139)

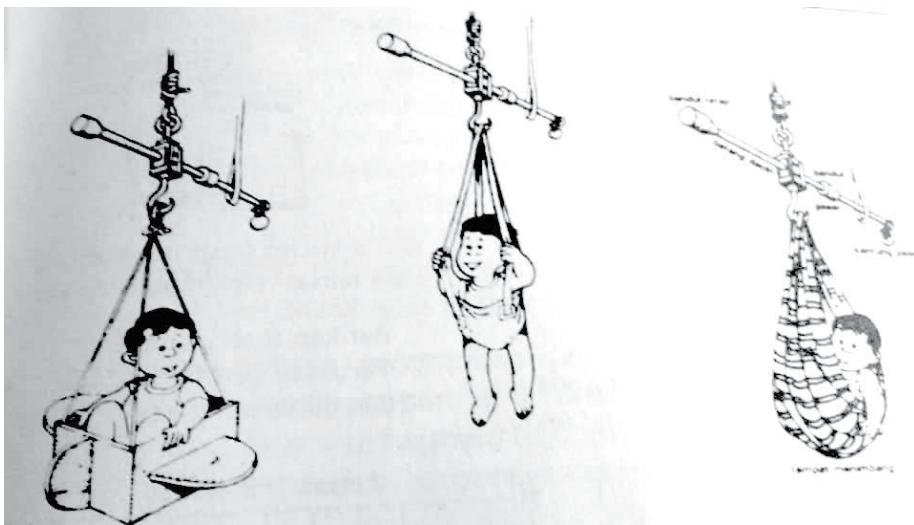


Figure 3. Dacin
(MoH, 1990 p. 45)

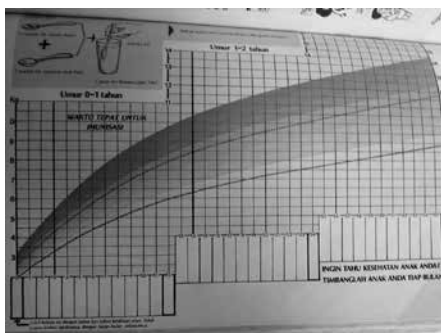


Figure 4. A colorful growth charts
(MoH, 1990 p. 42)



Figure 5. Mothers holding their
children's Road to Health cards while
feeding them green bean porridge
(MoH, 1990 p. 62)

Procedures at Posyandu posts were standardized to ensure they were carried out correctly. At each post were five tables: At the first, children were registered. At the second, they were weighed. Their weight was plotted on their Road to Health card at the third, and at the fourth, their growth was interpreted and nutrition advice was offered. At the fifth table (see figure 6), staff from the Puskesmas provided services, including immunizations (MoH, 1990). Most tasks at the posts were carried out by *kader*, who weighed children and distributed contraceptive pills to women of reproductive age, iron tablets to pregnant women, and oral rehydration salts to people suffering from diarrhea. *Kader* were also expected to encourage mothers to regularly visit the Posyandu post and to change their sanitary, nutritional, and reproductive habits. Finally, as administrators, *kader* recorded children's weight and immunization records on their Road to Health Cards and filled in forms with data relevant to the district and national governments.

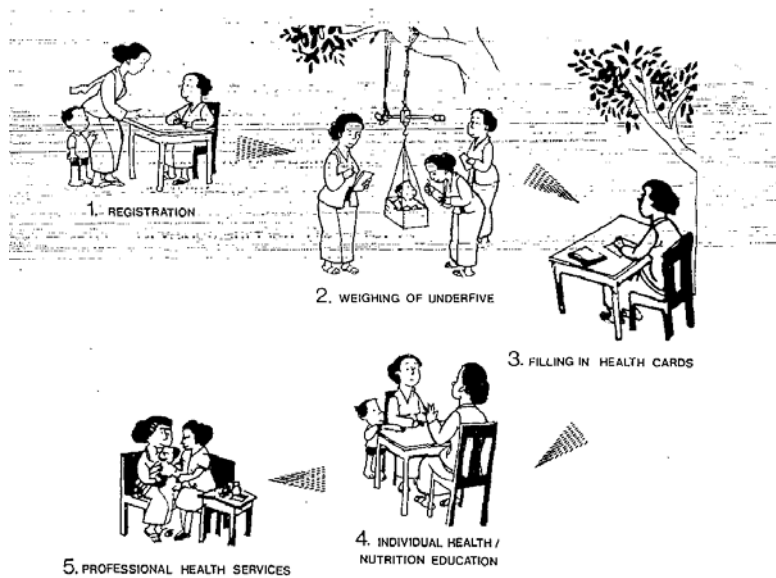


Figure 6. The Posyandu's Basic Procedures
(MoH, 1990 p.55)

The Posyandu's activities were not limited to monthly posts. As several *kader* explained, during the New Order, they were actually on duty almost 24 hours a day. To begin with, they were required to visit the homes of children who had not shown up at the Posyandu post, find out why they had not come, and ensure they would be at the next session. *Kader's* homes, furthermore, were essentially always open to neighbors in need of help. As Ibu Aminah explained, "Often, at midnight, a neighbor knocked on my door with a child with fever or diarrhea. In the New Order, I was supplied with ORS and other basic medicines as well as contraceptive pills". The Posyandu program also involved a great deal of data collection (including the total number of children under the age of five, those enrolled in the program, participating in the monthly activities, gain weight; fully immunized; pregnant women, postpartum and breastfeeding mothers) most of which was carried out by *kader*. This data was used to monitor mothers' compliance with the program's dictates and as an indicator of the success or failure of the program.

3.3 The Posyandu's success

How successful was the Posyandu? The program's impact can be evaluated by looking at three indicators: coverage, impact on health behavior, and impact on health indicators. These are suitable criteria for evaluating a community health care program because they concern the key aims of such programs. With regard to its coverage, the Posyandu program was remarkably successful in expanding throughout Indonesia, a large and diverse country. The number of Posyandu posts increased sharply: in 1985, a year after the program was officially launched nationally, there were already 20,000 posts. In 1995, the number reached 200,000, with a post in almost every one of Indonesia's 65,000 villages and the program reaching 90 percent of Indonesian families (Nugent and Swaminathan, 2005).

The program also succeeded in changing communities' health behavior. This study identified three significant changes. First, in 1983, a year before the Posyandu program was implemented nationwide, less than ten percent of Indonesian children were fully immunized. Only ten percent were immunized against DPT (diphtheria, pertussis, and tetanus) and polio, and even fewer were immunized against measles—just five percent. Five years later, in 1988, vaccine coverage had increased to approximately 60 percent for DPT, 62 percent for polio, and 50 percent for measles (Dichter et al., 1990). By mid-1990, overall vaccine coverage for children in Indonesia had reached 80 percent (Rohde, 1993). Child immunizations were provided free at Posyandu posts.

The health behavior that improved significantly was participation in family planning. During the New Order, Posyandu posts were the main contact points for family planning programs and the distribution of contraceptives. Those who accepted contraceptives were offered incentives, such as scholarships for their children, financial advice, and coconut seedlings, which could be used to generate extra income (Newland, 2001). Although the family planning program began about a decade before, it was only after the Posyandu program was implemented nationally that participation increased significantly; from the early 1980s to the end of 1987, the use of contraception among married women nationwide increased from around 25 percent to around 50 percent (Dichter et al., 1990; Suyono et al., 1993).

Another important health behavior that increased remarkably in a very short period of time was the use of oral rehydration therapy. A survey conducted in 1988 in ten large provinces in Indonesia reportedly found that almost 75 percent of mothers correctly mixed ORS, and about 50 percent had used ORS to treat their child's most recent episode of diarrhea, using either ready-made packages called Oralit or a homemade mix of salt, sugar, and water (Dichter et al., 1990).

The Posyandu program's main goal and final measure of success was improving the health of Indonesian mothers and children. It is difficult to clearly establish a direct link between the program and improved health due to other possibly influential factors such as increased educational attainment (especially school enrollment by girls) and a decline in poverty—and the time gap between the intervention and the results. Nonetheless, this study identifies three indicators. The first is levels of child malnutrition. It was reported that severe child malnutrition decreased from 4.2 children per 1,000 people in 1980 to only 1.05 children per 1,000 people in 1990 (Rohde, 1993). During the New Order, Posyandu posts were also places where people could gather socially and where mothers learned how to prepare nutritious food for their children.

The second indicator is the infant mortality rate. In 1980, before the Posyandu program was implemented nationally, there were 125 infant deaths per 1,000 people. In just ten years, this number dropped significantly to 50. According to a report from the Ministry of Health, one of the reasons for the drop was a dramatic decline in child deaths from diarrhea, from 600,000 per year in 1974 to 75,000 in 1989 (Rohde, 1993 p.149). The availability of oral rehydration and the attention given to nutrition and hygiene at the monthly Posyandu posts reduced diarrhea from the leading cause of death to the fourth or fifth most common cause (Rohde 1993a).

The third health indicator that suggests that the Posyandu program was successful is the maternal mortality rate (MMR). The MMR dropped from 500 in 1980 to 383 in 1990 (Utomo et al., 2021)—better than the mortality rates of Cambodia, Laos, Myanmar, Bangladesh, and even India. Pregnancy check-ups, which included free iron supplements for pregnant

women, were one of the main services provided at Posyandu posts. The decline in maternal mortality was also due to the success of the family planning program. The total fertility rate declined from 5.6 in the 1970s to 2.1 in early 1990, and spacing between pregnancies had contributed to the preventing of many high-risk births.

Because of these successes, the Posyandu program gradually gained international fame as a successful community-based health care initiative and an example for other developing countries to follow, especially those concerned with reducing high levels of malnutrition in the late 1980s (Rokx et al., 2018). It received awards from the World Health Organization and UNICEF for its successes in voluntarism and health improvement (Nugent and Swaminathan, 2005).

These achievements boosted the legitimacy of President Suharto. In different forums, he often spoke about the success of the program, proudly reporting the improvements in indicators of maternal and child health that Indonesia had achieved. As he said in a speech on the occasion of the 63rd commemoration of Mother's Day:

The success that has been achieved, especially in improving family health through the Posyandu program, has received awards from international agencies, such as the WHO and UNICEF. We have succeeded in reducing infant mortality, reducing maternal mortality, increasing life expectancy, promoting healthy families, promoting the use of breast milk, fostering families to care for and educate children under five, and improving family welfare in general. This achievement has invited the interest of other countries, who wish to draw from our experience. Our success is very important because it concerns the quality of life of our society. (Suharto, 1991).

3.4 The authoritarian bureaucracy of the New Order

Why did the program succeed in this manner? I argue that its success can be attributed to three main factors. The first is the solidity of the authoritarian bureaucracy that implemented the program. The program was established based on an agreement between six institutions, including the Ministry

of Home Affairs (MoHA), the Ministry of Health (MoH), the National Coordinating Board for Family Planning (BKKBN), the PKK, the Ministry of Agriculture (MoA), and the Ministry of Religious Affairs (MoRA). The involvement of the four ministries, with the Ministry of Home Affairs acting as coordinator rather than the Ministry of Health, clearly indicated that the Posyandu was a very important program for the regime.

In the New Order, the Ministry of Home Affairs played a crucial role. This ministry was responsible for regional development and village community development programs, of which the Posyandu was one. Januar Achmad (1999) argues that in the New Order, the Ministry of Home Affairs was able to implement all government programs and ensure adequate resource allocation through its efficient and effective top-down administrative system and the application of authoritarian pressure. All governors and regents were also appointed through this ministry, and their evaluation and promotion were partially on the basis of achieving targets related to indicators of maternal and child health, as well as on the number of women in their jurisdictions participating in the family planning (Suyono et al., 1993). In the halls of village offices, signs were hung for all to see with charts plotting the percentages of mothers visiting the Posyandu posts, infants whose weight had increased, and individuals in the village population using contraceptives. These numbers became a means of stoking competition between villages, sub-districts, and even districts within a province to achieve higher percentage levels (Rohde, 1993; Suyono et al., 1993). The setting and meeting of targets became a serious activity, and competition was encouraged in a number of different programs (MacNicoll, 1986). The Ministry of Home Affairs incorporated these numbers into the parameters of the national village classification system, by which villages were evaluated (Suyono et al., 1993). Interregional competition and its potential effect on regional leaders' careers resulted in their heightened awareness of and support for the Posyandu and family planning programs in their jurisdictions.

President Suharto himself publicly voiced his support for the Posyandu program on a regular basis. For example, one banner (see figure 7) portrayed Suharto, a fatherly smile on his face, vaccinating a baby held by its mother.

Behind Suharto, his smiling wife looked on. The caption read, “Follow Mr. President. Ask for complete immunization for infants at the nearest Posyandu or Puskesmas” (*Ikuti Bapak Presiden: Mintakan imunisasi lengkap untuk bayi di Posyandu atau di Puskesmas terdekat*) (MoH 1990, p. 13).



Figure 7. President Suharto immunizing a baby
(MoH, 1990 p. 13)

The solid coordination between the New Order’s agencies in implementing the Posyandu program was confirmed by a survey conducted in 1986 by the World Health Organization (WHO). This survey involved 1,008 health centers, thousands of *kader*, 35,280 randomly selected households, and local leaders in 12 provinces in Indonesia. The results revealed that 90 percent of the respondents, who were at all levels of the health sector as well as outside of it, knew the Posyandu’s policies (Rohde, 1993 p.142-143). Of the provinces visited, 9 out of 12 reported that there had been inter-sectoral discussions about the Posyandu; 67 percent of the districts selected reported the same. At the health center level, 80 percent of the 300 health centers visited had held inter-program meetings to discuss issues related to the Posyandu (MoH, 1990).

The program also involved the Ministry of Religious Affairs, which in theory was little concerned with health issues; its role was to stimulate awareness of and community participation in the program (MoH, 1990). The Ministry of Religious Affairs mobilized religious leaders, particularly Islamic religious leaders, who had significant influence in the villages. Then as now, Islam was the religion of more than 90 percent of the population. Religious leaders, as motivators and coaches, strove to improve community participation through their weekly sermons and through other religious activities (Ratne, 1982; Rohde, 1993). To guide these religious leaders, the Ministry of Health and the Ministry of Religious Affairs developed a booklet, *Standard Messages of Health according to Islam*, which addressed sensitive issues such as immunization. Addressing some Muslims' concern that vaccines might contain ingredients derived from pigs—generally forbidden in Islam—the book included the statement, “Immunization is essentially a human effort to protect children against several dangerous diseases. Children who are not immunized are more likely to experience malnutrition, disability, and death. Immunization is permitted by Islam and even encouraged because immunization is an effort to preserve the soul and offspring” (MoH, 1993 p13). To reinforce the advice given, the messages were followed by quotes from Arabic *hadith*, a record of the traditions and sayings of the Prophet Muhammad.

The Posyandu program was also supported by the Ministry of Information. Through state TV and radio programs, this ministry's role was to promote the health of mothers and children and motivate mothers to bring their children to the Posyandu posts. For example, in 1990, the Ministry of Health and the Ministry of Information together published a book entitled *Short Messages about Maternal and Child Health for Radio Broadcasters*. This book was intended as a guide to disseminating health messages, including those related to safe childbirth, nutrition, immunization, and breastfeeding, as well as advocating that mothers come to the Posyandu. The book's suggested messages included: “Get immunizations for your children so they will not get tuberculosis, diphtheria, whooping cough, tetanus, polio, hepatitis, or measles”; “Immunization can be obtained at the Posyandu post, Puskesmas, or hospital”; “To prevent vitamin A deficiency

in children ages 1–5, ask for and take a high-dose vitamin A capsule from the Posyandu post every six months; specifically, in February and August”; and “Check on your pregnancy as early as possible and regularly (at least four times during the pregnancy), with health workers at the Posyandu, Puskesmas, or hospital” (MoH, 1996 p. 19).

The state’s authoritarian structure and its support for the implementation of the program were not the only reasons the Posyandu succeeded. Just as important was the participation of community volunteers, as I will discuss in the next section.

3.5 An inexpensive health care program



Figure 8. “Resources for the Posyandu program: 1. Jimpitan rice; 2. Table-bench-chair; 3. Food; 4. Community labor; 5. Community dues”
(MoH, 1988 p. 16)

The second reason for the success of the Posyandu program was that the program was able to deliver health care services much more inexpensively than clinic-based health care (that is, the Puskesmas) could. Peter Berman (1992) compared the state’s budget allocation for the Posyandu posts with allocations for the same services at Puskesmas in several districts in Java. He found that the state had to spend 60 percent more at the Puskesmas. This meant that community contributions covered around 60 percent of the costs of the Posyandu posts (Berman, 1992 p. 79).

These low costs were possible because the state extracted resources from communities. A solid, authoritarian, and centralized bureaucracy gave the New Order the capacity to mobilize large parts of the population to participate in the program voluntarily. First and foremost, this covered the expense of labor. Being a Posyandu *kader* was volunteer work. It did not involve monetary compensation, though *kader* did receive free care at the Puskesmas, plus a small transportation allowance for attending meetings or trainings outside the village. *Kader*, especially the coordinator, were routinely invited to meetings at the village, sub-district, and district levels. They were provided with uniforms, badges, and certificates (MoH, 1991).

In 1990, the Ministry of Health calculated that, on a monthly basis, each *kader* spent an average of five hours per month running the Posyandu post's activities; prepping these activities and doing administrative work, home visits, and data collection; and attending various meetings—adding up to a total of twenty hours each month spent on work related to the Posyandu program. Some—the *kader* coordinator, for example—might do even more. If five hours of a *kader*'s time was valued at USD 2.25, in one month, the volunteer work they contributed would be worth approximately USD 10–50 USD per post—one post consisted of 1 to 5 *kader* (MoH, 1990 p. 56). With about one million *kader* actively working in the Posyandu program in the early 1990s, the New Order saved approximately USD 10 million *per month* by employing mothers in unpaid positions.

Apart from volunteer labor, the Posyandu also extracted cash and in-kind contributions from communities. In Java, contributions mainly came in the form of *jimpitan*. *Jimpitan* was a traditional Javanese practice in which wives set aside a certain amount of rice every day to give to poor people (Soemardjan et al., 1993). In the New Order, the concept was adapted to mean a contribution to the common assets of a group or organization, or program such as the Posyandu. Ibu Ani, a Posyandu *kader* from Sukabumi Regency, explained how mothers contributed to her Posyandu post during the New Order:

In the past [the New Order era], mothers who came to the Posyandu brought rice or money. [...] The amount of rice given was typically as much as one full glass; a couple of richer mothers in the village gave a little more. Some mothers preferred to give money, and we set a minimum amount. There were also mothers who did not routinely carry rice or money, and we let them not donate. They became embarrassed in front of the other mothers [laughs] [...] Kader then sold the rice collected, and together with the collected cash, the money was used to finance the operational costs of our Posyandu. This included buying books, stationery, and chairs and covering some of the transport costs of the Posyandu kader who attended meetings at the district health office. The money was also used to buy the ingredients for cooking green bean porridge—namely, green beans, palm sugar, and coconut milk—so we could feed toddlers and pregnant mothers at the Posyandu. But they had to bring their own glass or cup and spoon [laughs].

Kader received special training to help them elicit greater contributions to the Posyandu program from their communities. A specific training module for raising the level of contributions was even developed, which detailed the breadth of resources that could be obtained: “Resources that can be extracted for the activities of the Posyandu include human and natural resources. Human resources come in the form of people who devote their time, thoughts, and energy to running Posyandu activities. Natural resources are obtained by, for example, utilizing agricultural products to improve the nutrition of children below five years of age, collecting *jimpitan* agricultural products such as rice to finance Posyandu activities, or selling sand and stones collected from local rivers as a source of funds for Posyandu activities” (MoH, 1988 p. 17).



Figure 9. “Indirect use of resources through jimpitan”
(MoH, 1988 p. 18)

Community participation in the New Order was not fully organic—it depended on coercion by an authoritarian regime. Sciortino (1992) argues that participation in the Posyandu program was imposed. The program was strongly geared towards various formal organizations at the village level, which in turn had hierarchical relationships with similar organizations at the district, province, and national levels. As I argued in chapter 2, the New Order’s propaganda about “good women”—who were good wives, good mothers, and good citizens—also shaped women’s motivation to participate and volunteer in the program.

3.6 Disciplining health behavior at the community level

The third reason for the Posyandu’s success is that the existence of a million *kader*, active in almost every village in the country, enabled the program to actively monitor and discipline the health behavior of Indonesians, particularly mothers. An important aspect of the Posyandu program was the way in which it addressed the health of mothers and children

by actively disciplining their health behavior. According to the logic of the state, mothers needed to be “forced” to behave in ways conducive to good health—having their infant regularly weighed or immunized, for example. It was expected that after they experienced the benefits of being healthy, coercion would no longer be needed; healthy behaviors would be internalized and integrated into their lifestyles. However, the Posyandu’s expectations of healthy behaviors were enforced—not by the state’s bureaucratic apparatus, but rather by *kader*.

Kader disciplined mothers by making them visit the Posyandu posts regularly to have their children weighed and immunized and to receive vitamin A and other supplements. Pregnant women were encouraged to take iron supplements and have at least three check-ups in the course of their pregnancy. *Kader* monitored whether mothers exclusively breastfed their infants and fed children under the age of five nutritional food. They “persuaded” women to join the family planning program and encouraged them to have only two children, with the two pregnancies adequately spaced apart.

Kader’s surveillance went even further when, in 1988, the New Order introduced the concept of *Dasawisma* (ten houses). This concept divided communities into units consisting of ten households or individual women, with a volunteer assigned to each unit. The main task of these volunteers was to oversee their unit’s compliance with the dictates of the health program. They reminded women to visit the Posyandu posts and to have their health and that of their baby checked (MoH, 1990). If a mother did not show up at the Posyandu post at the expected time, a volunteer would come to her home to enquire whether there was a problem and whether help was needed (Bianpoen, 2000 p. 166). Each volunteer was given a book in which she recorded the Posyandu and Puskesmas visits of the ten women under her supervision.

The concept of *Dasawisma* illustrates how the New Order monitored everyday life with the intention of both improving service provision and controlling people (Magrath, 2010 p. 6). The monitoring was deep and pervasive (Newberry, 2006 p. 139) and dictatorial (Oey-Gardiner, 2002

p. 102), and it reached into each and every home (Suyono et al., 1993 p. 485). This penetration into society by the New Order was more extensive than the regimes in most developing countries were able to achieve, many of which struggled to exert authority over society (Shiffman, 2003 p. 1204).

Posyandu *kader* were also required to conduct *sweepings*, a term normally used for police and military sweeps—that is, raids or round-ups of people suspected of ideological nonconformity or “disturbing the peace.” Ibu Nani, a *kader* from Sukabumi Regency, explained that during the New Order, the village office and the Puskesmas required her to conduct “door-to-door *sweepings*,” which meant knocking on the doors of mothers who, for example, did not bring their children to the Posyandu. These *sweepings* were especially common for distributing vitamin A, which Ibu Nani had to make sure every child under the age of five in her neighborhood received. *Sweepings* was also conducted on other occasions when deemed necessary.

This study found that in NTT province—a region considered poorer and more underdeveloped than other provinces in Indonesia and which performed lower on health indicators—the New Order’s discipline had been harsher than it was in West Java. According to several senior Posyandu *kader*, in NTT, if mothers who were supposed to come to the Posyandu post did not show up, they were often picked up and brought there forcibly; the local term for this was *dijemput paksa*. Mama Nonce, a Posyandu *kader* from TTS district, explained that before the reform era (that is, during the New Order), if mothers did not come to the Posyandu post, she or another *kader* would inform the head of the village, who, accompanied by the village’s paramilitary officers, would fetch them by force, as Mama Nonce furiously explained: “If this happened, nobody dared to fight. Often, they pretended that they were not home when the village officers came to their house, or they just hid in their farmland, far from the village”.

This discipline came with different sorts of punishments and rewards. The most subtle punishment was being embarrassed in front of other mothers. For example, if an infant’s weight had not increased between Posyandu visits, *kader* would blame its mother for being ignorant—often in front of other mothers, very loudly, and in a harsh tone of voice. Other forms of

punishment were also possible. In NTT province, for example, mothers were fined a certain amount of money or required to perform community service (such as cleaning the village office) if they did not bring their children to the Posyandu post. In most cases, as Mama Nonce explained, community service was the most plausible option since most villagers were financially unable to pay the fine.

The Posyandu program enabled the Indonesian state to monitor health behavior quite closely. *Kader* collected statistical data on pregnant women, postpartum and breastfeeding mothers, infants, and children younger than five, as well as data on utilization of the Posyandu, which was passed on to the district and, subsequently, the national government. The availability of the data enabled the Indonesian state to reward or punish areas and villages depending on their level of success. Regions that scored lower on health indicators received a warning, which was conveyed hierarchically, from the national down to the village level; such warnings, in the end, meant *kader* had to work harder to discipline mothers and improve health indicators.

These methods of imposing discipline closely resemble Michael Foucault's panopticon (1979) in the sense that the Posyandu program—on the ground and capable of observing and giving citizens the impression that they were being watched by the state—operated more or less as the eyes and ears of the New Order regime. Foucault's concept refers to the idea of the same name proposed by Jeremy Bentham in 1843: a circular prison with inmates occupying the circumference and guards in the center, where they can watch the prisoners at all times. In Bentham's model, this type of surveillance—and the punishment—is made possible by the panopticon's circular structure. Foucault's work on punishment focuses more on the social and psychological reality of prisoners that are constantly surveilled. Because of the prisoners' knowledge of this constant surveillance, they begin to act as though they are being watched around the clock, even though the actual surveillance is unverifiable. Constant surveillance is supposed to induce a heightened self-awareness and paranoia among prisoners; the constant perceived threat of being watched will, in effect, control their behavior (Bentham, 1995 p. 16).

The Posyandu *kader* operated as powerful panoptic agents, an all-seeing disciplinary force. Here, discipline was enforced through an interpersonal process rather than a structural one, mother-to-mother rather than state-to-mother. The Posyandu *kader* were local women who spoke the local language and were known by most people in the neighborhood. They were more trusted than health staff from the Puskesmas, and they could more easily convince their resistant community to accept preventive and promotive measures (Sciortino, 1992). Having *kader* in every village (or even hamlet) and available at all hours meant that the New Order could effectively control society through its ‘authorized party,’ namely *kader*. Without the presence of the state, the disciplinary force was deeply rooted in every community.

3.7 Disciplining motherhood

Relatively effective and cheap health care and disciplined health behavior were not the program’s only results. The Posyandu was also, I will argue, an important tool for the New Order regime to promote an ideal of women as obedient-yet-active wives, mothers, and citizens. As explained in chapter 2, the New Order promoted certain ideal images of women, and the Posyandu program was a means for the regime to promote those images.

First, the Posyandu promoted the ideal of a good mother who took good care of her children by, among other things, having their health checked regularly at the Posyandu post. It was mothers (or other women in the family, such as a grandmother) who were obliged to bring their children to the Posyandu posts, not fathers. It was mothers who were blamed if their children’s weight had not improved or if they were malnourished. The Posyandu program promoted different cultural roles for men and women. The fact that the program was built into a state-sponsored women’s organization, the PKK, clearly indicated its adoption of state ideology concerning natural patriarchal authority within families and, concordantly, women’s subordinate status. The Posyandu’s monthly opening hours—eight o’clock in the morning until noon, Monday through Saturday—implied that women, who were supposed to be stay-at-home housewives, should be the ones to bring their children to the Posyandu posts. Fathers were assumed to be at work during these hours.

Women's role as mothers was also promoted through various means. For example, banners installed in city centers across the country pictured a mother with two children—a boy and a girl—standing next to text that read, "Let's go to the Posyandu post. It keeps healthy children healthy." Such banners always portrayed women as children's primary caretakers., while men were not seen in the picture (see figure 10). The program also had its own song, "I Am a Healthy Child," which conveys the same message, emphasizing that children can be healthy if their mothers are diligent, thorough, and alert—and take them to the Posyandu post. The role of fathers is not mentioned in the song. This song was taught in schools and played on television and the radio every day. As explained in chapter 2, both media were used to propagate the ideology of the New Order and the spirit of national development. Another example is a Posyandu handbook about pregnancy and how to care for a baby. Like the banners and the song, this handbook also does not mention the role of the father. In this 30-page book, child-rearing is described as "an activity done by mothers and families to stimulate child development and to help a child grow appropriately for their age" (MoH, 1997).



Figure 10. Posyandu banner picturing a mother and two children
(MoH, 1990 p.14)

“Aku Anak Sehat” (I Am a Healthy Child)

Aku anak sehat, tubuhku kuat
(I am a healthy child, my body is strong)

karena ibuku rajin dan cermat
(because my mother is diligent and thorough)

semasa aku bayi selalu diberi Asi, makanan bergizi dan imunisasi
(when I was a baby, I was breastfed and given nutritious food and immunizations)

berat badanku ditimbang selalu
(my body was always weighed)

Posyandu menunggu setiap waktu
(the Posyandu was available at all times)

bila aku diare, ibu selalu waspada, pertolongan oralit telah siap sedia
(if I had diarrhea, my mother was always alert; ORS was always available)

A second aspect of the idea of womanhood promoted by the Posyandu was being obedient yet active in the community. The New Order regarded participation in their communities as women's way of contributing to national development. For example, an illustration in a Posyandu guidebook pictured two women walking to a Posyandu post with their small children, the text below them reading, “Coming to the Posyandu post is a way to contribute [to national development], although only at the lowest level.”



Figure 11. Participating in the Posyandu as a contribution to national development
(MoH, 1990 p. 24)

Such propaganda suggested that women who volunteered in government programs (such as the Posyandu) contributed to national development. It was women, not men, who were recruited to work in the Posyandu program. A guidebook published by the Ministry of Health in 1990 described the Posyandu as a program run and attended only by women. It also depicted women wearing a *kebaya* and sarong— traditional Javanese dress that became women's national uniform, while working busily at a Posyandu post, weighing babies, recording measurements, and having consultations (MoH, 1990). Men were not pictured or mentioned anywhere in the book.

While emphasizing the importance of motherhood, the New Order used its Posyandu program to emphasize the role of women in bringing about development. As I will discuss in the next chapter, by relying so heavily on women, this program unintentionally empowered them and boosted their prominence in the public sphere.

3.8 Conclusion

In this chapter, I discussed the design and implementation of the Posyandu program during the New Order. The program aimed to improve the health of Indonesian children and their mothers, mainly through the provision of preventive and promotive health care. The program was run almost entirely by women volunteers supported by village midwives and staff from the Puskesmas, village offices and the PKK, the Family Planning Agency, and the Ministry of Agriculture.

I argued that the program was a considerable success in terms of not just improving according to health indicators (such as the number of malnourished children or the infant and maternal mortality rates) but also expanding its capacity to influence health behavior. The program was quite effective in promoting itself and influencing people to, for example, immunize and breastfeed their infants and participate in the family planning program.

This chapter also highlighted three interrelated elements of the Posyandu's success—the authoritarian, centralist character of the New Order regime and its developmentalist ideology; the mobilization of women volunteers;

and those volunteers' role in monitoring and disciplining the health behavior of a large part of the Indonesian population. The first of these elements created conditions in which the second could evolve, and the third element then became possible.

This importance of authoritarianism to the Posyandu's success also meant that when the New Order collapsed in mid-1998, the Indonesian state lost some of its capacity to mobilize women to volunteer in the program. This greatly contributed to the program's deterioration, as I will discuss in chapter 5 and chapter 6.

Chapter 4.

Working at the Posyandu Program and Everyday Empowerment

In this chapter, I will argue that the Posyandu program is a success not only because it has improved the health of Indonesian children and women—the program’s intended impact, as I discussed in chapter 3—but also because of one of its unintended long-term consequences: the empowerment of women. As I explained in the introduction, the intended objective of the Posyandu program was to provide for women’s practical gender interests (Molineux, 1985) in the form of maternal and child health care. Women need health care for their children and themselves, and volunteering in the Posyandu program extended their responsibility as caregivers from the private, domestic sphere into the public life of the community.

To be able to perform well in the program, Posyandu *kader* were provided with various skills, knowledge, and networks. The empowerment women obtained in the Posyandu program was not necessarily a type aimed at challenging their gender-based subordination: the program promoted a highly paternalistic view of women as wives and mothers. Yet my study of the long-term impact of the Posyandu yielded the conclusion that the program also served the strategic interests of women as defined by Molineux (1985). The program paved the way for women to play a more prominent role in public life. A remarkable and recurring theme in the lives

of long-term Posyandu volunteers is that they became active citizens and thereby acquired more respect and authority and stronger voices within their households and communities. Relatively shy and inexperienced at first, Posyandu volunteers gradually acquired self-confidence, knowledge, and contacts, which enabled them to take up various prominent roles in their communities. Despite its paternalistic characteristics, the Posyandu program had important (though unintended) long-term consequences for women's empowerment.

To illustrate these consequences, this chapter will portray 15 senior *kader*. Through interviews and direct observation, I followed these women's life trajectories from their first becoming *kader* during the New Order to their current achievements and roles in public life. I will argue that the Posyandu program had an important, empowering effect on women despite its clear paternalistic elements and its being designed to simultaneously provide health care services and discipline both women's health behavior and the idea of motherhood. Volunteering in the program provided women with skills, knowledge, and useful networks while also generating social acceptance of their taking up public positions.

The chapter will proceed as follows: the first section will discuss 15 women's experiences becoming Posyandu *kader* during the New Order, starting with their initial motivations. I will then elaborate on how they were trained and how their networks expanded, their confidence improved, and the active roles they played in society became more accepted by their communities. The chapter will end with an evaluation of the Posyandu program's importance in the lives of these 15 women today. I will also provide examples of the public roles that women currently play in everyday village governance.

4.1 Becoming a Posyandu *kader* in the New Order

During my fieldwork, I followed the life trajectories of 15 women who joined the Posyandu program in the 1980s, when they were in their early or mid-twenties. When they joined the program, twelve of these women were housewives and three were working as farmhands. All were married. Four of their husbands were civil servants, five were farmers, and the rest

worked as non-farm laborers. Six *kader* lived in NTT province (three in TTS Regency and three in Kupang Regency), while nine lived in West Java (five in Sukabumi Regency and four in Karawang Regency).

A *kader*'s journey started when they were recruited, usually by the head of their village or hamlet. The wives of civil servants and the relatives of heads of villages or other community leaders were particularly "encouraged" to become *kader*. Some were part of (or had close connections with) the political or economic elite in their villages (Columbia, 1991; Rohde, 1993), but many others were not—for example, Ibu Nani, a 52-year-old *kader* from Sukabumi Regency. At the time she was recruited, Ibu Nani was a full-time housewife with only an elementary school education. Her husband worked as a casual laborer. For Ibu Nani, the Ministry of Health's selection criteria for *kader* either were not obstacles (literacy, residence in the village) or suited her character (sociability, willingness to volunteer, knowledge of local customs and habits, willingness to commit the time required). Ibu Nani was born and raised in the same village she currently lives in.

Kader had different motivations for joining the Posyandu program. In the field, I found the New Order's propaganda (which, as I discussed in chapter 2, portrayed women as good mothers, wives, and citizens who actively volunteered in their communities) reflected in the motivations of the 15 women I followed. First and foremost, among these motivations, and the most often mentioned, was to become a good mother. Ibu Ani, a 58 years old *kader* from Sukabumi Regency explained, "When I became a Posyandu *kader*, I had just gotten married and did not have any experience raising children. I joined the Posyandu because I wanted to learn how to be a good mother who knew how to raise healthy and smart children." Likewise, Mama Desi, 52 years old *kader* from Kupang Regency said, "I was very excited to be a Posyandu *kader* because I wanted to learn new things, especially in terms of taking care of children."

The second motivation was to become a good wife. This was reflected in the statements of the four *kader* married to civil servants, who admitted that helping their husbands' careers was one of their main motivations. Ibu Ani became a *kader* in 1984—due, she claimed, to her husband's request that

she be active in the community. At the time, her husband worked as a clerk at the village office, and she was a full-time housewife taking care of their two-year-old daughter. “I became a *kader* when I was twenty-five years old,” she said. “At that time, I wanted to be a *kader* to help my husband’s career. According to his boss, if the wives of civil servants were active in the community, it could help to boost their husbands’ careers.” Mama Nince, a 54-year-old *kader* from TTS Regency, had similar motivations. Mama Nince’s husband worked (and still works) as a nurse in a Puskesmas when she became a Posyandu *kader*. She explained, “My husband works as a civil servant in the health department. I became a Posyandu *kader* to support his career [...] and because I wanted to serve the country by working for the community.”

In the field, I identified the main driver of this motivation: during the New Order regime, the evaluation and promotion of civil servants was partly influenced by their wives’ level of activity in state-sponsored women’s organizations (such as the Dharma Wanita or the PKK) and their support for the regime’s programs, including the Posyandu (Buchori and Soenarto 2000). Ibu Aminah, whose husband is a retired civil servant, explained how her work at the Posyandu program helped her husband’s career: “One time, my husband was to be promoted to head of a section in the district office. Hmm...I forgot the name of the section. At that time, there were two potential candidates, and fortunately, my husband was the one who got promoted. Later, I heard from the regent’s wife, who happened to be my friend in the PKK, that my husband was promoted, and not the other candidate, because his wife was active in the community [laughs]. See, I supported my husband’s career—he should have been thanking me [laughs].”

Becoming a good citizen—wanting to do good for society and to serve the nation—was also mentioned as a reason to become a *kader*. Mama Linda, a 51-year-old *kader* from Kupang Regency, was born and raised in an economically disadvantaged family and in a poor village. Both of her parents were subsistence farmers unable to read or write; her highest level of education was primary school. Like her parents, she and her late husband had also been farmers. She became a Posyandu *kader* just after

giving birth to her first child. While her husband worked in the fields, she spent most of her time at home with her infant. One day, the head of the village, who lived not far from her house, asked her to help out at the Posyandu post that was about to start up in the village. Poverty and the lack of knowledge of herself and the people around her about child health and development made Mama Linda accepted the offer so she could learn and hopefully educate other mothers in her village, as she explained:

At that time, I wanted to learn how to take care of an infant properly, not only because I wanted to apply the knowledge to my own child, but also because I wanted to educate the women in my neighborhood. Most women in this village, including me, only learned how to take care of an infant from the older generation. We still followed many traditional beliefs that are not healthy for our infants, such as us giving them boiled egg yolk on the fortieth day after their birth or, before they're three months old, giving them starchy water old to stop them from crying if we think they're hungry.

Other women joined the program because they wanted to be more social, meet other women, and learn new things—for example, Ibu Dewi, a 50-year-old Posyandu *kader* from Karawang Regency. After they married, Ibu Dewi's husband asked her to quit her job so she could focus on taking care of their children. But Ibu Dewi got very bored just staying at home. When the wife of the head of the village asked her to become a Posyandu *kader*, she accepted. Like Ibu Dewi, Ibu Nani said that ever since she was young, she had always liked working in social environments and being active in organizations; the Posyandu program became a place to channel her interests, especially after she got married and had children. As Ibu Dewi explained: "At that time, I was asked to become a *kader* by the head of the village [...]. I accepted the offer because I like to socialize and learn new things, so it was suitable to have a place to channel my interests [...]. Maybe the head of the village asked me because he knew that I was an outgoing person."

Women's pragmatic reasons for being active in government programs were captured by Newberry (2006), who conducted an ethnographic study in a village in Central Java province during the New Order. She shows that

women made successful use of the resources of the New Order's women's organization, the PKK, including the trainings and microcredit offered by the program (Newberry, 2006).

Apart from various personal motivations, there were also *kader* who joined the Posyandu program not because they wanted to but because they felt obligated to do so or because they would have been ashamed to refuse a request from the head of the village or the health staff. Ibu Titi, for example, a 47-year-old woman living in Sukabumi Regency, became a Posyandu *kader* 28 years ago. When the head of her village asked her, she was unable to refuse because she did not want to embarrass her father, a respected nurse in the village: "After graduating from high school, I wanted to find a job outside the home [...], but my father was a village nurse and the head of the neighborhood unit, my mother and my older sister were Posyandu *kader*, and monthly Posyandu sessions were held in our house. At that time, I had no choice but to be a *kader* [...]. I did not want to embarrass my father. Since then, I have never stopped being a *kader*."

Mama None, a 50-year-old *kader* from Kupang Regency, also said that she was essentially forced to become a *kader* as she was one of the few women in her village at that time who could read and write. However, she never regretted it.

In these stories, I found different motivations for women to join the Posyandu program. Some were motivated by emotion, some by practical interests, such as supporting their husbands or going out and meeting other women. But some women simply felt that the program was an opportunity for them to learn new things and be active in public life, as will be discussed in the next sections.

4.2 Training and education in the Posyandu program

After being recruited, Posyandu *kader* were required to participate in different trainings and meetings. First, *kader* received basic training in their duties at the Posyandu posts, such as weighing children, filling out and interpreting growth charts, and giving nutrition advice based on this

interpretation. They were trained to deal with patients suffering from diarrhea and to advise pregnant women. This basic training normally took one to two days. All 15 senior *kader* I spoke to reported having participated in this kind of training more than twice, with the second and subsequent trainings mainly intended as refreshers.

At the same time, *kader* also received training in other skills, which were not always directly related to health issues. Ibu Ani was able to list different trainings that she remembered participating in, including: preparing nutritious food, home gardening, public speaking, writing and typing a formal letter, dressing well, taking care of women in labor, and simple bookkeeping. Twice, she participated in a P4 course, where she learned how to recite the precepts of Indonesia's five basic principles, the Pancasila, by heart and how to implement it in everyday life.

These different skills were reflected in a series of *kader* training modules on “increasing community participation” developed by the Ministry of Home Affairs, the Ministry of Health, the Family Planning Agency, the PKK, and the Public Health Department of the University of Indonesia. There were four modules in the series: “Leadership”; “Organizing and Developing Community”; “Raising Funds from the Community”; and “Community Mobilization in the Implementation of the Posyandu Program”. The “Leadership” module lists the capacities a Posyandu *kader* should cultivate, including “persuasiveness,” “careful planning,” and “success-oriented work ethic” (see figure 12). On page 7, the module also advocates for *kader* to cultivate self-confidence, stating, “Great confidence does not appear instantaneously but grows according to our experience. The belief that every problem can be solved by using all our available abilities will free us from an attitude of dependence on others” (MoH, 1988 p.7).

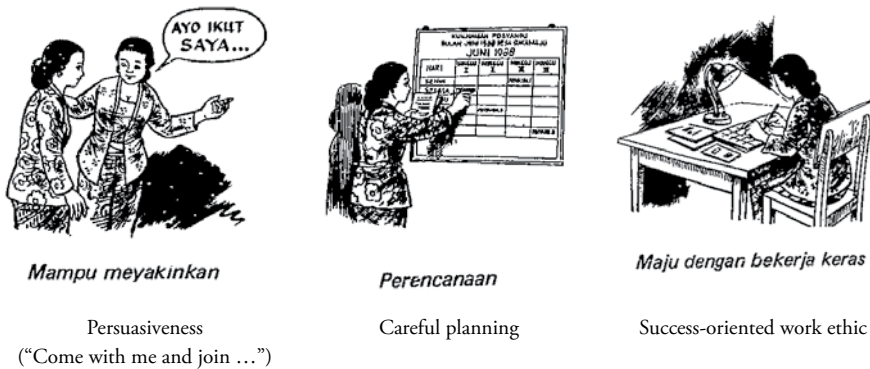


Figure 12. Capacities of a Posyandu kader
(MoH, 1988)

The leadership training module also teaches *kader* about the communications aspect of leadership, including public speaking techniques. One section explains why a Posyandu *kader* coordinator must learn to make a speech, explaining that “as a leader and a *kader* coordinator, making speeches is an unavoidable obligation. Speeches are necessary not only to educate mothers at the Posyandu post, but also, sometimes, to formally explain the Posyandu program or other health issues in front of community leaders. Often, you are also asked to give a speech at a meeting or ceremony” (MoH, 1988 p. 40). Another section details the elements of a good speech—namely, gesture, tone of voice, facial expression, phrasing, manner of dress, and humor—and offers practical advice, including “In a speech, words are spoken clearly, not too quickly, but also not too slowly. Your voice needs to be heard, but do not shout. Use intonation or a tone of voice that is not discordant, so it does not bore the listener” (MoH, 1988 p. 44).

Reading this part of the module reminded me of how *kader* spoke in front of other women at Posyandu sessions: exactly as described in the module. They spoke formally and firmly—sometimes even fiercely—but also interspersed light humor. All 15 *kader* spoke Indonesian reasonably well—better than most women living in villages, who usually speak their local languages in daily conversation. When I asked Mama Desi, why she spoke formal Indonesian so well, she said she was accustomed to speaking formal Indonesian in trainings and meetings, and she practiced at the Posyandu

and every time she spoke to mothers. As she told me, “At first, I was very shy to talk in front of many mothers. I was afraid that I spoke incorrectly and would be ridiculed. But now, I dare to speak in front of many people, even at district-level meetings”.

Another module in the same series, “community financing,” teaches *kader* about entrepreneurship and funding the Posyandu posts through community resources and contributions. It contains practical information on simple bookkeeping—that is, how to record the income and expenses of a Posyandu post. (As explained in chapter 3, one of the reasons for the Posyandu’s success in the New Order was that it was able to inexpensively provide health care services due to contributions from communities, which were mainly organized by *kader*.) Page 17 of community financing module details different types of resources *kader* can extract from the community to finance the operational costs of their Posyandu post:

For example, rice collected at the Posyandu posts can be sold, and the money used to buy medicine. It can also be used directly to prepare rice porridge for children at the Posyandu post. Use stones and sand from local rivers to improve the Posyandu’s buildings. Scout groups can be used to hold a bazaar to raise funds for Posyandu activities. [...] In a small industrial area, villagers collect red bricks and tiles, which are then sold, the money going to the Posyandu. In areas with tobacco plantations, after each harvest, a portion of the tobacco can be collected. This tobacco is then sold and used as funds for the Posyandu. (MoH, 1988 p. 17)

The training module also advises individual *kader* to save money and start their own businesses, for example, raising chickens, opening a small kiosk, or making cakes to sell at the market. The module correlated with the activities of the PKK, which all Posyandu *kader* were members of. Through the PKK, they learned craft skills, such as embroidery, making children’s toys, cake baking, knitting, crocheting, and dressmaking. *Kader* could also get small, low-interest loans to set up their businesses. In 1986/1987, it was reported that about 225,000 *kader* received such loans and that 157,000 had cottage industries or shops (Roestam, 1988 p. 33).

Many *kader* also participated in the New Order's programs for adults who have not had the opportunity to obtain formal school education. The program included the equivalence education package for primary school, junior, and senior secondary level. Ibu Nani, for example, had only graduated from primary school when she first became a *kader*; now, after participating in the program, she is about to obtain a university degree. For the many *kader* in the same situation, this opportunity for education was very valuable and could boost their self-confidence.

In the New Order, a *kader* was also obligated to participate in P4, the intensive Pancasila course, which paid extensive attention to being a good citizen and a good woman according to the state's definitions, which I explained in chapters 2 and 3. All 15 *kader* said they had participated in P4 during the New Order, but most had forgotten what they learned in the course. One who did still remember, Ibu Ani, explained that she had learned, among other things, to recite the Pancasila properly and to be a good Indonesian citizen. As she put it, "They [training mentors] said that as good citizens, we must help each other—like with our neighbors, we must put common interests above personal or group interests and be willing to sacrifice for the nation and the state."

Training experiences certainly differ among *kader*. For example, Ibu Iis, a 57-year-old *kader* from Karawang Regency, was the least talkative of the 15 senior *kader* I followed. Although she is currently a *kader* coordinator—mainly because she is the most senior *kader* at her Posyandu post—she only remembered having participated in a few trainings in her 35 years as a Posyandu *kader*. She explained that she was not interested in trainings and that, except for basic training, which she was obliged to attend, she often refused to participate. Ibu Iis' explanation indicated that these women had agency and were able to decide for themselves whether they wanted to take advantage of the opportunities and resources the Posyandu program offered.

4.3 Acquiring contacts and confidence

The different trainings and meetings that *kader* participated in not only provided them with new knowledge and skills, but also widened their networks. They acquired useful contacts with the staff of the Puskesmas and district health offices, such as village midwives, nutritionists, and general practitioners. Beyond that, *kader* also built high-quality networks with staff from the family planning, village, and sub-district offices and district offices. In these trainings and meetings, they were also introduced to other *kader* from different Posyandu posts, villages, districts, and sub-districts.

The Posyandu *kader* became well-known in their villages, not only to mothers and children, but also to schoolteachers and community and religious leaders, who generally are men. In the field, it was not difficult for me to find a senior *kader*'s house: I would just ask a villager, who usually took me directly there. Senior *kader* are well-known and respected in villages, including by local elites. All 15 *kader* I followed were addressed as Ibu kader (Mrs. Kader). *Kader* is considered a profession in Indonesia, and professional people are addressed by appending Mr. or Mrs. to the name of their profession—that is, Ibu dokter (Mrs. Doctor), Ibu guru (Mrs. Teacher), and Ibu kader.

Apart from expanding their networks and becoming well-known, in their dealings with different departments and the apparatus of government, *kader* became familiar with government procedures and the workings of local bureaucracies. The bureaucratic system in Indonesia is known for being messy and for its unclear procedures for obtaining various services. Things are often negotiable, and one needs to familiarize oneself with how the system works. It is also helpful to know the relevant civil servants personally. Without such contacts, acquiring anything from the government, from services to official permits or letters, can be a time-consuming headache.

As their networks expanded, the *kader* grew in confidence. The New Order promoted an image of *kader* nobly doing their patriotic duty by positively contributing to the welfare of families, communities, and the nation. *Kader* were provided with uniforms, badges, and certificates, items that gave them authority when speaking to villagers (MoH, 1991). Their self-confidence

was also boosted by the supervision and support they received from health and family planning officials (Columbia, 1991). Each year, a representative Posyandu *kader*, along with other development volunteers, was invited to the presidential palace, where President Suharto personally presented them with awards. The last two sentences in the introduction to the guidebook for *kader* state, “We hope that the *kader* will carry out their sacred duty well. We believe our young children will not suffer” (MoH, 1990).

4.4 Legitimizing the role of women in public life

The Posyandu program was accepted as a place for women to actively participate in public life, something which was (and is) often frowned upon in other spheres. This has two explanations: First, the Posyandu deals with health care, an area traditionally deemed appropriate for women. When the program was established in the early 1980s, rural women, particularly those in Java, had been relatively economically independent since pre-colonial times (Stoler, 1976). Yet their role in public life was still limited. Women had little room to engage socially; when they did, either publicly or privately, it was within the limitations of their socially constructed roles and their status in relation to men (Robinson, 2009). A study surveying locally owned textile factories in West Java in the early 1990s found that women’s working in the factories evoked diverse reactions in the surrounding communities, many of them negative. The women were seen as too free and “loose” and often considered morally suspect (Tjandraningsih, 2000). Valerie Hull (1996) shows that middle-class people in rural Java in the 1970s often criticized working women for neglecting their children. The Posyandu provided a place for housewives, particularly those with children, to be active in their communities without being accused of neglecting their children.

The limited number of places for women to be social can also be attributed to the New Order’s “floating mass” policy. This policy depoliticized (“floated”) the rural population, including women, to “allow them to devote themselves to development” (Blackburn, 2004). During the New Order, on the one hand, women’s political participation was limited. On

the other, the regime channelled women into various state-sponsored organizations and programs, such as the Posyandu, to carry out tasks suited to their “feminine nature”—that is, to motherhood.

One *kader*, Ibu Dewi, described how the Posyandu program provided a place where women being active was accepted: “Before I got married, I worked as a shop attendant. But after I had children, my husband asked me to stop working. I also felt uncomfortable because I had to leave my small children at home [...] and because of what the neighbors and my in-laws said behind my back. After I stopped working, I focused on taking care of my children until I was asked to be a Posyandu *kader*. I accepted it because I thought that a job as a Posyandu *kader* was in accordance with my duties as a housewife and a mother, so I would not be criticized for leaving the home.”

Ibu Dewi’s perspective was echoed by another *kader*, Mama Desi, who stressed the opportunity that volunteering in the Posyandu presented: “At the beginning of the 80s, there was no activity for the housewives in this village [...] We just stayed at home taking care of our children or worked our agricultural land. I always wanted to join an organization, but there was no such thing in this village. When there was an offer to become a Posyandu *kader*, I was very enthusiastic, and my husband allowed me to join because he thought that the Posyandu program would also be useful for our children. The Posyandu program was my first experience.”

As the cases of Ibu Dewi and Mama Desi demonstrate, because the Posyandu program operates in areas related to women’s traditional role of mother, women’s activity in the program was legitimized within their families and society in general.

The second explanation for the Posyandu’s ability to legitimate women’s activity in the public sphere was that the state itself mobilized them to participate in this state-run program. Ibu Aminah explained that before she became a Posyandu *kader*, her husband did not allow her to spend much time outside the home. He wanted her to stay at home and focus on looking after their children. But when he found out that her being active in the Posyandu program could help his career as a civil servant, he encouraged

her to become a *kader*. Ibu Aminah said, “Since I became a Posyandu *kader*, my husband has never complained about me spending more time outside the home [...] He has often helped me mind our small children if I have to participate in activities related to my work in the community.” Ibu Tatien’s husband is not a civil servant, but her experience is similar to Ibu Aminah’s: the head of her village asked Ibu Tatien to become a *kader*, and in the New Order era, such a request was not to be refused. As she said, “In the beginning, my husband only allowed me to be active in the Posyandu program. But after some time, he no longer had problems with any of my activities outside the home, be they related to the Posyandu program, my small business, or my work for NGOs.”

The cases of Ibu Dewi, Mama Desi, Ibu Aminah, and Ibu Tatien illustrate how the Posyandu program legitimated women’s role in public life without generating resistance from their families or negative reactions from their neighbors or society in general, including men. The characteristics of the Posyandu program, closely related to women’s traditional role as family caregivers, facilitated women playing a more active role in their communities. The assigning of women to the domestic sphere granted them the right to enter civic affairs—it was even their duty to do so. As this was a socially accepted and officially sanctioned way of participating, women could not be considered “loose” for taking such an active role.

Working at the Posyandu was certainly not financially rewarding—the work was unpaid—but it could create opportunities for women. Over time, as *kader* gained knowledge, skills, and confidence, their achievements often turned out to be more rewarding than they had expected, as the next section will discuss.

4.5 More than just a housewife

Fast forward 30 years. The 15 women whose trajectories I followed remained *kader* even after the New Order ended in 1998. They are between 50 and 60 years of age. They have accumulated skills, networks, confidence, considerable knowledge, and other personal capacities. When Indonesia’s democratic era began, they used these capacities to benefit from the new opportunities that opened up. While still volunteering in the Posyandu

program, they became actively involved in broader social, economic, and even political affairs in their communities. Of the fifteen women, seven are now active as brokers between citizens and the state, nine have their own businesses of one sort or another, seven are currently employed as facilitators for development programs funded by the government or NGOs, four are members of village councils, and two are active in politics—one even ran for district council.

One woman who gained considerable prominence in the post-New Order period by building on the contacts and experience she acquired through the Posyandu program is Ibu Nani. Describing this process, she said, “I have been a Posyandu *kader* for over 30 years [...]. I know many government officials at the district and sub-district levels. If they have a project that will be implemented in my village, they first contact the head of the village, and after that, they look to me to help them implement their project.”

Their involvement in government programs such as the Posyandu provided women like Ibu Nani and Ibu Aminah with the opportunity to develop large and effective networks. Because of their connections, these women were often selected for other programs or positions, which could be quite lucrative. Ibu Aminah joined the Posyandu program simply to support her husband’s career. But over time, she transformed from housewife to local leader, holding different social positions at the village, sub-district, and district levels.

Another success story comes from Ibu Dewi. As mentioned in the previous section, Ibu Dewi stopped working as a shop attendant after she had her first child; she then became a Posyandu kader. As a *kader*, she developed good relationships with villagers and people in the market. She used these good relationships to build her business selling various household items to women in her village. That business, she explained, “started because I often went to town to attend meetings. After that, I usually went to the market and did some shopping. Knowing that I often visited town [about sixty kilometers from the village] [...], some women started to ask me to buy goods that they could only buy in the market there. It started with those who lived in my neighborhood [...], and then other mothers started to follow and give me orders to buy different kinds of things for them.”

Ibu Dewi always carried a thick book containing all her customers' names and their transactions. Everything was recorded neatly. She explained that although she had only graduated from junior high school, she had learned bookkeeping and entrepreneurship skills in trainings back in 1994. Being curious, I asked: if she had not become a *kader*, would she be running a business? And would she have had so many customers? She answered, "I have no idea. Maybe this is what God wants [...] But my two sisters and my female cousins who live not far from my house, none of them are *kader*, and none have a business like mine. They are just ordinary housewives."

Ibu Dewi was not alone. Nine of the fifteen senior *kader* I met have their own businesses. All are traders selling various supplies and household items, from groceries, kitchen equipment, and clothes to electronic appliances such as TVs and refrigerators. They sell to mothers, who buy on credit, and pay back in daily or weekly instalments. Often, distributors of goods for women and children contact *kader* and ask them to help market their products—for example, by organizing gatherings of mothers at which the distributor can demonstrate and sell their product. Other *kader* have opened small kiosks in front of their homes, selling groceries, snacks, and children's toys. Besides selling goods, some *kader* also provide cash loans.

The case of Ibu Dewi, and many other *kader*, illustrates how as *kader*, women made connections and discovered market opportunities that enabled them to develop their own businesses. The Posyandu program's use of volunteer labor to provide inexpensive health care, in effect, created economic opportunities for women and helped make them more financially independent.

Often, *kader* are recruited to become village facilitators for various development programs run by the government or NGOs. A team leader I met during my fieldwork, who worked for a Rural Community Participatory Development project, said that he likes to work with village facilitators who are Posyandu *kader* because they know the condition of almost every household in the village; they are known and respected by the community, village officers, and local elites; and they are usually hard-working, outspoken, and persuasive in their dealings with the community.

Kader have also joined village councils; some are the only female member. Mama Linda, a *kader* in the Kupang Regency, explained that in the village meetings, as a member of the council, she spoke about the problems faced by the Posyandu and women and children in her region. Mama Linda explained, “Many times I said in the village meetings that our Posyandu post needs a building so we can have a proper room to examine pregnant mothers [At the time I did my field work, the Posyandu in Mama Linda’s community was held in the front yard of the village office]. Thanks to God, finally they listened to my voice: this year, we will start building our Posyandu house, funded by the village fund.”

In this way, these women assumed more active roles in public life and in business. Some women, as we will see in the next section, began to play a role in mediating between citizens and the state; some even entered politics.

4.6 The *kader* as citizen–state broker

The Posyandu program also boosted the political standing of women. In many countries in the Global South, politics and public services are accessed via local power brokers, who use their connections with bureaucrats and politicians to help economically disadvantaged citizens navigate state bureaucracies. One must know who to talk to, how to talk, and what to talk about to be able to successfully negotiate and access different government services and programs (Gupta, 1995). In Indonesia and all over Asia, mediated access to state services is part of a wider village patronage structure that governs resource allocation. Patron–client relationships have been part of various aspects of Indonesian society and culture from the ancient past to the present day.

Studies in the Global South indicate that these power brokers are usually men (see, for example, Jeffrey et al., 2011; Berenschot, 2011). Yet in Indonesia, surprisingly, this is often not the case. Berenschot et al. (2018), in their study on the role of brokers in arranging access to health care, found that most were women. In a study of village leadership in rural Java, Sambodho (2019) shows that people’s everyday interactions with state institutions are often mediated by female brokers. The fact that many citizen–state brokers

in Indonesia are women, while in other countries this is considered to be a man's role, suggests that the Posyandu program played a role in facilitating these women's activity in the public sphere.

This study reaches the same conclusion. Posyandu *kader* often adopted the role of broker, which suited them well due to their strong networks and familiarity with government procedures, which I discussed above. Ibu Aminah and most other *kader* I interviewed were frequently asked to arrange hospital care for the neighbors. Explaining why, Mama Desi, a *kader* from Kupang Regency, said, "When I accompany a pregnant mother to the hospital, I can talk directly with the staff, and she can receive immediate treatment. [...] Just like other mothers, I do not have any higher education, but I know many staff in the hospital, and I am used to dealing with them. They know me and they understand me. Many people here do not speak Indonesian well [because they usually speak Dawan, the local language], and they are shy with outsiders, so I became a mediator between mothers and the hospital staff."

In this role as a mediator, Posyandu *kader* often must be assertive. Ibu Siti, a *kader* from Karawang Regency, described the importance of assertiveness:

Hospital staff sometimes did not pay serious attention to poor patients because they came without any cash and relied on the government's free health care program. I sometimes need to be fussy or raise my voice to get the staff's attention. [...] A neighbor who lives two houses from here, for example—last month, the father got very ill. His family was panicking; they had no money and did not know what to do. One of his daughters came and asked for my help. I accompanied them to the hospital. I did all the talking with the staff there. I helped him access the free health care program. His family members were so grateful to me; they did not pay me, but look! Those are from them [points at a stalk of fresh bananas].

The role of *kader* as brokers extends beyond issues related to health care. Ibu Aminah, for example, is famous for her capacity to help her neighbors deal with the local government. Neighbors described Ibu Aminah as a deft and courageous woman with many contacts, including government officials and politicians. She regularly obtains vital documents related to

citizenship, such as identity cards, family registration document, birth certificates, or land titles. She is so busy with this job that it was hard to find time to meet with her. When I finally talked to her, she explained that her 30 years of experience as a Posyandu *kader* had accustomed her to dealing with government officials.

Kader also help women with legal issues. According to a local NGO, the level of domestic violence, which primarily affects women and children, is still considerably high in NTT. Therefore, several NGOs in the province have disseminated the contents of Law No. 23 of 2004, which concerned domestic violence, to the Posyandu *kader*. The *kader* are expected to convey this information to women in their neighborhood and to offer immediate assistance to women or children experiencing domestic violence. For example, Mama None, a Posyandu *kader* from Kupang Regency, often accompanied women to report to the local police physical abuse perpetrated by their husbands. One of her neighbors said it was Mama None explaining the law to her that made her realize she could have her husband arrested if he hit her.

Some Posyandu *kader* even transcended the role of intermediary to become political actors themselves. During the New Order, all *kader* had to support the ruling Golkar party. After Indonesia was democratized in 1998, new political parties were established, and *kader* were free to support any party they liked. As *kader* are popular and tend to be respected within their communities, political parties are keen to receive their support. For example, Ibu Tatien, a Posyandu *kader* from Sukabumi Regency, a smart and well-spoken rural woman, said that she was regularly approached by representatives of various parties who wanted her to become a member and use her charisma to persuade people in her village to vote for them. But Ibu Tatien refuses to join any political party. Instead, she prefers to maintain good relations with all the politicians whose power she relies on for her work as an intermediary.

One of the 15 *kader* I followed participated in politics even more directly, becoming a candidate. Ibu Siti, a Posyandu *kader* from Karawang Regency, ran for a seat in Karawang's local parliament. She lost that election, but

newspapers regularly report on other Posyandu volunteers who have managed to win elections. Ibu Nurhasanah, for example, a former Posyandu *kader* from Lombok Timur Regency, West Nusa Tenggara Province, was elected to her district parliament in 2014. She sits on the commission overseeing health and education. Before becoming a member of parliament, she was an active *kader*, a migrant worker, and an activist helping other women migrant workers in her village (Septia, 2015). The careers of Ibu Siti, Ibu Tatien, and Ibu Nurhasanah, suggest that experience as a Posyandu *kader* can be one of the factors in women becoming influential political actors.

These women's remarkable achievements are certainly not representative of all those who were recruited to be *kader* during the New Order. And they should not be solely attributed to the New Order—though facilitated by the state through the Posyandu program, the *kader* themselves played a part in establishing their own prominence.

4.7 Conclusion

Scholars often criticize the New Order for being paternalistic. My findings are more nuanced. Focusing on the life trajectories of several *kader*, I argued in this chapter that the Posyandu program clearly had an emancipatory effect; encouraging rural housewives to work as Posyandu volunteers enabled them to participate in the public sphere, boosted general acceptance of their taking up a public role, and, ironically, prepared them for more active political lives in Indonesia's current era of democratization.

The authoritarian machinery of the New Order recruited and trained rural women, bestowing upon them legitimacy and pride in their work in their communities. Using the state-sponsored community-based health care program to develop and strengthen their own resources, these women acquired many new skills, developed strong networks, and gained recognition in their communities and beyond. Many of them made connections and discovered markets for developing their own businesses. Other women used the connections and the knowledge of government procedures they had gained to become citizen–state brokers. Being a *kader* has made some women influential political actors and even members of Parliament.

It is ironic but true that the authoritarianism of the New Order inadvertently had an empowering effect on women. Yet, as we will see in the next chapters, women's prominent role might not endure, at least not its current incarnation. Indonesia is now a democracy, and the state no longer employs its resources to promote community participation by women on such a massive scale. As a result, fewer women are becoming *kader*, and the Posyandu is in decline. It has been difficult for Indonesia to reproduce quite such obedient-yet-active citizens.

Chapter 5.

Democratization and the Posyandu Program

It was a Thursday morning in early December 2015. My watch showed a quarter to nine as I got off public transportation and tried to find out where the Posyandu post was being held that day. The day before, I had received a list from a Puskesmas in Kupang Regency: it contained the names, locations, and monthly schedules of 50 Posyandu posts. Of the three posts on the list scheduled for that day, I randomly picked Posyandu Melati. I asked the first passerby I saw its exact location. In reply, she just shook her head. I asked someone else, but he did not know the answer either. Neither did the next person. Finally, the fourth passerby I asked knew where it was. She pointed at a motorbike repair shop about two hundred meters from where I stood and said, “At the back of that building.” I thanked her and walked towards it. At this hour, I expected to see many mothers and small children around, but when I arrived, it was quiet—not a single sign that Posyandu activities were about to begin. At the nearest house, I was informed that the Posyandu post was normally held in a building not far away; I decided to wait there. The building’s interior walls were low enough to sit on, but there was not much furniture inside—only a few wooden benches and tables, which all looked weathered and dusty. It looked as if the cement floor had not been swept for quite some time.

At about a quarter past nine, I saw a middle-aged woman. She was walking hurriedly and carrying a few items, including a scale. I immediately knew she was a Posyandu *kader*. She said hello to me, then quickly swept the

floor and wiped off the tables and put tablecloths on them. The Posyandu post opened at half past nine, but only two mothers were there. The second *kader*—the *kader* coordinator, in fact—arrived half an hour after that. She was late because she first needed to sell agricultural products at the market. One by one, the mothers came, had their children weighed, and then left immediately. Not many came that day. Out of the 45 infants and toddlers registered at Posyandu Melati, I counted only 13 that attended. I saw no other activity besides weighing babies. The five service tables officially required at a Posyandu post were nowhere to be found; no nutrition counseling, pregnancy checks, or immunizations were provided. The midwife who supervised the post arrived at half past ten, by which time it was almost empty. She did not provide any health services but just chatted with the *kader*. I saw that she was carrying a cold flask that stored vaccines. I asked about the mothers and children who were on the list but had not come. The *kader* answered, “Some women are lazy, and some others have to work. Some of them are just bored and do not see the benefit in just weighing their baby.” Activity at the post halted at around eleven o’clock.

The phenomenon of an almost-empty post was not unique to Posyandu Melati; it occurred in about half of the twenty-four Posyandu posts I visited during my fieldwork, both in West Java and East Nusa Tenggara provinces. Several posts were more than almost empty. In Karawang Regency, I found one sub-district where the twenty-five Posyandu posts registered were held not monthly but depending on the midwives’ schedules. Women who lived in this sub-district reported that there had been no Posyandu activities for the last three months, and it was surely no coincidence that malnourished children under the age of five were easy to spot in the area. These Posyandu posts, furthermore, had no real *kader*. Although a document I received from the district health office listed several *kader* in the village, I was able to find barely any of the names on the list—those I could find were not Posyandu *kader*. Other Posyandu posts I observed were still visited by many mothers and children, but almost all of the *kader* reported less participation than during the New Order.

This chapter and the next will evaluate the decline of the Posyandu program after the end of the New Order. I will propose two main arguments to explain this decline. Both are related to the factors, discussed in chapter 3, that made the Posyandu a success—namely, changes in the state and changes in society. As explained in the introduction, the Posyandu program is a state-organized, community-based health care program. On the one hand, the program was initiated by the state; on the other, it is run by women volunteers, who are members of society. The first argument, which will be discussed in this chapter, links the decline of the Posyandu program to changes in the structure of the state, which has gone from centralist and authoritarian during the New Order to decentralized and democratic after its end. The second argument, which will be discussed in the next chapter, focuses on the changing role of women in public life to explain how the deterioration of the Posyandu program corresponds to socioeconomic changes in Indonesia.

As I argued in chapter 3, one of the reasons for the Posyandu's success during the New Order was the authoritarian and centralist nature of the regime; its developmentalist ideology drove a massive expansion of the Posyandu program that put the machinery of Indonesia's bureaucracy to work from the national down to the village level. The regime was able to mobilize thousands of women volunteers to participate in and contribute to the Posyandu program.

In mid-1998, the New Order regime ended, and Indonesia started to implement massive decentralization policies. Decentralization has weakened the capacity of the central government to command local governments to support the Posyandu program. As discussed in chapter 3, in the New Order, heads of districts and provinces were appointed by the president through the Ministry of Home Affairs. They were, therefore, obedient to the central government, and one way to demonstrate this was by thoroughly implementing the central government's policies and programs, including the Posyandu. Now, after decentralization, local governments have more independent authority and financial power and are less accountable to the central government. Their focus is on meeting the demands of their constituents.

Decentralization was followed by democratization, the main element of which was the direct election of heads of districts and provinces. This has created new incentives for local governments. Politicians prefer to offer voters proposals with concrete benefits—government-subsidized curative health care, for instance, which is considered more appealing than preventive health care programs like the Posyandu, the benefits of which are less tangible. The deterioration of the Posyandu program is also connected to the clientelist character of politics in Indonesia. Indonesia's highly competitive elections incentivize the use of government contracts to attract and reward supporters. They have less incentive, therefore, to support programs (including the Posyandu) that do not yield patronage resources.

The rest of this chapter will proceed as follows: The first section evaluates the decline of the Posyandu by analyzing empirical evidence concerning the current functioning of the program. This is followed by a discussion of how the decline affected the overall health of mothers and children. The next section elaborates on Indonesia's experience of democratization and decentralization. The chapter then discusses how these structural changes have weakened the central government's capacity to dictate to local governments. The last section focuses on how democratization has motivated politicians to increase their support for curative health care.

5.1 The deterioration of the Posyandu program

Several things indicate the deterioration of the Posyandu program after the fall of the New Order. The first is the number of Posyandu posts. Although the official number of posts registered with the Ministry of Health continued to rise even after the end of the regime, this number cannot be taken as representative of the actual condition of the Posyandu. One year after the program was introduced, there were 20,000 Posyandu posts. In 1995, that number was 200,000, and in 1998, 245,000. The latest available data shows that in 2017, about 294,000 posts were registered with the Ministry of Health.

The continual growth in the number of Posyandu posts was mainly due to the growth of the population and an expansion in the number of administrative units, especially villages, in Indonesia. The Ministry of Health's standard is one Posyandu post per hundred children under the age of five, and there must be at least one in every sub-village or hamlet. The Indonesian population, 170 million in 1985, grew to 231 million in 2000 and to 264 million in 2017. The number of villages also continued to grow, especially after decentralization had begun. In 1985, the number of villages was 67,534. This number increased to 69,050 in 1999 and to about 85,000 in 2017. New villages originated from ones that were split into two or more. According to a member of staff at the Ministry of Health in Jakarta, once a new Posyandu post is registered at the health office, it will never be deleted from the official data, regardless of whether the post is active, in decline, or even permanently closed.

Looking at the total number of Posyandu posts alone can be misleading. These numbers cannot describe the real condition of the Posyandu program. A Posyandu post is categorized as active if it carries out its activities regularly every month, has at least five active *kader*, and provides services according to the minimum standard. In 1992, the Ministry of Health reported that about 85 percent of the 245,000 Posyandu posts were active. In 2005, only 58 percent were recorded as being active; the remaining 42 percent did not open regularly each month, had less than five active *kader*, or provided substandard services. Since then, there has been little change in the percentage of active Posyandu posts. The most recent data I found from the Ministry of Health, from 2017, reported that out of the total of 294,000 Posyandu posts that were officially registered that year, only 57.5 percent were active. While the population had increased drastically, there were fewer active Posyandu posts in 2017 than in 1992.

	1984	1993	2005	2013	2017
Number of registered posts	20,000	245,696	245,000	280,225	294,000
% of posts active	85%	85%	58%	59%	57%

Figure 13. Number of Posyandu posts
(MoH, 1984, 1993, 2005, 2013, 2017)

Another indication of the deterioration of the Posyandu program is the services the posts provide. Analysis by the Indonesia Family Life Survey (IFLS)³ indicates that there was a decrease in the provision of basic services at Posyandu posts between 1993 and 2013. For example, in 2013, a lower percentage of posts (60 percent) provided child immunization than in 1993 (96 percent). The data also demonstrates a decline in the number of posts providing prenatal care (from 74 percent in 1993 to 55 percent in 2013), as well in those providing iron supplements to pregnant women (from 71 percent in 1993 to 25 percent in 2013), oral contraceptive pills (from 87 percent in 1993 to 47 percent in 2013), and vitamin A for children under the age of five (from 86 percent in 1993 to 46 percent in 2013). The most recent IFLS survey to record detailed data on the Posyandu program was in 2013.

Type of services	1993	2013
Child immunization	96%	60%
Prenatal care	74%	55%
Iron supplements	71%	25%
Oral contraceptive pills	87%	47%
Vitamin A	86%	46%

Figure 14. Type of Services at Posyandu Posts

Source: Author analysis of the IFLS survey. The raw data can be downloaded online.

Another indication of the decline of the Posyandu program is the number of active *kader*. Unfortunately, there is no official data on the number of *kader* active, and the accuracy of data is questionable. As mentioned above, in Karawang Regency, I received an inaccurate list of *kader* from the district health office—the only people I was able to locate with names matching those on the list were not actually *kader*. In my fieldwork, I found that many Posyandu kader are aging; most are 55 or older. When I asked senior *kader* about the main problem their Posyandu posts face, their first answer was usually finding and recruiting new *kader*. These *kader*-related issues will be discussed further in the next chapter.

³ IFLS is a longitudinal survey and its data consists of households and community facilities.

5.2 The health of mothers and children

The decline of the Posyandu program has coincided with a decline in important indicators of the health of the Indonesian population, particularly those concerning mothers and children. For example, decreased provision of vitamin A to children at the Posyandu posts has affected the number who suffer from vitamin A deficiency (VAD), which has risen to about half of all children under the age of five. VAD is also associated with weaknesses in the biannual vitamin A supplement distribution program. VAD can lead to an increased risk of morbidity and death. Ironically, in 1994, Indonesia received the “Spirit of Helen Keller Award” and was internationally recognized for reducing overall vitamin A deficiency and significantly decreasing the prevalence of xerophthalmia, which causes blindness (Rokx et al., 2018 p. 30).

Another important indicator is child immunization. A study by Maharani and Tampubolon (2014) shows that as child immunization services became less common at Posyandu posts in the wake of decentralization in Indonesia, child immunization coverage declined. They argue that “the failure of decentralization to improve child immunization in Indonesia is not in dispute; the need to address this is urgent.” Child immunization is the most cost-effective of health interventions in terms of reducing the morbidity of vaccine-preventable diseases. Before decentralization, the government of Indonesia paid considerable attention to the child mortality rate and increasing basic childhood immunization against polio, measles, diphtheria, tetanus, pertussis, and tuberculosis (Maharani and Tampubolon, 2014 p. 3).

Another child health indicator that has shown no improvement is stunting, represented by low height for age. While there has been a significant reduction in the number of child stunting in other countries with comparable income, in Indonesia, the data has been stagnant since 2007. Neighboring Thailand, for example, lowered the incidence of stunting from 50 percent to less than 20 percent between 2007 and 2013. Senegal, a more low-income country than Indonesia, drove its incidence down from 33 percent to 19 percent in the same period (Rokx et al., 2018 p. 8). Stunting

is an indicator of chronic malnutrition and is the result of poor nutrition and poor health in early childhood. Children whose growth is stunted will be more susceptible to illness, have more problems performing or even staying in school, and be less competitive in the labor market—if they can be competitive at all.

	2007	2013
Indonesia	37	37
Thailand	50	20
Peru	28	13
Senegal	33	19

Figure 15. Indonesia's stunting rates 2007 & 2013

(Rokx et al., 2018 p. 8)

Furthermore, the decreased provision of iron supplements for pregnant women at the Posyandu posts coincided with a higher prevalence of anemia in pregnancy (from 37 percent in 2003 to 50 percent in 2013). The main cause of anemia is iron deficiency. In 2015, it was reported that Indonesia has the highest rate of anemia among pregnant women in ASEAN. For example, the prevalence of anemia in pregnancy was 32 percent in Thailand, 26 percent in the Philippines, and 28 percent in Vietnam (Rokx et al., 2018). Anemia in pregnancy is a serious problem that increases the risk of maternal mortality. Babies born to an anemic mother may be premature or have low birth weights, weak immune systems, and developmental disorders. In some cases, the condition can be fatal.

Fewer check-ups being given to mothers and children at the Posyandu posts have, to some extent, contributed to the condition of maternal and child health. In 1995, Indonesia's maternal mortality rate was lower than those of Cambodia, Laos, Myanmar, Bangladesh, and even India (see figure 16). In 2013, however, its rate was higher than those of Cambodia and Bangladesh and about equal to those of Laos, Myanmar, and India (see Figure 17). While in the 1980s, countries looked to Indonesia for solutions to the problems of maternal and child health, today, Indonesia must learn from other countries; the community health programs of countries like Peru outperform those of Indonesia (Rokx et al., 2018).

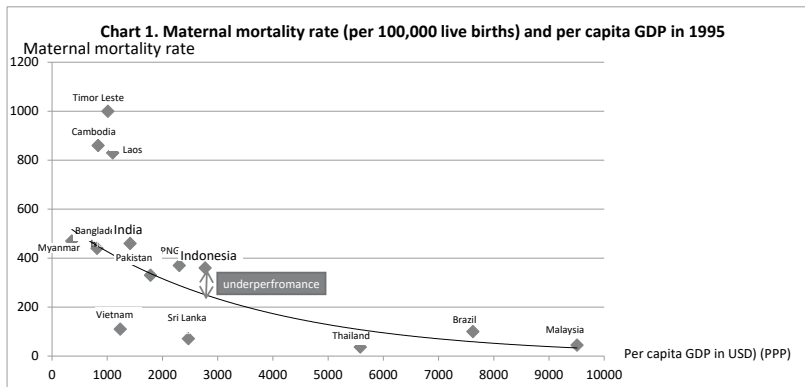


Figure 16. Maternal Mortality Rate in 1995

Source: World Health Organization data, author calculation

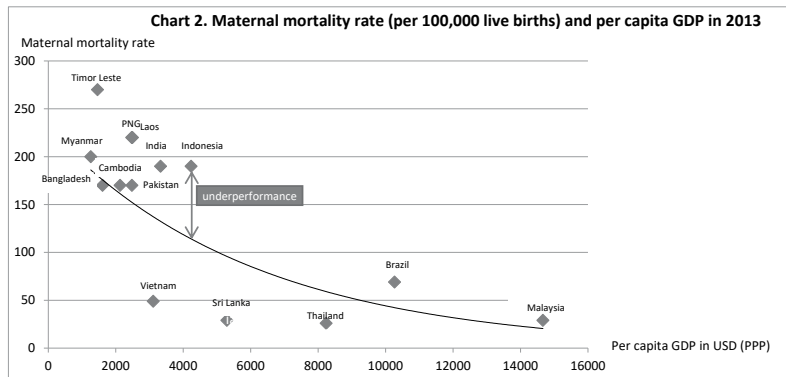


Figure 17. Maternal Mortality Rate in 2013

Source: World Health Organization data, author calculation

Other quantitative data demonstrates a downward trend in the use of contraceptives. The free oral contraceptives that were once distributed at the Posyandu posts are no longer available. In my visits to several posts, I did not see a single one still providing oral contraceptives. As I explained in chapter 3, during the New Order, a massive family planning campaign and the availability of free contraceptives at the Posyandu posts resulted in a significant increase in women participation in family planning, from 20 percent in the early 1980s to 60 percent in the late 1990s. The trend then stagnated and slowly decreased to 55 percent in 2017.

Other studies have also indicated a decline in health care services in Indonesia after decentralization began. For example, a study by the Asian Development Bank (2003) finds that decentralization resulted in an overall decline in the quality of basic health care services—for instance, in those offered through nutrition programs, district health centers (Puskesmas), and the Posyandu (ADB, 2003). Many Puskesmas lack basic infrastructure—electricity, for example—and operate without doctors, relying on nurses to provide diagnostic and treatment services for which they are not qualified. Where doctors are appointed, absenteeism is high. Heywood et al. (2010) point out that there has been little improvement in the performance of the health system since decentralization occurred, despite a significant increase in public funding for health care at the district level (Heywood et al., 2010). Another study, by Rentanida Simatupang (2009), shows that since decentralization, various indicators—such as the utilization rate for health services and rates of labor attended by medical workers, immunization coverage, and contraceptive use—have declined in most municipalities. An Indonesian public health specialist, Hasbullah Thabrany, argues that local administrators believe that the central government (that is, the Ministry of Health) should have nothing to do with the health sector at the district level except for providing funds; the use of those funds to deliver health programs is at local government's discretion (Thabrany, 2006 p. 81). As a result, Thabrany claims, since the implementation of the decentralized health system, “formerly successful programs, like the Posyandu program are no longer implemented” (Thabrany, 2006 p. 83). Another study by Skoufias et al. (2011) demonstrate that there is no strong evidence that district government health expenditures correlate with the state of public services in that district. They argue that “while the impact of electoral reforms on expenditure is distributed across a number of sectors, the health sector is an exception. It is unclear whether this is a reflection of citizen priorities, or whether other factors make it hard for governments to raise investments in health” (Skoufias et al., 2011 p. 29). While health and education are not priorities, public work programs appear to constitute a major part of increased development expenditures.

In summary, the deterioration of the Posyandu program and other health care services has coincided with a decrease in the health of mothers and children. This seems paradoxical to the decentralization and democratization that Indonesia has undergone, as these processes are generally expected to improve governance and the delivery of public services. Theoretically, decentralization can better tailor public services to local preferences, while democratization can increase local governments' accountability to citizens. It seems that in the case of preventive health care, these expectations have not been met. How can this contradiction be explained?

5.3 Decentralization and democratization in Indonesia

With the fall of the New Order in 1998, the Indonesian political landscape changed. On January 1, 2001, the newly reformed government implemented the “big bang policy” of decentralization. Decentralization transferred almost all of the functions of the central government to the 300 districts, including public works, education, health, agriculture, communications, industry and trade, capital investment, environment, land, and cooperative and labor affairs. The central government remained responsible for five sectors: defense and policing, monetary policy, foreign affairs, religious affairs, and justice. Provinces were restricted to just inter-district affairs and managing the central government's programs in the regions.

Decentralization was followed by democratization: an expansion of civil liberties, the emergence of a flourishing and pluralistic media market, and freely contested multiparty elections. Indonesia held its first direct presidential election in 2004, followed by the direct election of governors and regents in 2005. Since then, the number of political parties has increased from only 3 parties in the New Order government to 24 parties contesting the 2009 election, though this number decreased to 15 in the 2014 election.

How did these two reforms affect the functioning of the Posyandu program? I will argue that decentralization weakened the power of the central government, while democratization shifted the incentives of local governments related to health care provision.

5.4 The one-legged king

In the time before democratization, if Pusat [the central government] said A, down to the village level, they would also say A. But nowadays, if Pusat says A, the district governments may say A, B, C, D, or E. So, I say democratization can be an opportunity but also a barrier, because the regents are mainly busy with local elections. They do not listen to the central government. Most likely, they only work for three years—at the beginning of the fourth year, they're already busy looking for their new election partners. Then they start to persuade other bureaucrats, particularly those in the higher echelons, to give their support in the next election. No support means no good positions. I think it has been damaging for health care services.

The above quote—from Pak Fauzi, a Ministry of Health staff member with whom I had a long discussion in August 2015, during my fieldwork—illustrates how chaotic vertical integration between the central, district, and even village governments has become. In the New Order, as explained in chapter 3, such integration was very efficient. But decentralization has changed the landscape of intergovernmental relationships. First, the transfer of responsibility for a long list of functions to the districts was followed by the abolishment of the agencies of the central government at the provincial and district levels. Pak Fauzi used to work as a central government officer assigned to the provincial health office. After decentralization, he and most of the approximately 2.4 million civil servants who had been posted at provincial and district agencies in the New Order became district or provincial government officials; a small number were reassigned to the ministerial offices in Jakarta (Dixon and Hakim, 2009). For example, the largest ministry, the Ministry of National Education, transferred about 1.6 million of its staff, followed by the Ministry of Health, which transferred about 250,000 staff. This national transfer of staff was followed by the transfer of over 20,000 facilities and their equipment from the central government to approximately 4,000 regional offices across Indonesia (Bennet, 2010). Around 40 percent of the government expenditures and more than 60 percent of the national development budget was also transferred (Bennet, 2010 p. 2). This decentralization process has been described as one of the most extensive ever (Smith, 2008; Aspinall, 2010)

In the health sector, decentralization included the transfer of authority to manage the Puskesmas, one aspect of which was oversight of the technical aspects of the Posyandu program. Furthermore, around 50,000 village midwives—who in the era of centralization were contracted by the central government with the aim of improving the health of rural communities, including by helping *kader* run the Posyandu posts—were also transferred to the district governments. Some of their contracts were ultimately not extended due to limited budgets or because district governments did not consider their job important. The *Penyuluh Lapangan Keluarga Berencana* (Village Family Planning Counselors), or PL-KB, met the same fate. One of their main tasks was to mobilize mothers to come to the Posyandu for family planning information and contraceptives. The number of these counselors was cut from around 36,000 before decentralization to 20,000 in 2010.

“It was like a king whose legs were amputated,” Pak Fauzi said, illustrating how the closing of agencies and the transfer of civil servants impacted the central government’s capacity to implement and monitor policies and programs in the regions—especially in the health sector, where Pak Fauzi has worked for over 30 years.

Another government official, from the National Planning Agency, illustrated the weakening of the central government’s power, saying, “At the time of centralization, the command system worked well. What happened at the center was easy to standardize and worked its way down to the village level all over Indonesia. The command system at that time was also very clear and effective. In the New Order’s centralized system, penetration downward was easier than it is now that there is autonomy.”

5.5 Democratization: less vertical accountability, more lucrative incentives

Not only has the capacity of the central government been reduced, but its power over district and provincial governments has been cut. Four years after decentralization began, Law No. 32 of the year 2004 introduced direct election of the heads of provincial and district governments. This change,

along with the devolution of political authority and financial resources to districts and provinces, reshaped the context of local government, which became far more powerful. The Ministry of Home Affairs, by contrast, no longer had the authority to appoint governors and regents across Indonesia.

The fact that governors and regents are now elected means that they no longer regard themselves as submissive to and dependent on the central government (McLeod, 2005). Instead, they are now accountable to their parties and their constituents. Anne Booth (2005 p. 198) argues that unless local governments see the possibility of direct personal benefit, they are unlikely to cooperate with the central government in implementing its programs. In terms of the health sector, the Ministry of Health has developed a list of those things that should be the responsibility of district governments, including immunization, nutrition services, the prevention of communicable diseases, and curative care. Unfortunately, the Ministry has failed to coordinate with local governments and other actors on delivering critical health care services at the district level (Maharani and Tampubolon, 2014).

Local governments' lack of accountability to the central government has most likely resulted in them being less concerned with implementing a national program like the Posyandu. I observed this in the villages I visited, as the following story illustrates: I visited Dr. Ines, the head of a Puskesmas in TTS Regency, to discuss the Posyandu program and the 45 Posyandu posts under the supervision of her Puskesmas. During our two-hour conversation, Dr. Ines shared her frustration over how few visits the posts received; their average visitation rate was only about 35–45 percent, she explained, while the target was a minimum of 80 percent. At the same time, malnutrition rates were quite high in her area, leading to the deaths of six children under the age of five the previous year. According to Dr. Ines, the Puskesmas and the village midwives were responsible for providing the Posyandu program's health care services. Encouraging women to come to the Posyandu posts, on the other hand, was the job of the head of the village and his or her staff. As Dr. Ines put it, "The head of the village should be responsible for monitoring the activity of *kader* and women at the Posyandu posts. We are the technical staff. We do not have

the capacity to encourage women to come to the Posyandu posts. We do not have [authority over] the community. They [the community] belong to the village [government], not to us.”

Dr. Ines tried to solve this problem. She had sent formal letters to the village and sub-district offices multiple times, asking them to regularly monitor the Posyandu posts. The responses she received were not positive. She believed that the village and sub-district officials simply did not care—there was no incentive for them to encourage people to participate in the Posyandu program.

Another illustration of the low level of attention paid by local governments to the Posyandu program came from my own experience. During my fieldwork, I faced difficulties in meeting and arranging discussions with the heads of villages, who, knowing that I was doing research on the Posyandu program, were often reluctant to talk to me. Instead, they referred me to a village midwife or Posyandu *kader* or suggested that I visit the Puskesmas. When I finally managed to speak to some village officials (though not to the head of the village) and sub-district officers, I found that they considered the Posyandu program to be solely the responsibility of the district health office, the Puskesmas, and the village midwives. As discussed in chapters 1 and 3, during the New Order, the Posyandu program was used to control citizens’ behavior and instill the regime’s ideology, particularly concerning citizenship and the idea of womanhood. By the time of my fieldwork, though, the program dealt only with the technical aspects of preventive health care provision.

Apart from reduced vertical integration, direct elections in districts and provinces have also shaped a new context for local politics. Along with decentralization direct elections have increased the power of local governments and, as a result, increased serious political competition (Aspinal and Mas’Udi, 2017). Local elections have become highly competitive, with an incumbent turnover rate of 40 percent and three or more candidates typically competing in a district election. In the 2010 election for head of Karawang Regency, for example, five pairs of candidates ran against the incumbent. Four were backed by political parties, while one ran as an independent.

Highly competitive democratic elections supposedly make politicians more responsive to voters and therefore improve the delivery of services. But, as explained above, decentralization has had little positive impact on the provision of public services, particularly in the health sector. One factor is politicians' strategic clientelism, in which targeted provisions of money or state resources (such as jobs, public services, or government contracts) are exchanged for political support. Democracy did not create clientelism in Indonesia. It has long been an important theme in Indonesian studies. But democracy intensified clientelist practices through an increase in election campaigns and political competition (van Klinken, 2009). Berenschot and Mulder (2019) argue that highly competitive elections incentivize politicians to use government contracts, jobs, and public services to attract and reward supporters. Those who do so circumvent state policies, steal state resources, and make the allocation of state resources less efficient (Berenschot and Mulder, 2019). In a clientelist political arena, a politician's electoral success depends to a certain extent on how successfully he or she directs state resources to supporters. In this context, politicians face strong incentives to develop discretionary control over the distribution of such resources. They are less motivated, therefore, to support a program like the Posyandu, which does not yield significant patronage resources—far more attractive are projects that involve, for example, building roads, hospitals, or other infrastructure, which provide more opportunities to reward supporters and siphon off funds. In short, the deterioration of the Posyandu program is also related to the clientelist character of political competition in Indonesia.

Democratization has also affected the Posyandu program through the rise of welfare programs for poor people. The introduction of direct elections has given local politicians an incentive to adopt policies that provide poor Indonesians with tangible welfare benefits, such as cash transfers or subsidized health care. Such programs have helped incumbent politicians win elections: since poor people represent a large portion of the Indonesian electorate, there have been substantial electoral payoffs for candidates who have adopted policies that benefit people in that group—and substantial risks for those who have not (Rosser and Wilson, 2012). Democratization

increased the pressure on political leaders to respond to voters' desire for welfare expansion (Aspinall, 2014). The proliferation of welfare programs seems to follow an electoral logic (Fossati, 2016)—that is, policymakers depending on welfare programs' beneficiaries for political support (Jung, 2016). The programs that politicians sell during elections must be popular with voters who prefer tangible, short-term benefits.

In the health sector, this has led to local governments prioritizing curative health care, which is politically more attractive than preventive and promotive care like that provided by the Posyandu program. Many local politicians have used the “free health care” program—Jamkesda (Jaminan Kesehatan Daerah or Regional Health Insurance), which provides free health care for poor—to increase their electability. This program was first introduced in 2004 by Prof. Gede Winasa, then regent of Jembrana district in Bali. The program became the center of his campaign for re-election in 2005, which he won resoundingly (Rosser and Wilson, 2012); according to the Indonesian World Records Museum (*Museum Rekor-Dunia Indonesia*, or *MURI*), his share of the vote—90 percent—was the highest ever earned in the election of a local leader in Indonesia. His victory was reported on by many television stations, and he received numerous awards as a reformist, including from Indonesia's weekly news magazine, *Tempo*, which named him Man of the Year in 2005 (Pisani et al., 2017). Winasa's commanding victory, along with an innovation he introduced—the Jembrana Health Card—inspired many politicians (including incumbents) to run for the offices of regent or governor.

The program, which was initially a policy innovation, suddenly became crucial to mobilizing political support. Promises of free health care at Puskesmas and hospitals have become a regular feature of district election campaigns and within local governments. A study by the Center for Health Insurance Financing, of the Indonesian Ministry of Health, shows that in 2010, 479 districts—more than 97 percent of the total number in Indonesia—reported either implementing local health insurance programs or having plans to do so by the end of 2011 (Fossati, 2016). Even in poorer areas, like Kupang Regency, local administrations feel compelled to offer some kind of free or heavily subsidized health service, which they typically

do around the time of local elections. Most districts held elections in 2009 or 2010, and Sparrow (2017) shows that as a result, many introduced free health care programs between 2009 and 2011. In Sukabumi Regency, for example, a program was introduced in 2009, a year before the incumbent regent ran for re-election—and won. In Kupang Regency, the program was introduced half a year after the newly elected regent was installed in 2009.

Using free health care programs to win elections is not unique to Indonesia. Social programs are also a theme in electoral competitions in the Philippines, Thailand, Mexico, and Brazil. As Aspinall (2014) argues, the relationship between institutional change, electoral incentives, and social policy mirrors developments observed in other countries in East Asia and Southeast Asia, such as Thailand, South Korea, and Taiwan. In Thailand, for example, the flagship slogan of Prime Minister Thaksin Shinawatra's 2000 campaign, "30 baht treats all diseases," immediately captured public attention despite having been launched just two months before the election. The program tried to cater to all parties: a 30-baht (USD 0.70) health insurance co-payment was affordable for most Thai citizens, and economically disadvantaged people were exempt. After winning the election on January 6, 2001, Prime Minister Shinawatra immediately consolidated public support by delivering on his campaign promise—one of the government's first priorities, he announced, would be to achieve universal health coverage within a year. When Prime Minister Surayud Chulanont replaced Thaksin in 2006, he not only continued to support the program, but extended it, abolishing the co-payment and adding a benefits package that included renal dialysis (Selway, 2011).

Various health care initiatives have demonstrated local politicians' increased responsiveness to policies that benefit people who are economically disadvantaged. Yet the overall picture is one of deteriorating health indicators and services across Indonesia. The fact that many health insurance programs were primarily designed to strategically attract votes means that they are not carefully planned or based on local needs and capacities. Aspinall (2014) argues that free health care programs have been introduced not by new political forces unleashed by democratization, but by old-school, oligarchic politicians chasing votes and seeking popular legitimacy (Aspinall, 2014). As a result, many regions were overwhelmed and struggled to fund their

Jamkesda after it was introduced. For example, in one of the areas I studied, Sukabumi Regency (in West Java province), in 2015, the district government owed local hospitals and clinics as much as IDR nine trillion (USD 90,000) despite having already allocated them a substantial amount, IDR 32 trillion (USD 320,000). According to the district health office, many residents who were not economically disadvantaged and thus were ineligible for the program received Jamkesda cards from local officials. This was sometimes due to officials incorrectly (and often due to corruption or patronage politics) designating residents as eligible. Furthermore, the sudden expansion of services after the introduction of the free health care program was not followed by improvements in the capacity and quality of public health facilities. As a result, the increase in the number of Jamkesda members overburdened the system, and the program exceeded its budget allocations. Subsequently, the program did not significantly increase the health of Indonesian children, despite its popularity. In 2021, the Jamkesda was officially terminated and replaced by a single program for all Indonesian citizens, National Health Insurance (Jaminan Kesehatan Nasional, or JKN), with the central government paying poor citizens' monthly premium.

The Posyandu program is not a populist program. It is closely associated with the New Order regime. Newberry (2012) is skeptical about the program's continuation, writing, "Still, given the fact that these programs were mandated by the New Order government, even if they were locally managed, I expected to see them end with the end of Suharto's rule." (Newberry, 2012 p. 249). Marcoes (2002) questioned whether the institutions and programs initiated during the New Order regime would remain viable. She commented on women volunteers especially, asking, "Can they continue to act as the machinery of development, and are they still capable of carrying out their programs? (Marcoes, 2002 p. 1897).

There is another way in which the Posyandu program is not populist: it focuses on a long-term objective, namely, preventive and promotive health care. The Posyandu's immediate, direct, and tangible effects on poor people are limited. Voters, particularly those who are poor, are seen as preferring not promises of broad policy change but tangible benefits that immediately meet their most pressing needs (Mas'Udi and Kurniawan, 2017).

In simpler terms, as Pak Fauzi explained how democratization has shifted local governments' priorities away from the Posyandu program. One said, "The Posyandu is intangible, but the heads of regions tend to succeed because of tangible developments. They prefer to focus more on programs that we can see the results of immediately, not a preventive and promotive health program like the Posyandu".

5.6 Conclusion

This chapter discussed how the Posyandu program declined after the fall of the New Order and the Indonesian state's transition from centralist and authoritarian to decentralized and democratic. I proposed two explanations for the connection between the decline of the Posyandu program and the changed character of the Indonesian state. The first is that decentralization has weakened the central government's capacity to command local governments to support the Posyandu program. In the New Order, heads of districts and provinces were appointed by the president through the Ministry of Home Affairs. Being subservient to the central government, these officials felt obliged to thoroughly implement the central government's policies and programs, including the Posyandu. Now, after decentralization, governors and regents are no longer appointed by the central government but are directly elected. Local governments have more independent authority and financial power and are less accountable to the central government. Their focus is now more on meeting the demands of their constituents.

The second explanation for the connection between the state of the Posyandu and the character of the state is that democratization has created new incentives for local governments to focus more on curative care rather than preventive or promotive care. Politicians prefer to offer voters tangible benefits, such as subsidized curative health care. These programs provide more direct benefit to voters than does the preventive health care offered by the Posyandu, the benefits of which manifest themselves over the medium or long term—i.e., over a timeframe that is longer than the term of office of a governor or regent. Faced with such incentives, politicians favor programs that provide free insurance covering curative health care. Subsidized health care programs have become a common policy of many local governments.

Changes in state structure, however, do not explain everything; the deterioration of the Posyandu program is also due to socioeconomic changes, particularly those concerning the condition of women. The next chapter will discuss why there are now fewer women willing to participate in the Posyandu program than there were during the New Order.

Chapter 6.

The Evolution of the Discourse of ‘Good Women’ and Women’s Participation in Community Life

This chapter will examine some of the reasons for the deterioration of the Posyandu program by looking at the changing role of women in public life. In the previous chapter, I discussed the decline of the program by focusing on changes in the structure of the state, which went from centralist and authoritarian to decentralized and democratic. In this chapter, I will develop a second explanation for the decline of the Posyandu, arguing that changes in women’s role in public life affected their participation in the program. There are now fewer women willing to become Posyandu *kader* and fewer women bringing their children to the Posyandu posts. I will focus here on women’s participation in community life; I will not address their roles in public discourse or politics, topics that have been extensively discussed by others (see, for example, Aspinal et al., 2021; Perdana and Hillman, 2020; Choi, 2018; Cho et al., 2017).

This chapter will propose two reasons for the decline in women’s participation in the Posyandu program. The first is the feminization of the labor force—that is, an increase in opportunities for women to work; a shift away from agriculture as the sector in which women predominantly work; and a change in “women’s work” as more women have been able

to obtain formal employment. I will argue that these shifts have affected women’s participation in the Posyandu program and highlight how even “volunteer work” in the Posyandu program has become professionalized.

Feminization of the labor force does not fully explain women’s reduced participation in the Posyandu program, however. Of equal importance is a change in public discourse about “good women” and the role of women in public life. In chapter 3, I demonstrated that the New Order’s discourse about good women and its promotion of women’s role in national development motivated women to become active in community work and to volunteer in various government programs. Since the regime ended, this state propaganda is no longer being disseminated, and the state no longer dominates the social construction of the idea of womanhood, which is shaped by a much wider range of influences. As I will argue in this chapter, while state propaganda now plays a smaller role, an Islam-inspired discourse about good women has become more prominent. This discourse emphasizes personal virtue, piety, and morality more than it does civic duty or women’s contributions to their communities. I will argue that, in democratic Indonesia, Islamic inspired discourse about womanhood has partially replaced New Order propaganda, leading to reduced emphasis on women’s participation in community life. Islam, the religion of about 90 percent of the Indonesian population, shaped women’s role in the public sphere less overtly during the New Order, as Islamic organizations faced repression in this period.

The rest of this chapter is structured as follows: First, I will argue that women’s participation in their communities has decreased. I will support this argument with quantitative data, information from my ethnographic fieldwork, and a range of studies. Next, I will discuss two reasons for this decrease—namely, changes in public discourse about good women and the feminization of the labor force. I will then conclude with a discussion of the broader implications of my findings for the future of women’s role in community life.

6.1 Women participating less in the community

On December 26, 2018, a national seminar was held at a university in West Nusa Tenggara province. Entitled “Membangkitkan kembali semangat gotong royong” (“Reawakening the Spirit of Gotong Royong”), it sparked discussion in both national and local media about how community participation motivated by the spirit of *gotong royong* was dying out and needed to be reawakened. As I explained in chapter 2, the term *gotong royong* was important to developmental discourse during the New Order. The regime had repurposed the term, which refers to genuinely indigenous notions of moral obligation and general reciprocity, as a cultural-ideological instrument for mobilizing community participation in various state policies and programs, including the Posyandu (Bowen, 1986).

Several scholars have provided their own explanations for the observed decline in community participation in present-day Indonesia. For example, Lisa Cameron and Manisha Shah (2014) identify the proliferation of various government assistance programs in the democratization era, arguing that poor administration/ (mainly in the form of the mistargeting and mismanagement of funds) of programs of targeted cash transfers have been a major factor. Interestingly, their study shows that women’s participation correlates more closely to misallocation than men’s (Cameron and Shah, 2014). In the same vein, an earlier study by Hastuti et al. (2006) found that mistargeted cash transfer programs made it harder for community leaders to organize households to work together for the betterment of the community. Neither these targeted transfer programs nor other social assistance measures were implemented during the New Order.

Other research (Tomo et al., 2020) shows a downward trend in levels of social trust between neighbors, people of the same ethnic group, and people of the same religion in Indonesia. This research associates social trust with *gotong royong*, in which community members help one another with various activities. Using longitudinal household survey data, Tomo et al. (2020) explain that an increase in diversity in Indonesian neighborhoods has contributed to the decrease in social trust. Their research does not distinguish downward trends related to men from those related to women. Another study, by Budijanto (2009), argues that rapid change in rural

employment, including increases in income-generating activities in many villages, has to some extent changed the practice of *gotong royong*, as rural populations can no longer be expected to take part in community work (Budijanto, 2009). Another scholar argues that decreases in both participation by various social groups and levels of trust in Indonesian village communities are due to increased ownership of televisions and radios by individual households (Olken, 2009). Improved reception has also had a negative impact, increasing the amount of time people spend watching television and listening to the radio and reducing participation in a wide range of village activities.

During my fieldwork, I was often told that the Posyandu’s current main problem is recruiting new *kader*. And the *kader* I observed were aging, with many of them over 50 years old. Most were recruited during the New Order and had been working as *kader* for more than 30 years. As a result, the program is facing a looming shortage of voluntary workers, a phenomenon that I will discuss in the next section.

Apart from a decline in women’s motivation to volunteer in the Posyandu program, my study also identified a decrease in communities’ material contributions to the operation of the Posyandu posts. As I explained in chapter 3, apart from volunteer labor, the Posyandu program also extracted cash and in-kind contributions from communities. In Java, for example, contributions mainly came in the form of *jimpitan*—handfuls of rice that were set aside to be donated. One indication of this decline in contributions was my discussions with village midwives and Posyandu *kader*. For example, Mama Bolin, a Posyandu *kader* from TTS Regency explained that the year before, she had tried to raise funds from women at her Posyandu post; she planned to buy tables and chairs to replace some that were broken. But her request for contributions elicited a negative response. As she explained, “Some women got angry and alleged that the money collected would be used for the private interests of *kader* [...]. They argued that the money to buy equipment at the Posyandu post should come from the district government”. As a *kader* who has worked for the Posyandu program for more than 30 years, Mama Bolin said that such responses never occurred during the New Order.

A small survey I conducted also indicated this decline in community contributions. At each Posyandu post, I asked about five to ten women, “Who owns this Posyandu post?” I expected answers like “Us,” “Our community,” “Our village,” or “It belongs to women.” But at every post, the most common answer was something different: “*Kesehatan*” (health). At first, this answer confused me—what did these women mean by “health”? Apparently, the word referred to the district health office, the Puskesmas, or the village midwife. This answer indicates that communities do not regard Posyandu posts as belonging to them or as their responsibility. They see the provision of health care at the Posyandu posts as entirely the responsibility of the state, represented by the district health office, the Puskesmas, or the village midwife.

Mama Bolin’s answer and my survey results indicate that in this democratic era, rural women have become more critical of the government and are more aware of their right to health care. At the same time, those women are more opportunistic in their attitude towards volunteering in their communities. They seem less likely to be swayed by the ideal of selfless *gotong royong* than they would have been during the New Order, as explained in chapters 2 and 3.

The findings of my fieldwork are supported by my analysis of quantitative survey data from the Indonesia Family Life Survey (IFLS). Until 2007, the survey collected data on the sources of funding for each Posyandu post. The table below indicates a decline in the proportion of Posyandu posts receiving funding from their communities.

Source of funding	% Posyandu posts reporting receiving funding		
	1993	2000	2007
Community members	45%	29%	28%
Puskesmas	54%	50%	71%
Community health funds	25%	13%	8%
Donors/private contributions	25%	18%	12%
Other sources	57%	29%	21%
JPS Fund		30%	

Figure 18. Sources of Posyandu post funding

Source: IFLS Data, author calculation

My study explains women's decreased participation in their communities in two ways: the feminization of the labor force and changes in public discourse about good women. Both will be discussed in the following sections.

6.2 Feminization of the labor force

On a hot and humid mid-January day in 2016, I sat on a public bus without air conditioning. I was on my way from Jakarta to Sukabumi Regency, where I was going to do fieldwork. As I looked out the window, something caught my attention—on the side of the road, many large billboards advertised jobs. Almost all of them were similar. They were looking for women ages 18 and up; they offered jobs sewing in garment factories; they required no experience and only basic education; and they promised basic health insurance and a monthly salary above the minimum wage. One was looking not for ten or a hundred women, but for thousands. Some even sought “as many as possible.” As I read these billboards, a question arose in my mind: “If there are so many young women imprisoned in so many factories and other low-paid workplaces ten hours a day, six days a week, what happened to the Posyandu program? Are there still women working voluntarily for the program? Do women still bring their children to the Posyandu posts?”

Teri Caraway defines feminization of a labor force as: “Either a gendered redefinition of work—jobs that men previously claimed are redefined as also women's work—or the assignment of new kinds of jobs to women rather than men” (Caraway, 2005 p. 407). Departing from Caraway's (2005) definition, I will discuss three aspects of the feminization of the labor force in Indonesia. First is the increasing number of women in the labor force in every sector. Second is “women's work” shifting from the agricultural sector—which in the past was considered “more appropriate”—to non-agricultural sectors such as industry, trade, and services which in the past were male dominant. Third is women's shift from unpaid work in family businesses to permanent, paid employment. I will highlight these latter two aspects because of certain characteristics they possess—namely, working hours, workplace location, and work ethic and discipline. I will argue that

these shifts in where they work (that is, in which sectors) and in the nature of their work have affected women's participation in the Posyandu program more than has women's increased participation in the labor force. I will discuss this further in the next section.

National statistical data shows that women's participation in the labor force increased from approximately 40 percent in the early 1980s (when the Posyandu program had just begun) to 55 percent in 2015. This was still much lower than men's participation; in 2015, about 85 percent of men were in the labor force, about 30 percent more than women. Nevertheless, compared to other countries in the Global South, women's participation in the labor force was relatively high in Indonesia. In India, which has experienced rapid economic growth, women's participation has remained much lower; in 2014, it stood at just 18 percent, whereas men's participation was about the same as in Indonesia, at about 85 percent (Klasen and Pieters, 2015).

Disaggregating this data by sector clearly indicates that the share of women doing agricultural labor has decreased. In the early 1980s, around 60 percent of women worked in the agricultural sector. Now, 35 years later, this has dropped to 30 percent. In contrast, the share of women working in manufacturing, trade and services, and social and individual services (including working as a civil servant) has been increasing. For example, the share of women in trade sector increased from 14 percent in early 1980 to 30 percent in mid-2000. The percentage of civil servants who were women also increased significantly: national statistics show that in 1989, 68 percent of all civil servants were men. In 2015, there were almost equal numbers of female (49 percent) and male (51 percent) civil servants. Meanwhile, the share of men claiming "househusband" as their occupation increased from below 5 percent in 2002 to around 20 percent in 2015.

Women's work not only moved away from the agricultural sector but also experienced a shift in its status. In the early 1980s, about 41 percent of working women worked as a "family worker," for instance, on family farmland or in a home-based family business. Women normally did this unpaid work so that they could contribute to their household expenses.

Only 15 percent of women worked as permanent, paid employees in the early 1980s. In contrast, in 2016, women working as permanent, paid employees outnumbered family workers 35 percent to 27 percent.

These shifts have influenced community attitudes and women's lifestyles. First, the work is ongoing and provides steady income and, thus, some form of security. Many women in Sukabumi and Karawang regencies identified earning money as their primary motivation for seeking permanent employment. But some women said they work because other women their age do so. They did not want to be seen as behind the times or to stay home, bored. They wanted to be social. Several women also claimed that their bargaining position at home increases if they have a steady job, and they are freer to buy things that meet their needs, like clothes or cosmetics.

One woman I met had a two-month-old baby and had returned to work in the same factory she had worked in before she gave birth. She explained that many young mothers in her area had a regular job because of social pressure, saying, "I am ashamed if I do not work, because most women here work. It is also fun to work outside the house so I can socialize and have more friends at work." Elmhirst (2002) observes that starting in the late 90s, women doing factory work became important to the livelihoods of rural Indonesians and enhanced the social standing of rural households. She argues that factory work is viewed as clean, light, modern, and requiring a relatively high level of education (Elmhirst, 2002). In contrast, a study on women working in factories in the early 1990s found that female factory workers were still relatively unusual, and women working in factories were often considered morally questionable (Tjandraningsih, 2000).

Women's increased participation in the labor force affected the operationalization of the Posyandu program, as I will show in the next section.

6.3 Working mothers and the functioning of the Posyandu program

At around ten o’clock in the morning, I walked through a rural neighborhood in Sukabumi Regency. My plan was to mingle with women in the area. The neighborhood was very quiet; not a single woman was outside. I knocked on the door of a random nearby house. A middle-aged woman welcomed me and introduced herself as Ibu Aisyah. Entering a small, dim living room, I saw a baby sleeping in a small bed and a toddler sitting on the cement floor, holding a lollipop and looking at me with curiosity. They were cousins, the granddaughters of Ibu Aisyah. Their mothers worked at a clothing factory about five kilometers from the house. Every day, they were dropped off at Ibu Aisyah’s house at six in the morning and picked up at five in the afternoon. Ibu Aisyah told me it was normal in her neighborhood for small children to be left with their grandparents or other extended family during the day. Some were looked after by a neighbor hired as a nanny.

A high number of working mothers affects the functioning of the Posyandu program in two ways. First, participating in labor makes it difficult for women and their children to go to the Posyandu posts. New types of employment—jobs that are non-agricultural, formal, and paid—mean women regularly being outside their homes for long periods of time. Women working in factories in the Sukabumi and Karawang regencies, for example, have to work for nine hours—from seven o’clock in the morning until four in the afternoon, Monday through Saturday. They sometimes have to work overtime to meet production targets. Such a work schedule clashes with the schedules of the monthly Posyandu posts, which are normally held from eight o’clock in the morning until noon, Monday through Saturday. In the field, I found that many children of working mothers were not taken to Posyandu posts. Ibu Tatien, a Posyandu *kader*, explained:

Their mothers work from morning until late afternoon. They are only off on Sunday. Babies and toddlers are cared for during the day by their grandmothers, other relatives, or nannies. Many of these small children are not regularly taken to the Posyandu post. Some are never taken, especially children who are cared for by their nannies. [...] When I was

just a young *kader*, mothers here mainly stayed at home. If they had jobs, they mostly worked at home or a place nearby, and they did not have regular working hours like nowadays. Thus, if a mother did not bring her baby to the Posyandu post, we [the *kader*] just called their name through the loudspeaker from the mosque, and they would feel embarrassed and take their child to the Posyandu post.

Factory work often detaches people from society at large and from their lives outside of work; the factory environment, with its own discipline and organization, is designed to sustain the regime of industrial production (Warouw, 2016). Factory workers have almost no time to socialize with a wider community beyond the circle of workers they are part of (Tjandraningsih, 2000). Long working hours leave little time for activities other than domestic work and rest.

Besides issues related to time, changes in women's jobs, along with their earning more permanent income, also influenced their attitudes about the Posyandu program. During my fieldwork, I found that many women considered the Posyandu a program for economically disadvantaged people. For example, Yesi, a young mother who worked in a factory, explained that she preferred to visit a midwife's private practice rather than go to the Posyandu post for pregnancy check-ups, contraceptive injections, or immunizations for her baby. Services like these are free at the Posyandu post, but paying to access the private practice was not an issue for Yesi. As she said, "I do not have time to come to the Posyandu post or the Puskesmas, and I believe a midwife provides better services because I pay her. [...] Nowadays, if we have money, we can choose where we want to go [for health care services]. Of the three private practices available in this village, I always go to a midwife because I feel comfortable with her and she is always nice to me".

Some women also felt that the services provided by the Posyandu were of lower quality than those of private practices. They did not believe that Posyandu *kader* were as capable as private practitioners. Take, for example, Ibu Tuti a 33 years old full-time housewife whose husband worked as a supervisor at a factory in Karawang Regency. Ibu Tuti said that she never took any of her three small children to the Posyandu post. She did not

believe that a Posyandu *kader* knew more than her; she was a high school graduate and claimed to know about things like nutrition, parenting, and pediatric care. She preferred to go to a private practice, and the cost of medication was not a problem—it was covered by the insurance provided by her husband’s employer. Rokx et al. (2010) argue that more affluent members of a community may self-select to private providers. Reasons for doing so include more flexible opening hours, shorter waiting times, and better services.

The phenomenon of working mothers also affects the implementation of the Posyandu because it lowers women’s motivation to volunteer in the program. As employment opportunities for women increase, so does the potential for lost income should they choose to volunteer in the Posyandu program. A particular attitude towards volunteering can be discerned, which might be called “*wani piro* voluntarism.”

6.4 “*Wani piro* voluntarism”

During my fieldwork, I heard Posyandu *kader* use the term *wani piro* several times. Once was during a discussion with Ibu Euntin, a 54-year-old senior Posyandu *kader* from Sukabumi Regency. When our talk turned to recruiting new *kader*, Ibu Euntin began to complain about the difficulty of finding candidates, especially those willing to make a long-term commitment. She said that women no longer want to be volunteer *kader*, explaining, “Often, when I ask a woman to be a Posyandu *kader*, her immediate answer is ‘Am I getting paid? If yes, how much?’ [...] Women have often ‘joked’ with me by saying ‘*Wani piro?*’”. *Wani piro* is a Javanese term that translates as “How much do you dare to pay me?” and is commonly used across Indonesia. By answering Ibu Euntin with “*Wani piro?*” the women she spoke with indicated that they were interested not in altruistic voluntarism, but in receiving a salary or materially benefitting in some other way in exchange for their participation.

A small survey that I conducted during my fieldwork confirmed what Ibu Euntin had said. In each Posyandu post, I asked five to ten women at random, “Do you want to become a Posyandu *kader*? If you were asked to become a *kader*, would you accept the request?” Most women gave a

very short answer, “No.” When they were asked the follow-up question “Why is that so?” only about half answered; the rest were silent, and some simply smiled. Ibu Nina a 21-year-old housewife from a Posyandu post in Karawang Regency, was one of a few women who gave an answer, explaining, “I am already busy taking care of my own children, so I do not have time to take care of other people’s children.” Another woman, Ibu Iis, said, “I plan to go back to work after my child is one year old [...] I am not originally from this area. I just moved here with my husband because both of us work in the factory here, I am not known by many people here.” One of the few women who answered “Yes” gave the following answer: “Nobody ever asked me, but if they asked, I would accept just to kill time until I find a permanent, paid job.” These answers indicate that women have less interest in doing volunteer work in the community. Although they did not ask me directly—as they did senior *kader*—how much they would be paid if they became a *kader*, these women’s answers indicate that they preferred paid jobs to volunteering in the Posyandu program.

This phenomenon of *wani piro* voluntarism is not limited to Indonesia. Drawing on case studies of volunteers in the health sectors in Kenya and Tanzania, Brown and Green (2015) observe that volunteering has become increasingly professionalized. They explain that the predominantly older women who previously volunteered for community-based development have been “replaced” by younger women who seek to use volunteering to gain professional experience and access to formal labor markets. They underline a substantial shift away from the voluntarist visions of the independence era, when the sole qualification necessary to become a volunteer was community membership; as the role of volunteer has become increasingly significant in mediating between international development agencies and targeted communities, it has also become increasingly professionalized and begun to require more competencies (Brown and Green, 2015).

This phenomenon of *wani piro* voluntarism, however, also indicates women’s awareness that they can demand to be paid or even say “no” in response to requests that they become *kader*—a good indication that they are able to voice their aspirations. This would have been unlikely to happen under

the New Order regime. On the other hand, women’s changing attitudes towards community work may harm the sustainability of programs that rely on community participation, such as the Posyandu.

The feminization of the labor force, however, does not fully explain why women’s participation in the Posyandu program is decreasing. As I will discuss in the next section, changes in public discourse about good women have also contributed to this phenomenon.

6.5 Changing public discourse about “good women”

As discussed in chapter 3, voluntarism in the Posyandu program during the New Order was not fully organic but state-led. The New Order, developmentalist and authoritarian, paid considerable attention to how women should behave and how they should contribute to society. The regime’s propaganda, which portrayed women as good mothers, good wives, and good citizens who actively volunteered in their communities, was reflected in women’s motivations to become Posyandu *kader*, as demonstrated in chapter 4. After the regime ended, this particular type of voluntarism was no longer promoted.

Since the New Order ended, Indonesia has been transformed socially and politically by two major movements: the democratization movement and the Islamic movement.⁴ The democratization movement has enabled women to become more active and outspoken in NGOs, religious organizations, and the media. Because of democratization, women now have a greater voice in national discourse (Rinaldo, 2008). Various independent women’s organizations were founded, such as the National Commission on Violence against Women, established in 2005, and Rahima, a Muslim women’s rights NGO that was founded in August 2000. At the same time, democratization has fostered an open public sphere in which Islamic organizations play a significant role. While Muslim voices were more subdued under the New Order regime, in *Reformasi* Indonesia, they have become more prominent in both daily life and politics (Robinson, 2009). Nicolaas Warouw (2016)

⁴ The Indonesian government considers itself neither secular nor Islamic. It recognizes six religions and allows for Islamic courts to deal with family law or other civil issues.

argues that the resurgence of Islam in a variety of practices—religious, cultural, economic, and political—has been one of the most important factors defining contemporary Indonesian society.

The easing of the state’s suppression of political Islam has led to a revival of earlier calls for the establishment of shari’a law in Indonesia. But Indonesia is not an Islamic state, and shari’a has no legal authority there. A study by Hana Satriyo (2003) demonstrate that to overcome this obstacle, many provincial and district governments adopted local regulations derived directly from Islamic teachings. They justified their “shari’a policies” as upholding “morality and order”.

In matters such as dress codes and curfews, the main targets of these “morality and order” policies are women. As Brenner (2006) observes, the democratization of Indonesia’s public sphere allows for the advocating of practices that seek to control women. The exception is the move to enact anti-alcohol laws, which are more likely to affect men (Robinson, 2009). In several places in West Java Province, the heads of districts have made the wearing of *jilbab* (headscarf) mandatory for female civil servants who are Muslim, including in private enterprises such as banks. Similar regulations are in place in all districts in West Sumatra and in some districts in South Sulawesi Province. In West Sumatra Province, the *jilbab* is also part of the school uniform (Satriyo, 2003). Robinson (2009) argues that in the reform period, headscarves have been championed by conservative male elites as a way of imposing discipline on female bodies and excluding women from public spaces. Headscarves per se are not a contentious issue—a woman choosing not to wear one would not be prevented from becoming a Posyandu *kader*, for instance. However, the wearing of a headscarf has been adopted by an aspirational elite of women for whom dress and conduct have become symbols of their moral authority and a “symbolic shelter” that allows them to enter public space (Robinson, 2009).

In parts of Java, Madura, Sulawesi, and Sumatra (and elsewhere), bylaws have been proposed (and passed) that subject women to a curfew that prohibits them from going out alone late at night. In some cases, women

who have violated the curfew on their way to or from work or while visiting relatives have been falsely accused of illicit behavior—prostitution, for example—and harassed, humiliated, or even arrested (Brenner, 2011).

In Sukabumi Regency, I observed a village midwife cleverly employing Islamic teachings to persuade Posyandu *kader* to keep working for the program. While doing my ethnographic work, I was invited to attend a half-day refresher training for *kader*, held at the Puskesmas. About 25 *kader* were present in the meeting room, one from each Posyandu post. All were women, and all wore *jilbab*. The scene differed from the image, inevitable in New Order-era Posyandu program guidebooks, of women with *sanggul* tied-back hair wearing *kebaya*, as I explained in chapter 2.

The training was opened by Dr. Andy, the head of the Puskesmas. He said only a few words and then left until the training was over. The rest of the training was moderated by the midwife coordinator, Midwife Iis. One of the topics she discussed was the problems faced by all village midwives who supervise Posyandu posts—including, as she said in a furious tone, *kader* often being absent on Posyandu days. Midwife Iis also complained about the high turnover of *kader* and how difficult it is to recruit new *kader*. She then advised those present to continue working for the Posyandu program because working as a Posyandu *kader*, she said, is also part of *ibadah* (worship). As midwife Iis put it, “Helping others—in this case, children and pregnant women—is part of Islamic teachings and will be rewarded in the hereafter”.

This framing of the value of volunteer work—that it was part of religious duty—presents it differently than did the New Order regime, which portrayed women who volunteered in state development programs as good, active citizens donating time and resources for the good of their communities and the state’s development programs. This shift in framing shows that Islamic teachings now have a greater influence on women’s role in the public sphere than was the case during the New Order. As Midwife Iis emphasized in our discussion after the training finished, “Nowadays, all public affairs must be in accordance with Islamic teachings. For that reason, I just said that being a Posyandu *kader* can also bring rewards in

the afterlife.” In this case, it is clear that Midwife Iis was using religion as a framing device; since Islam is already integral to everyday standards of morality in Indonesia, it motivated *kader* to see working in the Posyandu as part of being a good Muslim.

However, it can be argued that the current interpretation of Islam has been less effective in mobilizing women to work in their communities because of the changing interpretation of “good women.” This will be discussed in the next section.

6.6 Islam-inspired ideas about “good women”

As I explained in chapter 2, during the New Order, gendered citizenship was created in part by the state. Here, the issue is not whether women were obedient, altruistic, caring, or interested in health care (and therefore willing to volunteer in the Posyandu program). It is that, as subjects, women with these particular characteristics were produced by the state through discourse. In democratic Indonesia, the state no longer dominates the social construction of the idea of womanhood, and in many regions, Islamic teachings have emerged as an important force in shaping the idea of good women. This school of thought is inherently different than that of the New Order, and it arrives at a different idea of what constitutes a good woman—good women, for example, are those who wear *jilbab*, which were banned during the New Order. *Jilbab*, therefore, have become symbols of this idea (Turmudi, 2016).

The state used the Family Planning Board to propagate the idea of the *keluarga sejahtera* (prosperous family) during the New Order (Newland, 2001), an idea that has now been replaced by the *keluarga sakinah*. The word *sakinah* is taken from Arabic; a *sakinah* family means one that is tranquil, loving, and merciful. Dr. Sugiri Syarief, the director of the Family Planning Board from 2006 to 2013 (in the post-Suharto era), in 2007 published a book entitled *Menggapai Keluarga Berkualitas dan Sakinah* (*Reaching for a High Quality and Sakinah Family*). In it, he writes that a good wife must be *Shalihah* (pious)—that is, dedicated to God and to her husband. She must respect her husband, always make him happy, and be

sweet and grateful (Syarief, 2007). In the same vein, Mamah Dedeh, one of a few popular “women’s preachers,” has several prime-time programs on different national television stations. Her criteria for a good woman include: serving her husband; preparing his food, drink, bed, and clothes; not traveling when he is at home; and always being grateful for the gift that is him (Setyaningsih, 2017).

Several feminist scholars have also observed these changes; they argue, essentially, that ideas about good women are becoming more about being privately good than being publicly good. For example, Wieringa (2015) outlines a “transformation” model of womanhood. She argues that during the New Order, the state expected women to be obedient, busy housewives doing community work to support national development; in democratic Indonesia, the emphasis is on not only obedience but also piousness (Wieringa, 2015). Another feminist scholar, Suryakusuma (2012), claims that: “Whereas the New Order’s social construction of womanhood had at least some utilitarian value related to the regime’s developmentalist framework, the Islamist social construction of womanhood is more repressive and insidious” (Suryakusuma, 2012 p.5). Lies Marcoes (2015) claims that the state’s mobilization of women in the New Order—for example, in the PKK program—played a critical role in development, especially in relation to, through the Posyandu, women’s reproductive health and the health of infants. The asset that the PKK’s broad organizational reach represented has now been lost; it has been replaced by hundreds of *pengajian* (prayer recitation) groups more concerned with the afterlife than with the development challenges faced by contemporary women in their everyday lives (Marcoes, 2015). As Rinaldo (2008) argues, unlike in the New Order, when women mobilized other women for causes that benefitted them as a gender, in democratic Indonesia, some pious women are calling for stricter regulation of other women’s morals for the good of society (Rinaldo, 2008).

My study also observed that while more women are engaged in paid, permanent employment, their role in community activities (other than those related to religion) is often more limited. Ibu Anisa, a 35 years old housewife from Karawang Regency, explained to me that she cannot become a Posyandu *kader* because her husband will not allow her. Considering such

activities a waste of time and of no value in regard to the afterlife, he allows her to attend a *Pengajian group* only once a week. Furthermore, she said, “My husband thinks that if I am active in the community other than at *Pengajian*, I’ll be subject to bad influences.” When I asked Ibu Anisa if she obeyed her husband, she answered that it would be a sin not to. Ibu Siti had a similar story. She did not want to be a Posyandu *kader*—not because of her husband, but because she thought it was better to spend her time on things related to religious teachings, which could help her become a more *Shalihah* woman.

6.7 Conclusion

The puzzle at the heart of this study is why the Posyandu, which was so successful under the authoritarian New Order, is declining in a democratic Indonesia. This chapter has addressed this question by arguing that the Posyandu’s decline is due not only to changes in the structure of the state (which went from authoritarian and centralist to democratic and decentralized), but also to there being fewer women participating in public life in the post–New Order era.

This chapter developed two reasons for this decline in participation. The first is the feminization of the labor force—that is, an increase in opportunities for women to work; a shift away from agriculture as the sector in which women predominantly work; and a change in “women’s work” (from predominantly being an unpaid worker in a family business and now more are working as a permanent worker). The number of women in paid employment has increased enough that it has even become difficult for the Posyandu program to recruit new *kader*.

The phenomenon of working mothers also affects the implementation of the Posyandu program in two ways. First, it reduced the number of women bringing their children to the Posyandu posts. Second, it decreased women’s motivation to volunteer in the Posyandu program. I identified a form of *wani piro* voluntarism: women are often not interested in altruistic voluntarism, as they have adopted opportunistic attitudes towards volunteering, and they would rather receive a salary in return for their participation in the Posyandu program.

The second reason fewer women participate in community life is that the idea of a "good woman" has changed. In the current democratic era, the Indonesian state is more limited in its capacity to promote and strengthen active citizenship than it was during the New Order, and it is no longer as active in promoting a particular view of women as obedient-yet-active wives and mothers. Given its greater coercive power, the authoritarian regime was more capable of promoting a particular type of participatory citizenship. As the state steps back and takes a less active role in promoting community participation (and its particular view of women), other social forces have started to fill the vacuum and take up this role. In particular, Islam-inspired ideas about good women have become more dominant. These ideas emphasize personal virtue, piety, and morality more than they do civic duty or women's contributions to their communities. As I argued in this chapter, this has made women less willing to volunteer in the Posyandu program. For these reasons, the New Order was more effective in promoting a particular kind of state-led participation by women than is the current Indonesian state.

Chapter 7.

Conclusion: Can an Authoritarian Regime Be Good for Women?

Can an authoritarian regime be good for women? At the beginning of my study, this would have struck me as unlikely. I might even have found the question shocking, suggestive of a too-easy acceptance of the paternalism and coercion of Suharto's New Order. But as I got to know more and more women who told me how they felt empowered by one of the New Order's biggest programs of social mobilization—the Posyandu, a community-based health care program—I began to think the question was not so absurd after all. In chapter 4 of this thesis, I discussed how the Posyandu program empowered women, trained them, and enabled them to take on prominent roles in public life.

In this thesis, I set out to understand the rise and decline of the Posyandu. It puzzled me that the program, which mainly relied on women volunteers, had been so successful under the authoritarian New Order but was declining in a democratic Indonesia. To explore why, my research reassessed the New Order's long-term impact. By focusing on the Posyandu, I evaluated the impact of the New Order's policies on people's everyday lives, specifically in regard to the issues of health care and the empowerment of women. My study presented a way of reassessing the New Order that is new possibly different than the approach employed by most other scholars to date, who have evaluated the New Order regime at the policy level, mainly drawing

on official documents and interviews with key figures. My study, by contrast, used an ethnographic approach and assessed the regime's impact on people's everyday lives. Furthermore, most previous reassessments of the New Order were conducted either shortly after the regime ended or in the early 2000s, when Indonesia had just experienced a transition to democracy. My study was carried out twenty years after the regime ended. The passing of two decades gave this research the distance and perspective necessary for studying how the New Order's long-term impact is evident in people's lives today.

This approach and timeline guided me to different conclusions than those reached by other scholars. In general, the New Order has a bad image. Many of Indonesia's current problems are considered to be the legacy of the authoritarian regime, from corruption and bad governance (see McLeod, 2000; Barter, 2008; Crouch, 2010) to the dominance of the army (see Honna, 2003; Mietzner, 2006) and provincial nepotism (see van Klinken, 2009). All these studies make important contributions to academic debates about the New Order. Without refuting the findings of previous scholars, and after doing research for over five years, focusing on the Posyandu program, I arrived at different conclusions. Chief among them is that the New Order regime, through the Posyandu program, has positive legacies—both, as I have argued, intended (its impact on health care) and unintended (its long-term impact on women's empowerment). The next sections will provide detailed explanations of my conclusions.

7.1 The Posyandu program's positive impact on health care

Over more than 30 years, the Posyandu program has played an important role in the lives of Indonesian women and children. The program was initiated in the early 1980s, during the New Order, and was primarily aimed at improving the health of Indonesian children. It provides preventive and promotive health care for pregnant women, infants, and toddlers. It is a state program, but its activities are run by women volunteers, called *kader*, with the support of paramedical staff from Puskesmas—sub-district health clinics.

In this dissertation, I discussed how and why the Posyandu program was such a success. In chapter 3, I discussed the program's rapid expansion throughout Indonesia, a large and diverse country. Just ten years after its official launch, the program was available to almost all of the nation's 60,000 villages, and it reached 90 percent of Indonesian families. Using women volunteers and the apparatus of the state, the Posyandu program succeeded to a certain extent in disciplining people's health behavior in areas such as child immunization and family planning. As a result, the mid-1990s saw improvements in several key health indicators: child immunization increased to 80 percent from less than 10 percent in the early 1980s; around 75 percent of couples of reproductive ages reported using contraceptives; and infant mortality fell from 125 deaths per 1,000 babies in the mid-1970s to 58.

The Posyandu's success is extraordinary given that during that era, in other countries, community-based health care rarely succeeded in developing into large-scale programs. Most large-scale of such programs—India's, for example—were characterized by high attrition and low activity rates. The Posyandu became an example of a successful community-based health care initiative for other developing countries to follow. It received awards from the World Health Organization and UNICEF for its successes in voluntarism and health improvement.

Why did this program succeed where community health care programs elsewhere often failed? The thesis argued that the Posyandu's success can be attributed to three main factors: First is the authoritarian regime and its developmentalist ideology, which drove a massive expansion of the program. The program grew out of the New Order's vision of development and was an important instrument for the regime in realizing its developmentalist vision for Indonesia. The regime considered malnutrition and other health issues related to children to be developmental challenges: healthy human resources were needed to support long-term economic development. To support the success of the Posyandu, the centralized, authoritarian machinery of Indonesia's bureaucracy was put to work from the national down to the village level.

The second reason for the Posyandu's success is the mobilization of women volunteers. While resources were limited, the New Order's paternalism and its ideas about community participation shaped how the program was set up. Suharto's authoritarian regime embraced a particular set of ideas about the role of the state in promoting development and the role of women in bringing about that development. These ideas shaped the character and design of the Posyandu program. The authoritarian machinery of the regime could mobilize women to participate in and contribute to the Posyandu program. This mobilization of volunteers, and Indonesian population in general, enabled the regime to implement such a large program at a lower cost than the clinic-based health care could for the same type of services.

The third reason for the Posyandu's success is that with this large contingent of volunteers, it was able to reach all the way down to the community level, where *kader* monitored and disciplined the health behavior of a large part of the Indonesian population. But neither the participation of *kader* nor the contributions of communities were fully organic—they depended on the propaganda and subtle coercion by an authoritarian regime. As I argued in chapter 3, the New Order's propaganda about the value of *gotong royong* and the idea of “good women”—that is, good wives, good mothers, and good citizens—shaped women's motivation to participate in the program and communities' willingness to contribute.

7.2 The Posyandu program's positive impact on women's empowerment

The Posyandu program was intended to improve the health of women and children. It also had significant unintended consequences, as this thesis has demonstrated. The program provided women volunteers with skills, knowledge, and useful networks. In order to be able to run Posyandu posts, *kader* received various trainings related to not only health care but also practical skills—related to, for example, personal growth—that enhanced their contributions to their communities. In the course of being Posyandu *kader*, women also developed networks of useful contacts and became accustomed to dealing with different departments and with the apparatus of government, as well as with government procedure and the working of

local bureaucracies. Of equal importance is that the Posyandu program provided a place where it was socially acceptable for women to be out and active in the public sphere; the fact that the authoritarian state itself had mobilized them legitimized their activity.

Tracing the life trajectories of 15 senior Posyandu *kader*, I demonstrated the vital roles these women currently play in their neighborhoods and villages—for example, helping people deal with the state and solve daily problems. While continuing to volunteer in the Posyandu program, they have become actively involved in the broader social, economic, and even political affairs of their communities. *Kader* have joined their village councils; some are the only female member. Often, they are recruited to become village facilitators for various development programs run by the government or NGOs. Some have even transcended the role of intermediary and become political actors themselves. Often, their strong networks and familiarity with government procedures mean that *kader* can adopt the role of citizen–state broker, as I explained in chapter 4. They are frequently asked to arrange hospital care for neighbors or to obtain vital documents related to citizenship, such as identity cards, family cards, birth certificates, or certificates of title for land.

These women's prominence in rural life is exceptional; in other countries, citizen–state brokers are generally men (Jeffrey et al., 2011; Berenschot, 2011). The fact that many citizen–state brokers in Indonesia are women suggests that the particularities of Indonesia's government programs—especially the Posyandu program—played a role in facilitating women's activity in the public sphere. Unfortunately, these positive legacies might not endure. My study indicated that the Posyandu program is currently deteriorating and is having difficulty recruiting new *kader*.

7.3 The decline of the Posyandu program

In chapter 5, I showed that the decentralization and democratization that followed the end of the New Order influenced the decline of the Posyandu program. I proposed two reasons for this. First is changes in the structure of the state, which went from centralist and authoritarian to decentralized and democratic. Decentralization has weakened the central government's capacity to command local governments to support the Posyandu program.

In the New Order, the heads of districts and provinces were appointed by the president through the Ministry of Home Affairs. They were, therefore, obedient to the central government, and one way to demonstrate this was by thoroughly implementing the central government's policies and programs, including the Posyandu. Now, after decentralization, local governments have more authority and financial power and are less accountable to the central government.

Democratization, the main element of which was direct local elections of heads of districts and provinces, shaped new political contexts in Indonesia. Of particular importance are two effects this has had on the incentive structure of politics. The first is that politicians now need to gain control over state resources to distribute them in a clientelist fashion. Politicians are particularly oriented toward clientelism, in which targeted provisions of money or state resources (such as jobs, public services, or government contracts), unrelated to policy, are exchanged for political support. Clientelism has long been an important theme in Indonesian studies, and democracy intensified clientelist practices as candidates running for election need to accumulate campaign funds (van Klinken, 2009). Indonesia's highly competitive elections incentivize politicians' use of government contracts, jobs, and public services to attract and reward supporters (Berenschot and Mulder, 2019). This means that politicians have less incentive to support programs like the Posyandu that do not yield patronage resources. More attractive are projects, for example, building roads, hospitals, or other infrastructure, which involve contracts that can be rewarded to supporters. In short, the deterioration of the Posyandu program is also related to the clientelist character of political competition in Indonesia.

Democratization's second effect is incentivizing the implementation of pro-poor policies and programs. Because the poor represent such a large portion of the Indonesian electorate, there have been substantial electoral payoffs for candidates who have adopted pro-poor policies and substantial risks for those who have not (Rosser and Wilson, 2012). In the health sector, this new political incentive has resulted in local governments prioritizing curative health care—particularly free health care over the preventive and promotive care offered by, for example, the Posyandu. Many local politicians have used the free health care program to increase their electability.

The Posyandu program is not a populist program. First, it is closely associated with the New Order regime. Second, it focuses on a long-term objective: preventive and promotive health care (including, for instance, improving child nutrition and reducing maternal and infant mortality rates). The Posyandu's immediate, direct, and tangible effects on poor people are limited.

Changes in state structure, however, do not fully explain the deterioration of the Posyandu program. As I explained in the introduction, the Posyandu is a program organized by the state but run by and fully embedded in communities; as such, it straddles the state and society. Changes in the socioeconomic structure of society and, subsequently, in women's role in the public sphere resulted in a reduction in women's participation in community-based activities and programs. In the Posyandu program, fewer women are taking up the role of *kader*, and fewer mothers are going to the Posyandu posts.

This thesis proposed two reasons for the decline in women's participation in their communities. First is the feminization of the labor force—that is, an increase in opportunities for women to work; a shift away from agriculture as the sector in which women predominantly work to non-agricultural sectors such as industry, trade, and services which in the past were male dominant; and changing “women's work,” from being an unpaid work in family businesses and now more are working in permanent, paid employment. These shifts have affected women's participation in the Posyandu program, and as I argued in chapter 6, even “volunteer” work has become professionalized.

The second reason for the decrease in women's participation in their communities is a change in public discourse about “good women” and women's role in public life. By propagating a certain discourse about good women—who are obedient-yet-active wives, mothers, and citizens—and promoting women's role in national development, the New Order's propaganda shaped women's motivation to become active in community work, including working voluntarily in various government programs. Since the regime ended, this propaganda is no longer being pushed and the state no longer dominates the social construction of the idea of womanhood. The

vacuum condition is being filled by an Islam-inspired discourse about good women, which emphasizes personal virtue, piety, and morality over civic duty, citizenship, and women's contributions to their communities. I argue that in democratic Indonesia, this discourse has replaced the New Order's propaganda, leading to a reduced emphasis on women's participation in community life.

7.4 Relevance of this study

This reassessment of the New Order regime through the Posyandu program does not solely contribute to debates about community health issues or studies on Indonesia. It is also relevant for scholars whose concerns are within the issues of women's empowerment, authoritarianism, and citizenship. Concerning citizenship, this study contributes to ideas about how the character of citizenship has developed in non-Western countries. In the West, citizenship is usually discussed in terms of legal status, rights, participation, and identity. As explained in chapter 2, the New Order's propaganda about citizenship heavily emphasized citizens' obligation to "serve the community." Good citizens were expected to provide time, cash, and in-kind contributions to their communities. As I demonstrate in this study, the Posyandu program did not just deal with the technical aspects of health care provision; it was also a vehicle for the New Order to instill its ideology, particularly regarding citizenship and womanhood in society. I have highlighted the Posyandu program as a long-term New Order project for making a particular type of "good citizen," not through schooling, which many studies have already focused on, but through a state-sponsored program. Another unique point of this study is its specific focus on women rather than citizens in general, which allows it to cut across the issues of gender and citizenship.

The study is also relevant for scholars studying authoritarian regimes. It suggests that an authoritarian regime (at least in this particular case) can better implement a community-based program than can a democratic state. In this case, a developmentalist, authoritarian state promoted and employed a communitarian ideology to support its development goals. Furthermore, centralist, authoritarian machinery with solid vertical

integration made mobilizing millions of women across a country as big as Indonesia possible. In a democratic state, particularly a decentralized one like Indonesia post-New Order, such mass mobilization is more difficult. Furthermore, my study showed that an authoritarian program can be good for women and even empowering, though in the long term and as an unintended consequence.

7.5 Broader policy implications of this study

The conclusion of this study also bears relevance for health care policies in Indonesia, especially those currently concerning the Posyandu program. Having studied this program for the last five years, both in the field and through discussions with policymakers, I feel the following conclusions can be drawn concerning the importance of community health care in Indonesia. I want to particularly highlight two significant implications concerning health care policy and the empowerment of women in Indonesia. First, preventive and promotive health care, which is located within communities, is still much needed in Indonesia. Looking at the health indicators, such as the number of malnourished children, the percentage of children with stunting, and the rates of mortality for mothers and children, Indonesia still performs poorly. Compared to other countries in the region with a GDP that is the same or lower—such as Cambodia, Laos, or Vietnam—Indonesia still lags behind on these indicators.

Improving these indicators certainly requires more effort than relying solely on the popular current policy of “free/subsidized health care programs.” These programs mainly focus on curative health care, which has already burdened the program beyond its capacity (see, for example, Hanani, 2019). To service the needs of the population, preventive and promotive community health care is still very much needed in Indonesia. The Posyandu program is more effective than clinic-based because it can reach more coverage population, particularly those living in remote and rural areas. In addition, better-off households and those living nearer to the clinics benefited more than others from clinic services. Furthermore, factors such as geography, the condition of roads, transportation availability and costs, and travel time can create delays in reaching care at health facilities.

In addition to physical distance, there is also a social and cultural gap between care providers and patients. Rural people may not see their problems as amenable to the treatments offered by allopathic medicine. Posyandu *kader*, almost all of whom live in the villages they were born in, can bridge the social and cultural gaps between rural populations and the workers at health centers. Furthermore, as Amartya Sen (2008, p. 2010) points out, good health depends on not only health care, but also nutrition, lifestyle, education, the empowerment of women, and the degrees of inequality and freedom in society. And the Posyandu program, through its *kader*, can provide services beyond just health care.

Another study's finding with significant implication for health care policy is that the Posyandu needs to be changed considerably to adapt to the needs of the time. It can no longer rely on women volunteers. Women no longer see the Posyandu program as a place to support their husband's careers, become good mothers or good citizens, or channel their interest in being active in public life. Furthermore, the subtle coercion of the New Order is no longer a means for recruiting women. Consequently, the Posyandu program struggles to attract volunteers, who used to be its backbone. As a result of this lack of personnel, this program has lost much of its capacity and effectiveness. If a community health program is to again be effective in Indonesia, an alternative to volunteer workers needs to be found.

It is time for Indonesia to employ these women as government staff and remunerate them appropriately. Many government programs currently employ paid local facilitators (both women and men) who make these programs more acceptable to local communities. However, this employment is temporary, lasting only as long as the programs are still being implemented—usually a maximum of three to five years. The Posyandu program is different; it is permanent. Therefore, *kader* are also more or less permanent, at least until they retire. As paid employees, *kader*'s role can be widened to running not only the Posyandu posts but also other health-related campaigns. The current crisis caused by the outbreak of COVID-19 in 2020 shows how important such health workers are—*kader* can help the government educate communities about the danger of the virus and the necessity of taking serious precautions.

The Posyandu program needs to be reformed and streamlined. Most of the mechanisms and procedures currently guiding the Posyandu posts are the same as those adopted when the program was first introduced forty years ago. Drawing from my study, Posyandu posts no longer need the prescribed five *kader* per post. In practice, most posts currently have only two to three active *kader*. Yet five *kader*'s names are still registered at health offices because that is what is officially required. This requirement has not changed since the New Order, but it is no longer appropriate given changes in the context and conditions in which the posts operate. Two to three *kader* per Posyandu post is enough. Another policy that needs to be reconsidered is the opening schedule of the posts. As the program is community-based, posts should be allowed to open on weekends. My study found that currently, the Posyandu posts are only held on working days, mainly because the Posyandu's schedule has to be in line with those of midwives and Puskesmas. But the Posyandu program is of the community and for the community; it is not part of the health department. Therefore, it must adjust its availability to the community. Because more women now work in formal employment, many are not available on workdays, making opening Posyandu posts on weekends a good option.

Furthermore, community health care does not have to remain the domain of women. In the introduction to this thesis, I argued that the Posyandu program was founded on the assumption that women have a special interest in the domestic provision of health care and community services—what Molineux (1985) calls their practical gender interests. The program did not challenge the social construction of gender roles within households and communities. Instead, it promoted a highly paternalistic view of women as good wives and mothers. It is time for the Posyandu program to also address what Molineux (1985) calls strategic gender interest. The Posyandu program can be a vehicle for the government and non-governmental institutions alike to challenge women's subordination within their families and communities. It is time to educate men, further involve them in the program, and teach communities that family and community health care is the responsibility of not only women but also men. Apart from the fact that men can perform these tasks just as well as women, they are also needed

for practical reasons: in many rural areas in Indonesia—the Sukabumi and Karawang regencies, for instance—more formal jobs are available to women than to men. Hence, men often have more time than women do to bring their children to the Posyandu posts or become Posyandu *kader*. My study showed that traditional gender roles are still maintained within the Posyandu program, and the program still mainly targets women, as it did during the New Order. My discussion with several fathers indicated that men still consider the Posyandu program to be the domain of women. Men still feel embarrassed to bring their children to the Posyandu posts, let alone become *kader*. There are, in other words, some cultural obstacles to overcome. But a cause of these is the image of *kader* as a volunteer job that should be women's responsibility because men are supposed to do the paid work. This is another reason to provide the Posyandu *kader* with a modest salary: it might convince men to join the program.

Another important element to highlight from my study is that the Posyandu program is not only a health care program, but also a program for fostering the empowerment of women—or, at least, it was during the New Order. In the democratic era, it might not be possible for the state-led empowerment of women to continue in the same form. Nevertheless, it is important to keep increasing and safeguarding women's participation in public life, as this participation is now threatened—especially by particular Islam-inspired ideas that tell women to stay away from public life. It is important to find ways to stimulate women's participation in public life. As demonstrated in this dissertation, women's participation in public life has not only greatly benefited their communities, but also (and even more importantly) empowered women, making them prominent, active citizens. Considering how big and diverse Indonesia is, the capacity of NGOs to empower women is certainly inadequate. An important implication of this study is, therefore, that a democratic Indonesian state should continue to play an active role in not only improving the provision of health care, but also empowering Indonesian women. I would like to conclude this study with a new idea: a state that is active but also democratic. I believe this idea is worth exploring further.

Bibliography

- Achmad, J. 1999, *Hollow development: the politics of health in Soeharto's Indonesia*, Research School of Social Sciences, Australian National University, Canberra.
- Alkatiri, Z. 2013, "The World of Magic Used During the Soeharto's Indonesian New Order Military Regime 1980-1997", *Asian Journal of Social Sciences & Humanities*, vol. 2, no. 1, pp. 82-91.
- Amir, S. 2013. *The Technological State in Indonesia: The Co-constitution of High Technology and Authoritarian Politics*. Routledge, Oxon.
- Anwar, F., Khomsan, A., Sukandar, D., Riyadi, H., & Mudjajanto, E.S. 2010. "High participation in the Posyandu nutrition program improved children nutritional status." *Nutrition Research and Practice*, vol. 4, no. 3, pp. 208–214.
- Asian Development Bank (ADB), 2003, *Report and Recommendation of the President to the Board of Directors on Proposed Loans to the Republic of Indonesia for the Second Decentralized Health Services Project*, Asian Development Bank.
- Aspinall, E. & Mas'Udi, W. 2017. "The 2017 *Pilkada* (Local Elections) in Indonesia: Clientelism, Programmatic Politics and Social Networks." *Contemporary Southeast Asia*, vol. 39, no. 3, pp. 417–426.
- Aspinall, E. 2014. "Health care and democratization in Indonesia." *Democratization*, vol. 21, no. 5, pp. 803–823.
- Aspinall, E. 2010. "The Irony of Success," *Journal of Democracy*, vol. 21, no. 2, pp. 20–34.
- Adzmy, M., and Disyacitta, F. (2018). "The Indonesian Family Welfare Guidance Programme (PKK) and the Revitalisation of Corporatist State Organisations: A Case Study of the Mobilisation of Support for Dewanti Rumpoko in the 2017 Batu Municipal Election." *PCD Journal*, vol. 6, no. 1, 2018.

- Article 19. 1996. "Muted Voices: Censorship and the Broadcast Media in Indonesia." White paper. June. <https://www.article19.org/data/files/pdfs/publications/indonesia-muted-voices.pdf>, Accessed October, 20 2020.
- Barter, S.J. 2008. "The Dangers of Decentralization. Clientelism, the State, & Nature in a Democratic Indonesia." *Federal Governance*, vol. 5, no. 1.
- Bennet, R. 2010. "Decentralizing Authority After Suharto: Indonesia's 'Big Bang', 1998–2010." White paper. Innovations for Successful Societies, Princeton University. <http://successfulsocieties.princeton.edu>
- Berenschot, W. 2011. "Political Fixers and the Rise of Hindu Nationalism in Gujarat, India: Lubricating a Patronage Democracy." *South Asia: Journal of South Asian Studies*, vol. 34, no. 3, pp. 382–401.
- Berenschot, W., Hanani, R., & Sambodho, P. 2018. "Brokers and citizenship: access to health care in Indonesia." *Citizenship Studies*, vol. 22, no. 2, pp. 129–144.
- Berenschot, W. & Mulder, P. 2019. "Explaining regional variation in local governance: clientelism and state-dependency in Indonesia." *World Development*, vol. 122(C), pp. 233–244.
- Berenschot, W., Schulte Nordholt, H., Bakker, L.G.H., & Porio, E. 2017. *Citizenship and Democratization in Southeast Asia*. Brill, Leiden.
- Berman, P. 1992. "Community-based health programs in Indonesia: the challenge of supporting a national expansion." In *The Community Health Worker: Effective Programs for Developing Countries*, ed. S. Frankel, pp. 62–87. Oxford University Press.
- Berman, P. 1984. "Village health workers in Java, Indonesia: Coverage and equity." *Social Science & Medicine*, vol. 19, no. 4, pp. 411–422.
- Berman, P., Gwatkin, D., & Burger, S. 1987. "Community-based health workers: Head start or false start towards health for all?" *Social Science & Medicine*, vol. 25, no. 5, pp. 443–459.

- Bentham, J. 1995. *The Panopticon Writings*. Verso, London.
- Bianpoen, C. 2000. "The Family Welfare Movement: A Blessing or a Burden?" In *Indonesian women: the journey continues*, eds. M. Oey-Gardiner & C. Bianpoen, pp. 156–171. Research School of Pacific and Asian Studies, The Australian National University, Canberra.
- Blackburn, S. 2004. *Women and the State in Modern Indonesia*. Cambridge University Press.
- Blackburn, S. 1999. "Women and Citizenship in Indonesia." *Australian Journal of Political Science*, vol. 34, no. 2, pp. 189–204.
- Blackwood, E. 1995. "Senior Women, Model Mothers, and Dutiful Wives: Managing Gender Contradictions in a Minangkabau Village." In *Bewitching Women, Pious Men: Gender and Body Politics in Southeast Asia*, eds. A. Ong & M.G. Peletz, pp. 124–158. University of California Press, Berkeley.
- Booth, A. 2005. "The evolving role of the central government in economic planning and policy making in Indonesia." *Bulletin of Indonesian Economic Studies*, vol. 41, no. 2, pp. 197–219.
- Bourchier, D. 2015. *Illiberal democracy in Indonesia: The ideology of the family state*. Routledge, New York.
- Bowen, J.R. 1986. "On the Political Construction of Tradition: Gotong Royong in Indonesia." *The Journal of Asian Studies*, vol. 45, no. 3, pp. 545–561.
- Brenner, S. 2011. "Private Moralities in the Public Sphere: Democratization, Islam, and Gender in Indonesia." *American Anthropologist*, vol. 113, no. 3, pp. 478–490.
- Brenner, S. 2006. "Democracy, Polygamy, and Women in Post-Reformasi Indonesia." *Social Analysis: The International Journal of Social and Cultural Practice*, vol. 50, no. 1, pp. 164–170.
- Brenner, S. 1999. "On the Public Intimacy of the New Order: Images of Women in the Popular Indonesian Print Media." *Indonesia*, vol. 67, no. 67, pp. 13–37.

- Brown, H. & Green, M. 2015. "At the service of community development: the professionalization of volunteer work in Kenya and Tanzania." *African Studies Review*, vol. 58, no. 2, pp. 63.
- Buchori, B. & Soenarto, I. 2000. "Dharma Wanita: An Asset or a Curse?" In *Indonesian Women: the journey continues*, eds. M. Oey-Gardiner & C. Bianpoen, pp. 139–153. Research School of Pacific and Asian Studies, The Australian National University, Canberra.
- Budd, E.N. 2000. "Political Economy of Developmental and Patrimonial States: A Case Study of the Philippines and Indonesia." *Philippine Political Science Journal*, vol. 21, no. 44, pp. 1–26.
- Budijanto, B. 2009. *Values and Participation: Development in Rural Indonesia*. Wipf & Stock.
- Cameron, L. & Shah, M. 2014. "Can Mistargeting Destroy Social Capital and Stimulate Crime? Evidence from a Cash Transfer Program in Indonesia." *Economic Development and Cultural Change*, vol. 62, no. 2, pp. 381–415.
- Caraway, T.L. 2005. "The Political Economy of Feminization: From Cheap Labor to Gendered Discourses of Work." *Politics & Gender*, vol. 1, no. 3, pp. 399–429.
- Chatterjee, P. 2004. *The Politics of the Governed: Reflections on Popular Politics in Most of the World*. Columbia University Press, New York.
- Choi, N. 2007. "Local elections and democracy in Indonesia: The Riau Archipelago." *Journal of Contemporary Asia*, vol. 37, no. 3, pp. 326–345.
- Cho, Y., Ghosh, R., Sun, J.Y., & McLean, G.N. 2017. *Current Perspectives on Asian Women in Leadership: A Cross-Cultural Analysis* (1st ed.). Springer International Publishing, Cham, CH.
- Chung, E.A. 2017. "Citizenship in non-western contexts." In *The Oxford Handbook of Citizenship Studies*, eds. A. Shachar, R. Bauböck, I. Bloemraad, & M. Vink, pp. 431–452. Oxford University Press.

- Columbia, R. (ed) 1991. *Primary health care in West Java, Indonesia: a study of volunteer community health workers*. N.p., Ann Arbor, Mich.
- Coster, E. P. 1993. "The Instrumentality of Indonesia's Policy Towards Women." In *Development and Social Welfare: Indonesia's Experiences Under the New Order*, eds. J. Dirkse & F. Husken, pp. 131–134. KITLV Press, Leiden.
- Cribb, R. 2010. *The Historical Roots of Indonesia's New Order: Beyond the Colonial Comparison*. ANU E Press.
- Crouch, H. 2010. *Political Reform in Indonesia after Soeharto*. Institute of Southeast Asian Studies, Singapore.
- De Sousa, M.F. & Hamann, E.M. 2009. "Family Health Program in Brazil: an incomplete agenda?" *Ciência & Saúde Coletiva*, vol. 14, suppl. 1, pp. 13–25.
- Dia Bitari, M.Y., Muhammad Diaz Ellyas, F.P., Leovander, A.S., Agil Gilang, C.S., Akmal, M., & Hidayah, F. 2022. "Pengawasan Nyamuk Aedes aegypti Menggunakan Ovitrap Dengan Metode Image Processing." *Journal of Electrical Engineering and Computer*, vol. 4, no. 1, pp. 27–31.
- Dichter, P., White, M., Johnson, P., Atman, D., & Gary, H. 1990. *Child Survival in Indonesia: A.I.D Impact Evaluation Report*. White paper. Agency for International Development.
- Distelhorst, G. & Fu, D. 2019. "Performing Authoritarian Citizenship: Public Transcripts in China." *Perspectives on politics*, vol. 17, no. 1, pp. 106–121.
- Dixon, G. & Hakim, D. 2009. "Making Indonesia's Budget Decentralization Work: The Challenge of Linking Planning and Budgeting at the Local Level." *International Public Management Review*, vol. 10, no. 1, pp. 119–169.
- Echols, J.M., and Shadily, H. 1989. *Kamus Indonesia Inggris*. Gramedia, Jakarta.

- Elmhirst, R. 2002. "Daughters and Displacement: Migration Dynamics in an Indonesian Transmigration Area." *Journal of Development Studies*, vol. 38, no. 5, pp. 143–166.
- Feith, H. 1982. "Repressive-Developmentalist Regimes in Asia." *Alternatives: Global, Local, Political*, vol. 7, no. 4, pp. 491–506.
- Fossati, D. 2016. "Is Indonesian Local Government Accountable to the Poor? Evidence from Health Policy Implementation." *Journal of East Asian Studies*, vol. 16, no. 3, pp. 307–330.
- Foucault, M. 1979. *Discipline and Punish: The Birth of the Prison*. Vintage Books, New York.
- GBHN (Garis Garis Besar Haluan Negara), 1983. National Archives of the Republic of Indonesia, Jakarta.
- GBHN (Garis Garis Besar Haluan Negara), 1993. National Archives of the Republic of Indonesia, Jakarta.
- Gupta, A. 1995. "blurred boundaries: the discourse of corruption, the culture of politics, and the imagined state." *American Ethnologist*, vol. 22, no. 2, pp. 375–402.
- Haider, R., Ashworth, A., Kabir, I., & Huttly, S.R.A. 2000. "Effect of community-based peer counsellors on exclusive breastfeeding practices in Dhaka, Bangladesh: a randomised controlled trial." *The Lancet*, vol. 356, no. 9242, pp. 1643–1647.
- Hanani, R., 2019. "Expansion of Health Care Protection and Health Governance in Indonesia." In *Proceedings of the 3rd International Conference on Indonesian Social & Political Enquiries Advances in Social Science*. Education and Humanities Research, vol. 366. Atlantis Press. <https://www.atlantis-press.com/article/125922588>
- Hastuti, Toyamah, N., & Usman, S. 2006. *A Rapid Appraisal of the Implementation of the 2005 Direct Cash Transfer Program in Indonesia: A Case Study in Five Kabupaten/Kota*. The SMERU Research Institute, Jakarta.

- Hays-Mitchell, M. 1999. "From Survivor to Entrepreneur: Gendered Dimensions of Microenterprise Development in Peru." *Environment and planning A*, vol. 31, no. 2, pp. 251–271.
- Heryanto, A. 1995. *Language of development and development of language: The case of Indonesia*. Pacific Linguistics, Series D-86. Department of Linguistics, Research School of Pacific and Asian Studies, The Australian National University, Canberra.
- Heywood, P., Harahap, N.P., Ratminah, M., & Elmiati. 2010. "Current situation of midwives in Indonesia: evidence from 3 districts in West Java Province." *BMC Research Notes*, vol. 3, pp. 287.
- Honna, J. 2003. *Military politics and democratization in Indonesia*. Routledge, London.
- Hull, V.J., 1996. "Women in Java's Rural Middle Class: Progress or Regress?" In *Women of Southeast Asia*, ed. P. Van Esterik, pp. 78–167. Center for Southeast Asian Studies, North Illinois University.
- Isin, E. 2008. "Theorizing Acts of Citizenship." In *Acts of Citizenship*, eds. E. Isin & G.M. Nielsen, pp. 15–43. Zed Books, New York.
- Jeffrey, C., Philliou, C., Rogers, D., & Shryock, A. 2011. "Fixers in Motion. A Conversation." *Comparative Studies in Society and History*, vol. 53, no. 3, pp. 692–707.
- Johnson, C. 1982. *MITI and the Japanese miracle: the growth of industrial policy, 1925–1975*. Stanford University Press, Stanford, CA.
- Jokhio, A.H., Winter, H.R., & Cheng, K.K. 2005. "An Intervention Involving Traditional Birth Attendants and Perinatal and Maternal Mortality in Pakistan." *The New England Journal of Medicine*, vol. 352, no. 20, pp. 2091–2099.
- Jung, E. 2016. "Campaigning for All Indonesians: The Politics of Healthcare in Indonesia." *Contemporary Southeast Asia*, vol. 38, no. 3, pp. 476.
- Klasen, S. & Pieters, J. 2015. "What Explains the Stagnation of Female Labor Force Participation in Urban India?" *The World Bank Economic Review*, vol. 29, no. 3, pp. 449–478.

- Kollmann, N.G.E. 1992. "The Management and Utilization of Posyandu in Central Java: A Case Study." In *Health Care in Java, Past and Present*, eds. P. Boomgaard, R. Sciortino, I.A Smyth, pp. 1. KITLV Press, Leiden.
- Kristiansen, S. & Santoso, P. 2006. "Surviving decentralisation? Impacts of regional autonomy on health service provision in Indonesia." *Health policy*, vol. 77, no. 3, pp. 247–259.
- Lazar, S. 2010. "Schooling and Critical Citizenship: Pedagogies of Political Agency in El Alto, Bolivia." *Anthropology & Education Quarterly*, vol. 41, no. 2, pp. 181–205.
- MacDougall, J. 1976. *The Technocratic Model of Modernization: The Case of Indonesia's New Order*. University of California Press, Berkeley.
- MacNicoll, G. & Singarimbun, M. 1986. *Fertility decline in Indonesia: analysis and interpretation*. New ed. Gadjah Mada University Press, Yogyakarta.
- Magrath, P. 2010. "Beyond Governmentality: Building Theory for Weak and Fragile States." *Anthropology Matters Journal*, vol. 12, no. 2.
- Maharani, A. & Tampubolon, G. 2014. "Has decentralisation affected child immunisation status in Indonesia?" *Global Health Action*, vol. 7.
- Mandel, J.L. 2006. "Creating Profitable Livelihoods; Mobility as a 'Practical and 'Strategic' Gender Need in Porto Novo, Benin." *Tijdschrift voor economische en sociale geografie*, vol. 97, no. 4, pp. 343–363.
- Manderson, L. 1980. "Right and Responsibility, Power and Privilege: Women's Roles in Contemporary Indonesia." In *Kartini Centenary: Indonesian Women Then and Now*, eds. A.T. Zainuddin, K. Lucas, Y. Raharjo, C. Dobbin, & L. Manderson, pp. 69–92. Monash University, Melbourne.
- Marcoes, L. 2002. "Women's Grassroots Movements in Indonesia: A Case Study of the PKK and Islamic Women's Organizations." In *Women in Indonesia: Gender, Equity and Development*, eds. K. Robinson & S. Bessell, pp. 187–197. Institute of Southeast Asian Studies, Singapore.

- Marshall, T.H. & Bottomore, T. 1992. *Citizenship and Social Class*. Pluto Press, London.
- Marshall, T. H. 1950. *Citizenship and Social Class, and Other Essays*. Cambridge: Cambridge University Press.
- Mas'Udi, W. & Kurniawan, N. 2017. "Programmatic Politics and Voter Preferences: The 2017 Election in Kulon Progo, Yogyakarta." *Contemporary Southeast Asia*, vol. 39, no. 3, pp. 449–469.
- McLeod, R.H. 2005. "The struggle to regain effective government under democracy in Indonesia." *Bulletin of Indonesian Economic Studies*, vol. 41, no. 3, pp. 367–386.
- McLeod, R.H. 2000. "Soeharto's Indonesia: A Better Class of Corruption." *Agenda: A Journal of Policy Analysis and Reform*, vol. 7, no. 2, pp. 99–112.
- Mietzner, M. 2006. *The Politics of Military Reform in Post-Suharto Indonesia: Elite Conflict, Nationalism, and Institutional Resistance*. Policy studies, ed. 23. East–West Center, Washington.
- Ministry of Health of the Republic of Indonesia. 1996. *Pesan Singkat Tentang Kesehatan Untuk Penyiar Radio* (Short Messages about Maternal and Child Health for Radio Broadcasters). Jakarta.
- Ministry of Health of the Republic of Indonesia. 1993. *Pesan Pesan Baku Program Kesehatan Menurut Agama Islam* (Standard Messages of Health according to Islam). Jakarta.
- Ministry of Health of the Republic of Indonesia. 1991. *Gotong Royong Saling Bantu untuk Menjaga Agar Anak Anak Kita Tetap Sehat dan Kuat: Petunjuk bagi Kader dalam Promosi Posyandu* (Gotong Royong Helping Each Other to Keep Our Children Healthy and Strong: Instructions for Cadres in Posyandu Promotion). Jakarta.
- Ministry of Health of the Republic of Indonesia. 1990. *Primary Health Care in Indonesia*. Jakarta.

- Ministry of Health of the Republic of Indonesia. 1988. *Modul Pelatihan Peningkatan PSM: Kepemimpinan* (Training Module Increasing Community Participation: Leadership). Jakarta.
- Newberry, J. 2012. "Empowering Children, Disempowering Women." *Ethics and Social Welfare*, vol. 6, no. 3, pp. 247–259.
- Newberry, J., ed. 2006. *Back Door Java: State Formation and the Domestic in Working Class Java*. Broadview Press, Peterborough, CA.
- Newberry, M. 2010. "Identified phases in the building and maintaining of positive teacher–student relationships." *Teaching and Teacher Education*, vol. 26, no. 8, pp. 1695–1703.
- Newland, L. 2001. "The Deployment of the Prosperous Family: Family Planning in West Java." *NWSA Journal*, vol. 13, no. 3, pp. 22.
- Nugent, J.B. & Swaminathan, S. 2005. *Voluntary Contributions to Informal Activities Producing Public Goods: Can These be Induced by Government and Other Formal Sector Agents? Some Evidence from Indonesian Posyandus*. World Institute for Development Economics Research, Helsinki, Finland.
- Oey–Gardiner, M. 2002. "And the Winner Is...Indonesian Women in Public Life." In *Women in Indonesia: Gender, Equity and Development*, eds. K. Robinson & S. Bessell, pp. 100–112. Institute of Southeast Asian Studies, Singapore.
- Olken, B.A. 2009. "Do Television and Radio Destroy Social Capital? Evidence from Indonesian Villages." *American Economic Journal: Applied Economics*, vol. 1, no. 4, pp. 1–33.
- Parker, L. 2003. *From Subjects to Citizens: Balinese Villagers in the Indonesian Nation-State*, NIAS Press, Copenhagen.
- Parker, L. 2002. "The subjectification of citizenship: student interpretations of school teachings in Bali." *Asian Studies Review*, vol. 26, no. 1, pp. 3–37.
- Parker, L. 1997. "Engendering School Children in Bali." *The Journal of the Royal Anthropological Institute*, vol. 3, no. 3, pp. 497–516.

- Pisani, E., Olivier Kok, M., & Nugroho, K. 2017. "Indonesia's road to universal health coverage: a political journey." *Health Policy and Planning*, vol. 32, no. 2, pp. 267–276.
- Rahayu, R. I. 2005. "Militerisme Orde Baru dan Ideologi Koncowingingking Penguatan Ideologi Perempuan Indonesia Secara Pemaknaan Ksatria Jawa." Conference Proceeding, "Konferensi Warisan Otoritarian di Indonesia," November 17–19, 2005, University of Sanata Dharma.
- Rao, V. 2004. *Symbolic Public Goods and the Coordination of Collective Action: A Comparison of Local Development in India and Indonesia*. The World Bank, Washington DC.
- Ratne, M. 1982. "Family Nutrition Improvement Programme in Indonesia." Project Support Communications Newsletter, vol. 6, no. 3 (December). Information Division, UNICEF, New York.
- Republic of Indonesia constitution. 1945. As amended by the fourth amendment of 2002. National Archives of the Republic of Indonesia, Jakarta.
- Rinaldo, R. 2008. "Envisioning the Nation: Women Activists, Religion and the Public Sphere in Indonesia." *Social Forces*, vol. 86, no. 4, pp. 1781–1804.
- Robinson, K. 2009. *Gender, Islam and Democracy in Indonesia*. Routledge, New York.
- Roestam, K.S. 1988. *The Family Welfare Movement (PKK) in Indonesia and its Achievements*. PKK, Jakarta.
- Rohde, J. 1993. "Indonesia's Posyandus: Accomplishments and Future Challenges." In *Reaching Health for All*, eds. J. Rohde, M. Chatterjee, & M. David pp. 135–157. Oxford University Press, Delhi.
- Rokx, C., Giles, J., Satriawan, E., Marzoeke, P., Harimurti, P., & Yavuz, E. 2010. *New Insights into the Provision of Health Services in Indonesia: A Health Workforce Study*. Directions in Development; human development. The World Bank, Washington, DC.

- Rokx, C., Subandoro, A., & Gallagher, P. 2018. *Aiming High: Indonesia's Ambition to Reduce Stunting*. The World Bank, Washington, DC.
- Rosser, A. & Wilson, I. 2012. "Democratic Decentralisation and Pro-poor Policy Reform in Indonesia: The Politics of Health Insurance for the Poor in Jembrana and Tabanan." *Asian Journal of Social Science*, vol. 40, no. 5–6, pp. 608–634.
- Saepuddin, E., Rizal, E., & Rusmana, A. 2018. "Posyandu Roles as Mothers and Child Health Information Center." *Record and Library Journal*, vol. 3, no. 2, pp. 201.
- Sambodho, P. 2019. *From clients to citizens? Democratization and everyday citizenship in a West Javanese village*. University of Amsterdam, the Netherlands.
- Satriyo, H.A. 2003. "Decentralization and Women in Indonesia: One Step Back, Two Steps Forward?" In *Local Power and Politics in Indonesia: Decentralisation and Democratisation*, eds. E. Aspinall & G. Fealy, pp. 217–229. Institute of Southeast Asian Studies.
- Sajogyo, 1993, 'Strategi Pengembangan Sumberdaya Manusia Dalam Mengentaskan Kemiskinan' (Human resource development strategy in Alleviating Poverty). Paper presented on the 41st anniversary of the University of August 17, Jakarta, July 14 1993.
- Sciortino, R. 1992. *Care-takers of cure: a study of health centre nurses in rural Central Java*. N.p., Amsterdam.
- Selway, J. 2011. "Electoral Reform and Public Policy Outcomes in Thailand: The Politics of the 30-Baht Health Scheme." *World Politics*, vol. 63, no. 1, pp. 165–202.
- Sen, A. 2008. "Why and how is health a human right?" *The Lancet*, vol. 372, no. 9655, pp. 2010.
- Septia, K. 2015, "Mantan TKW sukses jadi dewan di Lombok Timur" [Homepage of PT. Kompas Cyber Media], [Online]. Available: <https://regional.kompas.com/read/2015/02/13/01031751/Mantan.TKW.Sukses.Jadi.Dewan.di.Lombok.Timur>. [2019, January 29,].

- Setyaningsih, E. 2017. *Attracting and retaining village midwives in Indonesian remote postings: Success cases from West Nusa Tenggara*. Victoria University of Wellington.
- Shiffman, J. 2003. "Generating political will for safe motherhood in Indonesia." *Social Science & Medicine*, vol. 56, no. 6, pp. 1197–1207.
- Shiffman, J. 2002. "The construction of community participation: village family planning groups and the Indonesian state." *Social Science & Medicine*, vol. 54, no. 8, pp. 1199–1214.
- Siekmans, K., Sohani, S., Boima, T., Koffa, F., Basil, L., & Laaziz, S. 2017. "Community-based health care is an essential component of a resilient health system: evidence from Ebola outbreak in Liberia." *BMC Public Health*, vol. 17, no. 1, pp. 84.
- Simatupang, R.R. 2009. *Evaluation of Decentralization Outcomes in Indonesia: Analysis of Health and Education Sectors*. Unpublished doctoral dissertation. Georgia State University.
- Skoufias, E., Narayan, A., Dasgupta, B., & Kaiser, K. 2011. *Electoral accountability, fiscal decentralization and service delivery in Indonesia*. The World Bank, Washington, DC.
- Smith, B. 2008. "The origins of regional autonomy in Indonesia: experts and the marketing of political interests." *Journal of East Asian Studies*, vol. 8, no. 2, pp. 211–234.
- Smyth, I. 1993. "A critical look at the Indonesian government's policies on women." In *Development and Social Welfare: Indonesia's Experiences Under the New Order*, eds. J. Dirkse, F. Husken, & M. Rutten, pp. 117–129. KITLV Press, Leiden.
- Soemardjan, S. & Breazeale, K. 1993. *Cultural Change in Rural Indonesia: Impact of Village Development*. Sebelas Maret University Press, Surakarta, Indonesia.
- Stoler, A. 1976. *Class Structure and Female Autonomy in Rural Java*. The University of Chicago Press.

- Strodel, R.J. & Perry, H.B. 2019. "The National Village Health Guide Scheme in India: lessons four decades later for community health worker programs today and tomorrow." *Human Resources for Health*, vol. 17, no. 1, pp. 76.
- Suharto. 1996. Transcript of speech given at an awards ceremony for long-standing members of the Family Planning Program. Jakarta, March 13. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1995. Transcript of speech given at the announcement of the Family Welfare Savings Movement. Jakarta, October 2. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1993. Transcript of speech given at the commemoration of PKK Movement Unity Day. Jakarta, December 27. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1991. Transcript of speech given at the 63rd celebration of Mother's Day. Jakarta, December 22. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1990. Transcript of speech given at the 62nd celebration of Mother's Day. Jakarta, December 22. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1990a. Transcript of speech given at a national coordination meeting on expanding women's role in development. Jakarta, January 22. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1984. Transcript of speech given at the launch of the RRI radio transmitter. Cimanggis, West Java, May 21. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1984a. Transcript of speech given at the commemoration of the 36th World Health Day. Jakarta, August 22. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1983. Transcript of speech given at the inauguration of President Suharto. Jakarta, March 11. National Archives of the Republic of Indonesia, Jakarta.

- Suharto. 1982. Transcript of speech given to Parliament. [Jakarta], August 16. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1982. Transcript of speech given to Parliament. [Jakarta], August 16. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1979. Transcript of speech given to *Gotong Royong* Parliament. [Jakarta], August 16. National Archives of the Republic of Indonesia, Jakarta.
- Suharto. 1967. Transcript of speech given at the commemoration of National Education Day. [Location], May 2. National Archives of the Republic of Indonesia, Jakarta.
- Sullivan, J. 1992. *Local Government and Community in Java: An Urban Case-Study*. Oxford University Press.
- Suryahadi, A., Febriany, V., Yumna, A. 2014. "Expanding Social Security in Indonesia: The Processes and Challenges." Working paper 2014-4 (November). United Nations Research Institute for Social Development.
- Suryakusuma, J.I. 2012. "Is state ibuism still relevant?" *Inside Indonesia*, no. 109 (July–September).
- Suryakusuma, J.I. 1996. "The State and Sexuality in New Order Indonesia." In *Fantasizing the Feminine in Indonesia*, ed. L. Sears, pp. 92–119. Duke University Press, Durham & London.
- Suryakusuma, J.I. 1988. *State Ibuism: The social construction of womanhood in the Indonesian New Order*. Institute of Social Studies, The Hague, the Netherlands.
- Suyono, H. 1996. "Family planning in the 1990's: A new era." *Medical Journal of Indonesia*, vol. 5, no. 1, pp. 3–7.
- Suyono, H., Hendrata, L., & Rohde, J. 1993. "The Family Planning Movement in Indonesia." In *Reaching Health for All*, eds. J. Rohde, M. Chatterjee & D. Morley, pp. 482–500. Oxford University Press, Delhi.

- Syarief, S. 2007. *Menggapai Keluarga Berkualitas dan Sakinah*. Mitra Abadi Press, Jakarta.
- Tan, K.P.A.S. 2001. "Civic Society and the New Economy in Patriarchal Singapore: Emasculating the Political, Feminizing the Public." *Crossroads*, 15(2), pp. 95–122.
- Thabrany, H. 2006. "Human Resources in Decentralized Health Systems in Indonesia: Challenges for Equity." *Regional Health Forum*, vol. 10, no. 1, pp. 75–87.
- Tjandraningsih, I. 2000. "Gendered work and labour control: women factory workers in Indonesia." *Asian Studies Review*, vol. 24, no. 2, pp. 257–268.
- Tomo, S.W., Wardana, A., Indrahadi, D., Zummi, Q.A., & Sulistyosari, Y. 2020. "The Wanin Gotong Royong: Assessing the Intergenerational Decline of Social Trust in the Contemporary Indonesia Society." *Advances in Social Science, Education and Humanities Research*, vol. 398, pp. 255–259.
- Turmudi, E. 2016. "The Passion of Jilbab: Socio-Cultural Transformation of Indonesian Muslim Women." *International Journal of Scientific and Research Publications*, vol. 6, no. 5, pp. 287–292.
- Utomo, B., Sucahya, P.K., Romadlona, N.A., Robertson, A.S., Aryanty, R.I., & Magnani, R.J. 2021. "The impact of family planning on maternal mortality in Indonesia: what future contribution can be expected?" *Population Health Metrics*, vol. 19, no. 1, pp. 2.
- van Klinken, G. 2009. "Patronage Democracy in Provincial Indonesia." In *Rethinking Popular Representation* (1st ed.), eds. O. Törnquist, N. Webster, & K. Stokke, pp. 141. Palgrav MacMillan, New York.
- van Langenberg, M. 1986. "Analysing Indonesia's New Order state: A keywords approach." *Review of Indonesian and Malaysian Affairs*, vol. 20, no. 2, pp. 1–47.
- Warouw, N. 2016. "Negotiating Modernity: Women Workers, Islam and Urban Trajectory in Indonesia." *Islam and Christian-Muslim Relations*, vol. 27, no. 3, pp. 283–302.

- Wieringa, S. 1992. "IBU or the Beast: Gender Interests in Two Indonesian Women's Organizations." *Feminist Review*, no. 41, pp. 98–113.
- Wieringa, S.E. 2015. "Gender Harmony and the Happy Family: Islam, Gender and Sexuality in Post–Reformasi Indonesia." *South East Asia Research*, vol. 23, no. 1, pp. 27–44.
- Zhang, D. & Unschild, P.U. 2008. "China's barefoot doctors: past, present, and future." *The Lancet*, vol. 372, no. 9653, pp. 1865–1867.

Summary

In this thesis, I set out to understand the rise and decline of Indonesia's community-based health care program, the Posyandu. Prior to the undertaking, it had puzzled me that the program, which mainly relied on women volunteers, had been so successful during the authoritarian New Order but was declining in democratic Indonesia. To address questions about why, I use the case of the Posyandu program to reassess the long-term impact of New Order policy on people's everyday lives, specifically with regard to the issues of health care and the empowerment of women.

The Posyandu provides preventive health care and health promotion services to infants, toddlers, and pregnant women. For several reasons, it is a useful case with which to reassess the long-term impact of the New Order. To begin with, Posyandu was one of the New Order's most successful and enduring programs; it was present in almost every neighborhood in Indonesia and involved massive community participation. Furthermore, during the New Order, the program did not just provide health care—it was also a vehicle for the regime to control citizens' behavior and instill in them ideology concerning citizenship and womanhood. The regime mobilized women to volunteer and carry out most of the tasks at the Posyandu posts—places where the main activities of Posyandu program are conducted. Over time, the program provided these women with new knowledge, skills, a network, and acceptance of their being socially active in the public sphere. These women's long careers as Posyandu volunteers, along with their current achievements, are another reason the Posyandu program is useful for analyzing the long-term impact of the New Order. The last reason is that in democratic Indonesia, the program is declining. This seems surprising if the program was so successful under an authoritarian regime, why does it not flourish in a democracy?

In answering the research questions, I examined public policies and performed ethnographic fieldwork to gauge the impact of the Posyandu program in rural Indonesia. This combination of ethnographic fieldwork

and policy analysis enables a much broader assessment of the impact of the New Order program. I did my fieldwork in the Sukabumi and Karawang Regency in West Java province and in the Kupang and Timur Tengah Selatan Regency in Nusa Tenggara province.

An authoritarian way of promoting citizenship

One of the main reasons the Posyandu program thrived in the authoritarian New Order is that the regime was able to mobilize thousands of women to volunteer in the program. By doing so, it promoted and instrumentalized a particular view of citizenship. Through the program, New Order did not promote that citizens have the rights to basic health care, but instead the duty citizens owed their communities, along with the need to obey authority and refrain from criticizing the regime and its rulers. In this way, the state ideology and programs discouraged claim-making in favor of community harmony.

By studying the Posyandu program, I aim to contribute to debates about the character of citizenship in Indonesia. This type of citizenship is different from that found in Western literature, which is rooted in Western historical experience and tied to democracy and which, as such, mainly focuses on legal status, rights, participation, and identity. Citizenship was at least partly a product of an authoritarian regime and its ideology, which relates to the broader aim of studying the long-term impact of the New Order

Working in the Posyandu program and the unintended consequences of authoritarianism

An unintended consequence of the New Order constructing citizenship through the Posyandu program was the empowerment of women. The program's objective was to provide for the practical needs of women through the provision of child and mother health care services. The program's focus on the mobilization of women departed from the assumption that women are more responsible for the daily welfare of the household and, hence, have a special role in the provision of health care and community services. This aspect of the Posyandu program did not challenge the subordination

of women in Indonesia; on the contrary, the program promoted a highly paternalistic view of women, interpreting their responsibilities as revolving around being good wives and mothers.

My study followed the life trajectories of 15 senior Posyandu volunteers, from their first becoming *kader* (the local term for volunteers in the program) during the New Order to their current achievements in democratic Indonesia. Doing so yielded the conclusion that the Posyandu served not only women's practical gender interests—to use the term coined by Maxine Molyneux—but also their strategic interests. Molyneux (1985) argues that gender interests have two dimensions: practical gender interests and strategic gender interests. Strategic gender interests involve addressing the causes of women's subordination, while practical gender interest relate to the specific conditions that women face within their position in the gendered division of labor.

To enable them to perform well in the program, the Posyandu *kader* were provided with various skills, knowledge, and networks. They participated in trainings and meetings at various levels, from village to province. Relatively inexperienced at first, in the course of being Posyandu volunteers, these women developed a network of useful contacts. They dealt with different departments of government, becoming familiar with government procedures and the workings of local bureaucracies. The program also generated space for and acceptance of women being socially active in the public sphere. These women used the Posyandu program to develop and strengthen their own resources. Today, these women play vital roles in neighborhoods and villages, where they help people deal with the state and solve daily problems, such as accessing health care and other public services. Being a *kader* has made some women influential political actors, even members of Parliament. Ironically, the authoritarianism of the New Order actually had an empowering effect on women.

The Posyandu in democratic Indonesia

This study identifies several indicators of the decline of the Posyandu program after the fall of the New Order. These include fewer active Posyandu posts, *kader*, and services provided and declines in important

indicators of the health of children and mothers. I argue that the Posyandu decline mainly relate to changes in the state and changes in society. Those related to the state link the Posyandu program's decline to changes in the structure of the state, which went from centralized and authoritarian to decentralized and democratic. Decentralization has weakened the central government's capacity to command local governments to support the Posyandu program. Since decentralization, governors and regents are no longer appointed by the central government but are directly elected. They have more independent authority and financial power and are less accountable to the central government.

The deterioration of the Posyandu program is also connected to the clientelist character of politics in Indonesia, which was incentivized by democratization, particularly the highly competitive direct elections of regents and governors. To distribute state resources in a clientelist fashion, politicians first need to gain control over such resources. They have less incentive, therefore, to support programs (including the Posyandu) that do not yield patronage resources—as opposed to, for example, building roads or hospitals, which involve contracts that can be awarded.

Changes in the role of women in the public sphere also partially explain the declining of the Posyandu program. Women now participate less in community-based activities and programs: fewer women are taking up the role of Posyandu *kader*, and fewer mothers come to the Posyandu posts to access services. This thesis proposed two reasons for less women participation: the feminization of the labor force—that is, more women work outside the agricultural sector and in paid and permanent employment, and changes in public discourse about “good women.” New Order propaganda about “good women”—meaning obedient yet active wives, mothers, and citizens—and the role of women in national development affected women's motivation to become active in community work. In the current democratic era, the state no longer dominates the social construction of the idea of womanhood; that role is filled by an Islam-inspired discourse regarding “good women,” which emphasizes personal virtue, piety, and morality more than it does civic duty, citizenship, and women contributing to their communities.

Relevance and implications of the study

This reassessment of Indonesia's New Order regime through the Posyandu program contributes to debates about citizenship and its character and development in non-Western countries. This study demonstrates that the Posyandu program not only dealt with the health care provision, but also served as a vehicle through which the New Order regime could instill its ideology, particularly with regard to citizenship and womanhood in society. The Posyandu program, in this sense, was a long-term New Order project for creating a "good citizen," not through schooling (which many studies have already focused on), but through a state-sponsored program. The specific focus on women—rather than citizens in general—is another unique point of this study, which cuts across the issues of gender and citizenship.

The study is also relevant for scholars studying authoritarian regimes. It suggests that a developmentalist authoritarian state promoted and employed a communitarian ideology can function better than a democratic one to implement a community-based program. Centralist authoritarian machinery with solid vertical integration made possible the mobilization of millions of women across such a country as big as Indonesia.

The study also bears relevance for policies concerning the Posyandu program. First, community health care does not have to remain the domain of women. It is time to use the Posyandu program as a vehicle to challenge women's subordination within families and communities, and to teach men to be more involved in the program and to teach communities that family and community health care is the responsibility of not only women but also men.

Second, the Posyandu needs to be changed considerably to adapt to the needs of the time. It can no longer rely on women volunteers. Women no longer see the Posyandu program as a place to support their husband's careers, become good mothers or good citizens, or channel their interest in being active in public life, and the subtle coercion of the New Order is no longer a means for recruiting women. It is time for Indonesia to employ the Posyandu kader as government staff and remunerate them appropriately.

Another important implication of this study is that a democratic Indonesian state should continue to play an active role in not only improving the provision of health care but also to keep stimulating, boosting, and safeguarding women's participation in public life, as this participation is now under threat, particularly from certain Islam-inspired teaching that tells women to stay away from public life.

Samenvatting

Dit proefschrift bespreekt de groei en verval van Indonesië's gemeenschapsgerichte gezondheidszorg programma, Posyandu. Hoe kon dit programma, dat sterk leunde op vrouwelijke vrijwilligers, zo succesvol zijn tijdens de periode van het autoritaire Nieuwe Orde regime (1966-1998), en in verval raken tijdens de huidige democratische periode? I gebruik de casus van het Posyandu programma om de lange-termijn impact van het Nieuwe Orde beleid te analyseren, met een special focus op gezondheidszorg en de empowerment van vrouwen.

Het Posyandu programma biedt preventieve gezondheidszorg en gezondheid bevorderende diensten voor zuigelingen, kleuters en zwangere vrouwen. Het programma is een goede casus om de lange-termijn impact van de New Order mee te analyseren, om verschillende redenen. Om te beginnen is Posyandu een van de New Order's meest succesvolle en langstlopende programma's, met een aanwezigheid in bijna elke buurt door heel Indonesië en een enorme participatie van de bevolking. Bovendien bood Posyandu niet alleen gezondheidszorg, het programma was ook een instrument van de Nieuwe Orde om het gedrag van burgers te controleren en een ideologie over burgerschap en taken van vrouwen te verspreiden. Het regime mobiliseerde vele vrouwen; deze voerden vrijwillig de meeste taken van de lokale Posyandu posten uit. In de loop van de tijd verschaft dit programma vrouwen kennis, vaardigheden, een social netwerk en sociale acceptatie van een actieve publieke rol van vrouwen. De meestal lange carrière van deze vrouwen-vrijwilligers bij Posyandu zijn nog een reden dat het Posyandu programma interessant is om de lange-termijn impact van de Nieuwe Orde te analyseren. De laatste reden is dat in het huidige democratische Indonesië het programma in verval is geraakt. Dit is verrassend: aangezien dit programma zo succesvol was onder een autoritair regime, waarom bloeit het niet in een democratie?

Om deze vraag te beantwoorden, heb ik beleidsdocumenten bestudeerd en ethnographisch veldwerk gedaan om de impact van het Posyandu programma in ruraal Indonesië te beoordelen. Deze combinatie van etnografisch veldwerk en beleidsanalyse maakt een veel bredere beoordeling van de impact van het New Order-programma mogelijk. Ik deed mijn veldwerk in het regentschap Sukabumi en Karawang in de provincie West-Java en in het regentschap Kupang en Timur Tengah Selatan in de provincie Nusa Tenggara.

Een autoritaire manier om burgerschap te bevorderen

Een van de belangrijkste redenen waarom het Posyandu-programma floreerde in de autoritaire New Order, is dat het regime duizenden vrouwen wist te mobiliseren om vrijwilligerswerk te doen in het programma. Door dit te doen, promootte en instrumentaliseerde het regime een bepaalde kijk op burgerschap. Met het programma promootte New Order juist niet dat burgers het recht hebben op basisgezondheidszorg; in plaats daarvan bracht dit programma de boodschap over dat burgers verplichtingen hebben jegens hun gemeenschappen, en dat zij gezag behoren te gehoorzamen en af moeten zien van kritiek op het regime en zijn heersers. Op deze manier ontmoedigden de staatsideologie en -programma's het maken van claims ten gunste van gemeenschapsharmonie.

Door het Posyandu-programma te bestuderen, wil ik bijdragen aan debatten over het karakter van burgerschap in Indonesië. Dit type burgerschap verschilt van burgerschap zoals beschreven in westerse literatuur, dat geworteld is in de westerse historische ervaring en verbonden is met democratie en zich als zodanig vooral richt op rechtspositie, rechten, participatie en identiteit. Burgerschap in Indonesië is in ieder geval gedeeltelijk een product van een autoritair regime en zijn ideologie. Dus ook om hedendaags burgerschap te begrijpen is het van belang oog te hebben voor de langetermijneffecten van de Nieuwe Orde.

De onbedoelde gevolgen van autoritarisme

Een onbedoeld gevolg van het feit dat de Nieuwe Orde burgerschap opbouwde via het Posyandu-programma, was de empowerment van vrouwen. Het doel van het programma was te voorzien in de praktische behoeften van vrouwen door middel van gezondheidszorg voor kinderen en moeders. De focus van het programma op de mobilisatie van vrouwen ging uit van de veronderstelling dat vrouwen meer verantwoordelijk zijn voor het dagelijkse welzijn van het huishouden en daarom een speciale rol spelen in de verstrekking van gezondheidszorg en gemeenschapsdiensten. Dit aspect van het Posyandu-programma betwistte de ondergeschiktheid van vrouwen in Indonesië niet; integendeel, het programma promootte een zeer paternalistische kijk op vrouwen. Het interpreteerde hun verantwoordelijkheden als een kwestie van het vervullen van hun taken als echtgenotes en moeders.

Mijn studie volgt de levenstrajecten van 15 senior Posyandu-vrijwilligers, vanaf het moment dat ze tijdens de Nieuwe Orde kader worden (de lokale term voor vrijwilligers in het programma) tot hun huidige activiteiten in democratisch Indonesië. Deze analyse leidde tot de conclusie dat de Posyandu niet alleen de praktische genderbelangen van vrouwen dienden - om de term van Maxine Molyneux te gebruiken - maar ook hun strategische belangen. Molyneux (1985) stelt dat genderbelangen twee dimensies hebben: praktische genderbelangen en strategische genderbelangen. Strategische genderbelangen hebben betrekking op het aanpakken van de oorzaken van ondergeschiktheid van vrouwen, terwijl praktische genderbelangen verband houden met de specifieke omstandigheden waarmee vrouwen worden geconfronteerd als gevolg van gendergerelateerde arbeidsverdeling.

Het Posyandu programma bood vrijwilligers ('kader') allerlei mogelijkheden om vaardigheden, kennis en netwerken op te doen. De vrijwilligers namen deel aan trainingen en bijeenkomsten op verschillende niveaus, van dorp tot provincie. Hoewel ze aanvankelijk relatief onervaren waren, konden deze vrouwen op deze manier in de loop van hun Posyandu-vrijwilligerswerk een netwerk van nuttige contacten ontwikkelen. Ze leerden omgaan met verschillende overheidsdepartementen en raakten

vertrouwd met de procedures van de overheid en de werking van lokale bureaucratieën. Het programma genereerde ook ruimte voor , en acceptatie van, het een actieve rol van vrouwen in de publieke sfeer. Zo konden vrouwen het Posyandu-programma gebruiken om hun eigen capaciteiten te ontwikkelen en te versterken. Tegenwoordig spelen deze vrouwen een vitale rol in buurten en dorpen, waar ze mensen helpen omgaan met de staat en dagelijkse problemen oplossen, zoals toegang tot gezondheidszorg en andere openbare diensten. Dankzij hun rol als Posyandu kader zijn sommige vrouwen invloedrijke politieke actoren geworden. Sommigen zijn zelfs parlementsleden geworden. Zo had een programma van een autoritair regime dus eigenlijk een versterkend effect op vrouwen.

De Posyandu in democratisch Indonesië

Deze studie documenteert op verschillende manieren het verval van het Posyandu-programma na de val van de Nieuwe Orde. Zo heeft het Posyandu programma op dit moment minder actieve Posyandu-posten, zijn er minder actieve kaders en worden er minder diensten en activiteiten aangeboden. Ook is er een achteruitgang te zien in statistieken over de gezondheid van kinderen en moeders. Ik betoog dat de achteruitgang van Posyandu vooral het gevolg is van veranderingen in de staat, en van veranderingen in de samenleving. Ten eerste heeft de verandering in de structuur van de Indonesische staat - van gecentraliseerd en autoritair naar gedecentraliseerd en democratisch – een grote impact op het programma gehad. Decentralisatie heeft het vermogen van de centrale overheid verzwakt om lokale overheden te bevelen het Posyandu-programma te ondersteunen. Gouverneurs en regenten worden sinds de decentralisatie niet meer door de centrale regering benoemd, maar rechtstreeks gekozen. Ze hebben meer onafhankelijk gezag en financiële macht, en leggen minder verantwoording af aan de centrale overheid.

Het verval van het Posyandu-programma houdt ook verband met het cliëntelistische karakter van de politiek in Indonesië. Het democratiserings proces, met name de zeer competitieve rechtstreekse verkiezingen van regenten en gouverneurs, heeft clientelisme in de hand gewerkt. Om staatsmiddelen op een cliëntelistische manier te kunnen inzetten, moeten

politici eerst controle krijgen over dergelijke middelen. Ze hebben daarom minder interesse in programma's (waaronder de Posyandu) die geen patronagemiddelen opleveren - in tegenstelling tot bijvoorbeeld de aanleg van wegen of ziekenhuizen, waarvoor contracten kunnen worden gegund.

Ten tweede verklaren veranderingen in de rol van vrouwen in de publieke sfeer ook gedeeltelijk de achteruitgang van het Posyandu-programma. Vrouwen nemen nu minder deel aan gemeenschapsactiviteiten en -programma's: minder vrouwen worden Posyandu kader en minder moeders komen naar de Posyandu-posten om gebruik te maken van de aangeboden diensten. Dit proefschrift identificeert twee redenen voor deze afgenomen deelname van vrouwen: de vervrouwelijking van de beroepsbevolking - dat wil zeggen, meer vrouwen werken buiten de landbouwsector en in betaald en vast werk - en veranderingen in het publieke discours over 'goede vrouwen'. New Order-propaganda over 'goede vrouwen' - het discours over gehoorzame maar actieve echtgenotes, moeders en burgers - en het discours over de rol van vrouwen in nationale ontwikkeling motiveerde vrouwen om actief te worden in gemeenschapswerk. In het huidige democratische tijdperk domineert de staat niet langer de sociale constructie van het idee van vrouw-zijn; die rol wordt vervuld door een door de islam geïnspireerd discours over 'goede vrouwen', dat meer de nadruk legt op persoonlijke deugdzaamheid, vroomheid en moraliteit dan op burgerplicht, burgerschap en vrouwen die bijdragen aan hun gemeenschap.

Relevantie en implicaties van de studie

Deze studie van het Posyandu programma en de lange-termijn impact van het Nieuwe Orde regime draagt bij aan debatten over burgerschap in niet-westerse landen. Deze studie toont aan dat het Posyandu-programma niet alleen betrekking had op de gezondheidszorg. Het programma was voor het Nieuwe Orde-regime ook een instrument om zijn ideologie te verspreiden, met name met betrekking tot burgerschap en de rol van vrouwen in de samenleving. Het Posyandu-programma was in die zin een lange-termijn project van de Nieuwe Orde voor het creëren van een 'goede burgers'. De verspreiding van deze ideologie liep niet via scholing (waar veel studies zich al op hebben gericht), maar via een door de staat gesponsord programma.

De studie is ook relevant voor wetenschappers die autoritaire regimes bestuderen. Ik concludeer dat een autoritaire ontwikkelingsstaat beter in staat is om een gemeenschapsgericht programma uit te voeren dan een democratisch regime. Een centralistische autoritaire machinerie met solide verticale integratie maakte het mogelijk om in een groot land als Indonesië miljoenen vrouwen te mobiliseren.

De studie is ook relevant voor het beleid met betrekking tot het Posyandu-programma. Ten eerste hoeft de maatschappelijke gezondheidszorg niet het domein van vrouwen te blijven. Het is tijd om het Posyandu-programma te gebruiken als middel om de ondergeschiktheid van vrouwen binnen families en gemeenschappen aan te vechten, en om mannen te leren meer betrokken te zijn bij het programma. Het Posyandu programma kan gemeenschappen te leren dat gezins- en gemeenschapsgezondheidszorg niet alleen de verantwoordelijkheid is van vrouwen, maar ook van mannen.

Ten tweede moet de Posyandu flink worden veranderd om zich aan te passen aan de eisen van de tijd. Het programma kan niet langer rekenen op vrouwelijke vrijwilligers. Vrouwen zien het Posyandu-programma niet langer als een plek om de carrière van hun man te ondersteunen, goede moeders of goede burgers te worden, of hun interesse om actief te zijn in het openbare leven te kanaliseren. Bovendien is de subtiele dwang van de Nieuwe Orde is niet langer een middel om vrouwen te rekruteren. Het wordt tijd dat Indonesië het Posyandu-kader als overheidspersoneel in dienst neemt en naar behoren beloont.

Een andere belangrijke implicatie van dit onderzoek is dat een democratische Indonesische staat een actieve rol moet blijven spelen, niet alleen om de voorziening van gezondheidszorg te verbeteren, maar ook om de participatie van vrouwen in het openbare leven te blijven stimuleren, versterken en waarborgen. Want deze participatie staat nu onder druk, met vanuit bepaalde stromingen binnen de Islam die vrouwen vertellen weg te blijven van het openbare leven.