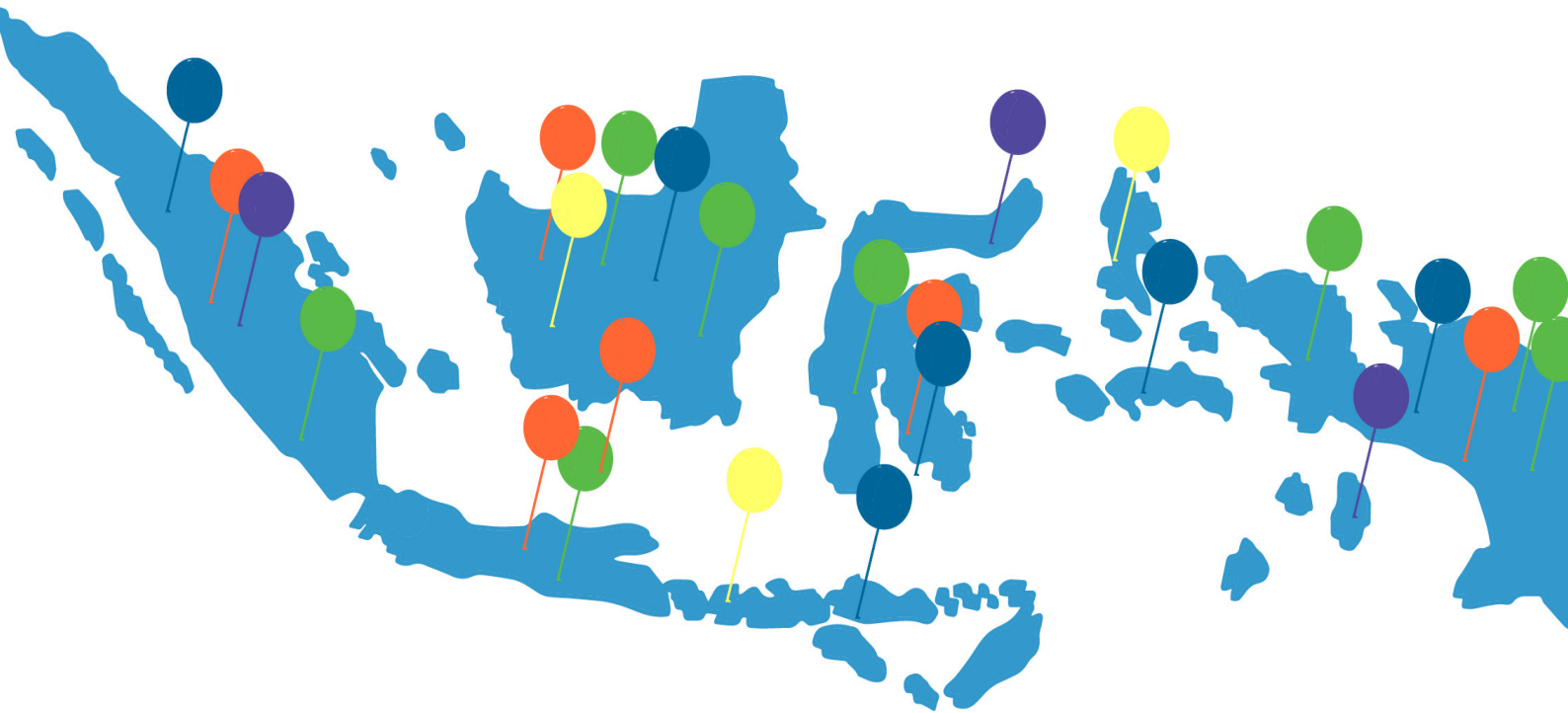


# Mapping Faith-Based Responses to Sexual and Reproductive Health and Rights in Indonesia:

A snapshot from 10 Muslim, Christian, Hindu, Buddhist and Confucian Faith-Based Organisations



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*The study was part of a project undertaken by the following partners: DSW -Deutsche Stiftung Weltbevölkerung; Cordaid; ACRL-RfP – African Council for Religious Leaders-Religions for Peace; Al-Azhar University's International Islamic Centre for Population Studies and Research; CCIH – Christian Connections for International Health; and MFCS– Muslim Family Counselling Services.*



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**Disclaimer:** Views expressed in this report are those of the authors and, where indicated of participating organisations and might not necessarily represent Faith to Action Network or Muhammadiyah.

Errors and omissions are the responsibility of the authors.

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## ACRONYMS

|            |  |
|------------|--|
| BKKBN      | National Family Planning Coordinating Board  |
| FBOs       | Faith-based Organisations  |
| FGM        | Female Genital Mutilation  |
| ICPD       | International Convention on Population and Development   |
| FATAYAT NU | The young women's branch of Nahdlatul 'Ulama   |
| JANNUR     | Nusantara Islamic Boarding School Network  |
| MATAKIN    | Majelis Tinggi Agama Khonghucu Indonesia (Eng. the Supreme Council for Confucian Religion in Indonesia)                                    |
| NU         | Nahdlatul 'Ulama   |
| FAPSEDU    | Forum Antar Umat Beragama Peduli Kependudukan dan Keluarga Sejahtera (Eng. Inter-Religious Forum Caring for Family Welfare and Population) |
| PBNU       | Central Board of Nahdlatul 'Ulama  |
| PERDHAKI   | Persatuan Karya Dharma Kesehatan Indonesia (Eng. the Association of Voluntary Health Services of Indonesia)                                |
| PGI        | Persekutuan Gereja-gereja di Indonesia (Eng. Communion of Churches in Indonesia)   |
| PHDI       | Parisada Hindu Dharma Indonesia (Eng. Association of Indonesian Hindu Dharma)  |
| SRHR       | Sexual and reproductive Health and Rights  |
| WALUBI     | Perwakilan Umat Buddha Indonesia (Eng. All-Indonesia Federation of Buddhist Organizations)   |

## CONTENTS

|   |    |
|---|----|
| Summary                                 | 7  |
| Introduction                            | 9  |
| Issues emerging from desk review        | 11 |
| Snapshot from primary data              | 11 |
| Concluding remarks and recommendations  | 35 |
| List of References:                     | 37 |
| Annex 1: Interview and survey questions | 41 |

## SUMMARY

Indonesia is a predominantly Muslim country where the followers of Islam make up nearly 90% of the entire population. The country has a vibrant civil society landscape which is to a great extent composed of faith-based organisations (FBOs), especially Muslim social welfare organisations that provide a wide range of services, including health and education.

Faith to Action Network in cooperation with one of its members and founders, Muhammadiyah, an Islamic organization in Indonesia and the second largest FBO in the country, embarked on a research project to map out the extent of activities and services provided by faith-based actors in Indonesia, more specifically, related to sexual and reproductive health and rights (SRHR). To this end, it carried out a brief desk review, a survey and a series of interview with 10 FBOs based in the country that represent religions such as Islam, Christianity, Hinduism, Buddhism and Confucianism. The study was part of a larger initiative by the Faith to Action Network to research SRHR initiatives by FBOs (in Asia). The mapping exercise found and concluded the following:

- The role of FBOs in addressing the issues of maternal and child health, HIV/AIDS and most importantly family planning in Indonesia has been notable. The country is internationally recognized as best example of faith contributions in this regard
- FBOs in Indonesia are considered strategic partners by the national government. They also exert influence on political and legislative processes.
- Gender issues remain an area of concern due to patriarchal and conservative influences but women-led FBOs have been consistently working on reshaping the discourse, including setting up their own women's led
- FBOs were very active on HIV/AIDS prevention, maternal and newborn health, reproductive health, as well as family planning but fewer addressed adolescent health, prevention of gender-based violence and rights issues.
- Muslim voices, in particular, highlighted the need for greater emphasis on rights-based approaches to addressing women's sexual and reproductive health.
- FBOs across religious spectrum were overwhelmingly mainstreaming SRHR given that the issues were subject to religious and moral interpretations.
- The main beneficiaries of the interventions by FBOs were women and young people, especially girls who were at high risk of being married off at young age, primarily belonging to FBOs' own faith communities. They were provided with a wide range of reproductive services, ranging from counseling on natural family planning methods, to provision of emergency contraception.

- Critical success factor in ensuring acceptance of family planning by Muslim communities was the concept of family planning build on the idea of family management and achieving family prosperity.
- Most of FBOs had their own SRHR handbooks based on the teachings of their respective religions but while working in partnerships they followed guidelines of respective health authorities.

Based on the above, the following recommendations were made:

- Women's organizations should research the sources of normative Islam regarding the attitudes pertaining women's rights such as; towards the girl child, violence against women, etcetera, in order to build sound religious arguments in favor of women's rights.
- Faith-based communities at grassroots should be empowered with adequate knowledge and skills on SRHR through both rights-based and faith approaches
- FBOs need to be at the forefront in campaigning for religious practices that strongly uphold principles of equality between men and women and for realization of the same in all spheres of private and public life.
- Development partners, including the government, civil society organizations as well as the media should actively recognize and disseminate liberal religious views on SRHR which emphasize gender perspective.
- Faith-based and interfaith collaborations should be encouraged in order to extend SRHR services to a broad range of community members; most importantly between well-established FBOs that own facilities and smaller ones engaged exclusively in community awareness and education.



## INTRODUCTION

Indonesia has vibrant, diverse civil society with thousands of NGOs, including faith-based organisations (FBOs), which for the most part are Muslim and supported locally through Islamic philanthropic traditions such as *zakat* (Eng. almsgiving), *sedekah* (Eng. donation) and *waqf* (Eng. religious endowment). Indonesia is also home to some of the largest Muslim FBOs in the world; Nahdlatul 'Ulama (NU) and Muhammadiyah. Religion has been in the forefront of both the public and private lives of the Indonesian people.

In Indonesia, leading Islamic organizations are frequently credited with helping deliver impressive family planning gains, making Indonesia an international model (Marshall, 2015). Just recently Indonesia hosted a gathering of international FBOs and religious leaders who jointly endorsed the principles of family planning, during the 2016 International Family Planning Conference.

Against this backdrop Faith to Action Network was interested to document and validate Indonesia's faith-based efforts in sexual and reproductive health and rights (SRHR), taking into account not only family planning but a wide range of SRHR issues, in line with Network's family health and well-being concept<sup>1</sup>.

The following study is also part of a larger effort to map out faith-based interventions in SRHR. A similar initiative was carried out in 2014 when it included a snapshot of faith-based responses that (primarily) represented Christian faith and Sub-Saharan Africa. Given its interfaith nature, the Faith to Action Network was further interested to map out faith-based responses in Indonesia, being a country with one of the largest Muslim populations in the world.

In this context, Faith to Action Network joined hands with Muhammadiyah, one of its members and founders, as well as the oldest and second-largest Muslim organization in Indonesia, to conduct the research.

The overall objective of the study was to provide a snapshot of faith-based responses in the field of SRHR in Indonesia, while the specific objectives were threefold:

- Collate up-to-date list of FBOs active in SRHR in Indonesia including information on the nature of their SRHR responses
- Explore the linkages between religious affiliation and SRHR practice of FBOs in Indonesia
- Identify the emerging issues and provide recommendations for engagement with Indonesia-based FBOs in SRHR advocacy, policy influencing and programming

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1 Operational definition of "family health and well-being" by Faith to Action Network includes: birth spacing, fertility awareness, safe motherhood, prevention of mother to child transmission, maternal and child health, age appropriate sexuality education, gender equity and prevention of female genital cutting, early marriage and all forms of gender based violence.

The following report is an output of the research and presents findings from a brief desk review as well as empirical work, undertaken primarily in Jakarta. The report ends with a number of concluding remarks and highlights points of attention for faith-based SRHR advocacy, policy influencing and programming in Indonesia.

## ISSUES EMERGING FROM DESK REVIEW

### Sexual and Reproductive Health and Rights in Indonesia

Indonesia ratified key international agreements affirming the rights to sexual and reproductive health information services and commodities such as the Beijing Platform of Action and the International Convention on Population and Development (ICPD) Programme of Action. A number of ICPD components, such as maternal and child health, family planning, adolescent reproductive health, HIV and AIDS, and violence against women have been addressed through programs by the Ministry of Health, National Family Planning Coordinating Board (BKKBN), and the Ministry of Women Empowerment and Children Protection (Arrow, 2015). For instance, the Ministry of Health launched *Pelayanan Kesehatan Peduli Remaja* (Eng. Adolescent Health Care Services) and BKKBN started *Pusat Informasi Konseling Kesehatan Reproduksi Remaja* (Eng. Center for Information Counselling for Adolescent Reproductive Health) (Pranata Dean, 2015). Both initiatives aimed to address the reproductive needs of young people (aged 10-22 year old) through existing *puskesmas* (Eng. community health centers), schools and universities (Knowledge for Health, 2012).

Despite this overall conducive policy environment for the advancement of SRHR at the national level, adolescents, and in particular young females, remain among the most vulnerable. Cultural norms and attitudes turn SRHR issues into a taboo subject which especially affects young people (Pranata Dean 2015) who make up nearly 30% of population (UNFPA Indonesia, 2016)<sup>2</sup>. In addition, decentralization in Indonesia has resulted in unequal emphasis on SRHR in terms of policy making, implementation and resource allocation. Given government decentralization, district-level authorities tended to give the highest priority to restoring fiscal balance and to security as opposed to social services (Marshall, 2015).

The age of sexual debut in Indonesia is quite young, especially amongst females. Surveys indicate that 1% of boys and 4% of girls acknowledged having first sexual encounter before the age of 13 years, including those who have admitted having had first sex by 10 years of age. Around a third of young people will have their intercourse by 17 years of age. At the same time around 40 % of women aged 15-19 reported facing challenges in accessing health services due to existent socio-cultural and financial barrier, among others (Arrow, 2015). Available data indicates that only one fifth of Indonesia's youth know how to prevent HIV transmission and around 40% of new AIDS cases diagnosed are among people in their twenties. This means that contracting of HIV likely occurred between 15 and 24 years of age. In Indonesian culture, getting pregnant without marriage is unacceptable, which leads to a high number of abortions among young unmarried women. BKKBN estimates that there are 2.4 million abortions in Indonesia each year of which about 800,000 (21%) are teenage abortions (BKKBN-LDFEUI, 2000 in Rachmawati, 2010).

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2 Indonesia has world's third highest number of 10 to 24-year-olds, following India and China. This amount is estimated at around 65 million.

Due to its population size, Indonesia is among the ten countries with the highest absolute numbers of child brides (Girls not Brides, 2016). SDKI (Indonesia Demographic Health Survey) 2007 reports that around 35% of women and girls are married before the age of 19. According to latest data from UNICEF (2016), the prevalence of female genital mutilation is alarmingly high, with half of girls aged 0 to 11 year having undergone the practice.

## Indonesia's religious profile

Islam is the dominant religion in Indonesia where its followers make up around 87% percent of the entire population. Indonesia has also the largest Muslim population in a country, being home to 12.7% of the world's Muslims. However, Bali has been most influenced by the Hindu tradition, where 83.5% of people follow Hinduism (Population Census, 2010) Christians who account for 7% of country's population are found all over Indonesia.

Table 1: Composition of Religion in Indonesia

| Religion     | Percentage of population | Total       |
|--------------|--------------------------|-------------|
| Islam        | 87.18                    | 207,176,162 |
| Christianity | 9.87                     | 23,436,386  |
| Hinduism     | 1.69                     | 4 012 116   |
| Buddhism     | 0.72                     | 1 703 254   |
| Confucianism | 0.05                     | 117 091     |

Source: Central Bureau of Statistics, Population Census 2010.

## Religion and SRHR in Indonesia

Approximately 8% of hospitals in Indonesia are faith-based (Kagawa et al. 2014). Muhammadiyah established its first hospital in 1923 (Markus, 2016) and currently operates 250 health centers and 116 hospitals and clinics (Hwang, 2012). Muhammadiyah's women's wing Aisyiyah owns and manages 87 hospitals, 267 maternal and child hospitals and maternity services as well as 126 primary health care clinics (Hastuti, 2016). Equally Muhammadiyah has 5,000 schools from kindergarten to high school, and nearly 200 higher education institutions as well as 350 orphanages (Markus, 2016). NU has affiliations in most major Islamic boarding schools (pesantren) across Indonesia. NU also funds hospitals and schools, both religious and secular (UNICEF Indonesia, 2013). Recently NU started building its own hospital in East Java.

The role of religion in promoting some aspects of SRHR in Indonesia has been notable, especially around the issues of family planning. Indonesia's national efforts to advance family planning agenda have been recognised for their successful results, as evidenced by declining fertility rates and wide acceptance of family planning among Indonesia's population, as well as active and effective partnerships with religious institutions,

especially largest Muslim organizations; Nahdlatul Ulama (NU), Muhammadiyah and the Indonesian Council of Ulama (Marshall, 2015). The Government of Indonesia considers FBOs such as Muhammadiyah their “strategic partners”.

In 1968 Muhammadiyah issued a fatwa that helped change perceptions on the topic. It pronounced that contraception is permissible in emergency cases, or because of impoverishment. Three years later, Muhammadiyah’s fatwa expanded to consider contraception as an acceptable means of family planning under Islamic law. The leaders of other Muslim organisations followed suit<sup>3</sup> as well as leaders representing Protestant and Catholic Christianity and Balinese Hinduism who all jointly issued a pamphlet on “Views of Religions on Family Planning” (1968) to express a general acceptance of family planning principles (Robinson and Ross, 2007). Even though the endorsement “remained imperfect” (Seiff, 2014) due to tension over the types of permitted contraceptives and the reasons for their use, the role of religion in shifting attitudes towards family planning was recognised. Dr Eddy Hasmi, Director of Collaboration on Population Education at the government’s National Population and Family Planning Board, was quoted to have said that “The role of religious leaders is mainly in [imparting] the information, education and communication parts to their followers about the benefits of family planning. Moreover some religious organizations such as Fatayat or Muslimat of Nahdlatul Ulama or Muhammadiyah, or Catholic and Christian organizations also provide family planning services through their health clinic or hospital” (Seiff, 2014). Since 1998, however, the Muslim views on the issue of family planning have become more diverse, whereby various conservative religious groups have been actively campaigning for bigger families, most importantly Indonesia’s Prosperous Justice Party that occupies notable positions in the government as well as Parliament (Fayumi, 2016). Equally, radical Islamist groups that used to be “a relatively marginal phenomenon”, spreading a story of anti-Muslim conspiracies” have been gaining strength (Vandendael et al., 2013).

As far as women’s rights and gender equality are concerned, two largest Muslim organisations Nahdlatul Ulama and Muhammadiyah and their associated women’s wings; Fatayat NU and Aisiyiah respectively, have been actively working towards the promotion and integration of women’s rights into all spheres of Indonesia’s public life (Parvanova, 2012). The issue of adolescent health has also been a focus for these FBOs. For example Aisiyiah manages the *Posyandu Kesehatan Reproduksi Remaja* (Eng. Integrated Adolescent Reproductive Health Services) programme, while Fatayat NU, whose membership of 5 million comprises of women aged 15 to 35 years from throughout Indonesia, has a mission to “to address the concerns of the young women of the organization in particular and the women of Indonesia in general”.

However, some issues pertaining to women’s rights such as female-genital mutilation (FGM), abortion, women’s leadership and legal age of marriage have been source of contradictory views between parent organisations and their respective women’s arms. For example in 2010 NU issued religious guidance permitting FGM (Haworth, 2012),

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3 Some of the key fatwas and decisions by Islamic organisations included Nahdatul Ulama Fatwa (1969), Conference of Selected Muslim Religious Leaders (1972), Indonesia Ulama Council Decision (1983), Aceh Declaration (1990), and Indonesia Ulama Council Decision on Sterilization (2010).

but its women's branch, Fatayat NU, declared that there is no single verse in the Qur'an mentioning FGM as a religious obligation, and that along with domestic violence and early marriage, it is among main issues that NU women must contend across the country (Afrianty, 2016). Much of the literature notes that patriarchal or conservative religious agendas in the country have not been challenged by secular voices but by "religious adherents whose faith has led them to the development of alternative framings of gender issues" (Tadros, 2010). FBOs such as Muslimat NU were established by women who felt they were underrepresented in upper management of their parent organisations and thus wanted to create a separate association to better promote women's welfare (Candland and Nurjanah, 2004).

Religious views have the power to influence the legislative process in Indonesia, including on issues pertaining to women. In 2015 a number of Muslims FBOs were actively backing the decision of the Constitutional Court to maintain the minimum age of marriage for women at 16 years. The court rejected the judicial review request filed by several women and child rights groups to raise the minimum age of women from 16 to 18 and align it with existing Children Protection Law and the Convention on the Rights of the Child. Among others, the court justified its decision by saying that the current legal age of marriage does not violate *shariah law* (Fayumi, 2016).

## Snapshot from primary data

### Methodological note

Primary research data was collected between May 2015 and July 2016 through a two-phase process. In the first phase a survey was distributed, both electronically and offline which mainly contained close-ended questions in order to collect basic data. In the second phase FBOs who agreed to be contacted for follow-up interviews were asked additional questions so as to gather more in depth/ qualitative data and clarify responses provided in the survey, where needed. Overall, 10 FBOs were recruited to the study of which 9 were interviewed. The majority of FBOs (8 out of 10) were based in Indonesia's capital Jakarta and remaining ones in Yogyakarta.

Chart 1: Participating Organisations by City



Data Source: Own Research

Recruitment proved to be a very time-consuming, process and many official introductions of the research team needed to be extended in order to secure responses. Prior to the interviews, respondents were informed about the study objective of the study details and given assurance about ethical principles, such as anonymity and confidentiality, provided they did not give permission to disclose their organisational information. Names of those who agreed to have their name published are presented below, including their brief profiles.

## Brief profile of participating organisations

Table 2: Overview of participating organisations

| No. | Faith-Based Organisation | Religion     |
|-----|--------------------------|--------------|
| 1   | PBNU                     | Islam        |
| 2   | Muhammadiyah             | Islam        |
| 3   | Jannur                   | Islam        |
| 4   | Anonymous                | Islam        |
| 5   | PGI                      | Christian    |
| 6   | PERDHAKI                 | Christian    |
| 7   | PHDI                     | Hinduism     |
| 8   | Fatayat Nahdatul Ulama   | Islam        |
| 9   | Walubi                   | Buddhism     |
| 10  | MATAKIN                  | Confucianism |

Data Source: Own Research

**Nahdatul Ulama** is Indonesia's biggest faith-based organization, with 40 million of members, and one of the largest Muslim associations in the world (Candland and Nurjanah, 2004). Nahdatul Ulama was founded in 1926 by the late honorable K.H. Hasyim Asy'ari together with Kyai Wahab Hasbullah, Kyai As'ad, and Kyai Bisri Saymsuri, in the city of Surabaya, East Java (Fathuddin, 2002). The organization developed from *pesantren*<sup>4</sup> and the village communities. A common image of NU might be as an organization which is able to accommodate traditional way of life and attitudes of Indonesians (Fathuddin, 2002). In 1999, the NU created a political party called the Partai Kebangkitan Bangsa (National Awakening Party, PKB), which ranked fourth in the popular vote during the election (Marshall, 2015). The organization supports education, cultural engagement, and socioeconomic development rooted in Islamic principles. NU members formed *Lembaga Kemaslahatan Keluarga* (Eng. Family Welfare Centers) that administer family planning and reproductive services (Joint Publications Research Service, 1988) as well as support hospitals and clinics (Candland and Nurjanah 2004).

**Muhammadiyah** is the second largest Islamic organization in Indonesia with 29 million members (University of Cumbria), largely urban and middle class in composition. Muhammadiyah was founded in 1912 in Yogyakarta by Kyai Haji Ahmad Dahlan (Fathuddin, 2002) and unlike Nahdlatul Ulama, supported by village communities; Muhammadiyah

started its development from Islamic society in the urban areas. Muhammadiyah movement is based on the principles of the Qur'an and Sunnah', though at the same time it emphasises its *tajdid* (Eng. renewal, innovation, restoration, modernisation) character. Muhammadiyah is considered a "modernist" Islamic movement that aims to reform and purify Islam against *bid'ah* (Eng. heresy) and *khurafat* (Eng. myths) (Sukma, 2003) as well as enable Muslims to rediscover the importance of their religion for contemporary reality (Sukma, 2003). Muhammadiyah engages in *da'wah* (Eng. invitation) activities to promote Islam through establishment of education, health, and other social institutions. It has started thousands of such institutions till date. Muhammadiyah has a national board in Jakarta and Yogyakarta as well as boards at every level of regional administration; namely province, district/municipality, sub-district and village (Hookel and Saikal, 2004). In addition, Muhammadiyah has a number of autonomous organizations such as the Women's League (Aisyiyah), the Association of Muhammadiyah Students, Muhammadiyah Youth, the Young Women League (Nasyiatul Aisyiyah), etc (Fathuddin, 2002). Currently Muhadjir Effendy, the rector of Malang Muhammadiyah University (UMM) in East Java serves as Indonesia's Culture and Education Minister.

**Jannur (Nusantara Islamic Boarding School Network)** Jannur (Nusantara Islamic Boarding School Network) is a non-profit organization engaged in social welfare and empowerment activities for Pesantren (community members of the Islamic Boarding Schools.) Jannur was established with the aim of reaching out to Pesantren, especially those located in rural areas, who tend to be excluded from mainstream development programmes run by the government or larger civil society organisations.

**Communion of Churches in Indonesia (PGI)** is the largest organization of Christian Churches in Indonesia ([Global Ministries](#)). PGI was formed in 1950 by delegates from twenty-seven Christian Denominations present at the Jakarta Theological Seminary (Seo, 2013). The number of member denominations reached 88 in 2008 and their membership now makes up more than one-half of all Christians in Indonesia (Seo, 2013). PGI carries out programmes in the field of interfaith dialogue, political education for church leaders as well as interventions targeting women, children and youth. Besides programmes implemented directly by PGI with church members, PGI implements through working units and foundations, including Working Group for Law and Human Rights and Foundation for Health/Hospital ([Arritonang, 2008](#)) with the latter being financially self-reliant (Arritonang, 2008). Recently, in June 2016, PGI issued a letter entitled *A Pastoral Letter from the Communion of Churches in Indonesia (PGI) Concerning the LGBT Community* ([Global Ministries, 2016](#)) in which it called on all churches in Indonesia, and as well as the Indonesian society to "strengthen their commitment of faith concerning the acceptance of members of the LGBT community".

**PERDHAKI (the Association of Voluntary Health Services of Indonesia)** is a Catholic-affiliated organization that consists of a group of voluntary health services in Indonesia. The organization has two operating mechanisms: health care units and parishes. Health care units include hospitals, maternity clinics and general poly-clinics. Parishes and sub-parishes are Catholic Church organizations, mostly located in remote areas that are largely engaged in community-based voluntary social work (Friends of the Global Fight against



AIDs, Tuberculosis and Malaria).

**Association of Indonesian Hindu Dharma (PHDI)** is a panel of Indonesian Hindu organizations in charge of religious and social issues. PHDI, originally named Bali Hindu Association, was founded in 1959 to strive for the recognition of Hinduism in Indonesia. In 1964, the organization's name was changed to the Hindu Association of Indonesia reflecting efforts to establish Hinduism not only as Balinese phenomenon but also a national religion. PHDI does not have any health facilities but has been involved in awareness raising and education on health issues.

**Perwakilan Umat Buddha Indonesia (WALUBI)** stands for All-Indonesia Federation of Buddhist Organizations. It was founded in 1978 and is country's biggest Buddhist organisation (Reuters, 2008). It aims to establish the religious harmony in Indonesia referring to the Buddha Dharma which is love (*maitri/metta*), compassion (*karuna*) and wisdom (*prajna/panna*). It carries out healthcare treatment and social services projects in cooperation, for example, with provincial governments.

**Majelis Tinggi Agama Khonghucu Indonesia (MATAKIN)** stands for the Supreme Council for the Confucian Religion in Indonesia. It is a religious organization, founded in order to promote the teachings of Confucius. Established in 1955, MATAKIN comprises the communities of practitioners of Confucianism, mostly Chinese Indonesians. Approximately one hundred places of worship all over in Indonesia are under authority of MATAKIN (Billioud and Thoraval, 2015). According to its status, MATAKIN is an independent organization, not affiliated with any social or political entity, in Indonesia or abroad. MATAKIN has worked in partnership with FAPSEDU (Inter-Religious Forum Caring for Family Welfare and Population) and BKKBN in awareness raising on reproductive health and family planning issues.

## Faith affiliation and type of organisation

Half of participating organisations represented Muslim faith, followed by Christians (20%), Buddhist, Hindu and Confucian (10% each).

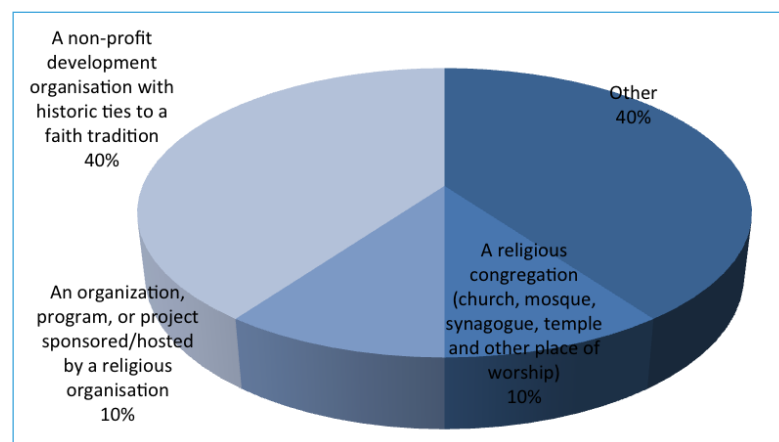
Table 3: Participating organisations by faith affiliation

| What religious affiliation does your organisation identify with? |              |           |         |               |                    |
|--|--------------|-----------|---------|---------------|--------------------|
|  |              | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | Buddhism     | 1         | 10.0    | 10.0          | 10.0               |
|  | Christianity | 2         | 20.0    | 20.0          | 30.0               |
|  | Confucianism | 1         | 10.0    | 10.0          | 40.0               |
|  | Hinduism     | 1         | 10.0    | 10.0          | 50.0               |
|  | Islam        | 5         | 50.0    | 50.0          | 100.0              |
|  | Total        | 10        | 100.0   | 100.0         |                    |

Data Source: Own Research

40% of FBOs identified themselves as a “non-profit development organization with historic ties to a faith tradition” while another 40% did not subscribe to any of the given categories but used its own definition instead. These included “a religious, cultural movement”, “community organization engaged in health, education and social affairs”, “community-based organization for Hindu religion” and “fellowship of churches at national level”. Nearly half of participating organizations (40%) claimed to be operating at the national, regional and international level.

Chart 2: Participating Organisations by Type

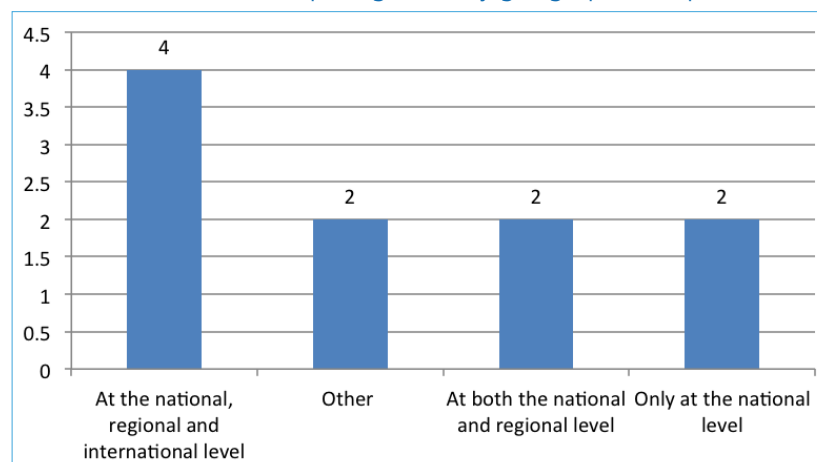


Other' included:

- “a religious cultural movement”
- “Community organizations engaged in health, education, social, etc.”
- “Community-based organization for Hindu Religion”
- “Fellowship of churches at national level”

Data Source: Own Research

Chart 3: Participating FBOs by geographic scope

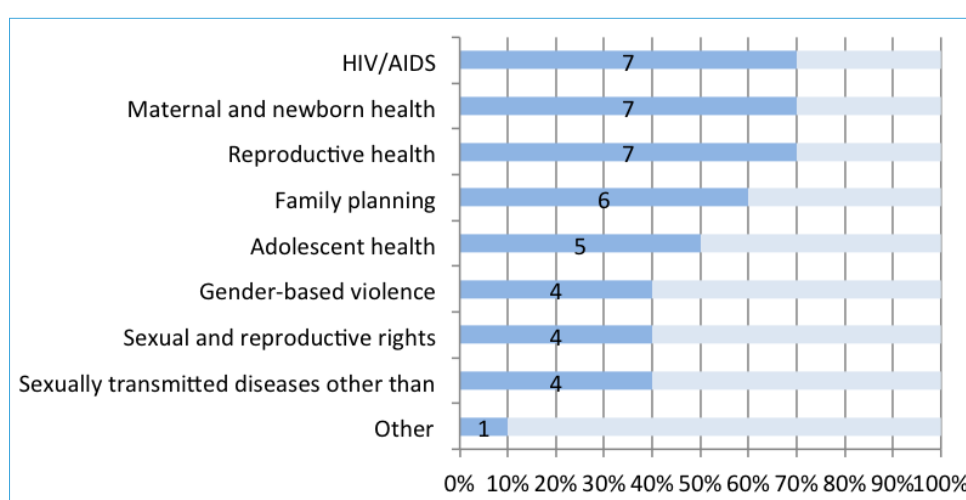


Data Source: Own Research

## Thematic scope of interventions

Seven out of ten participating organizations reported being engaged on the issues of HIV/AIDS, maternal and newborn health and reproductive health, while six FBOs indicated family planning and half of them adolescent health. Less than 50% of respondents quoted gender-based violence, sexually transmitted diseases other than HIV/AIDS and sexual and reproductive rights (4 out of 10).

Chart 4: Participating FBOs by thematic scope



Data Source: Own Research

According to participating FBOs, the issue of reproductive health has not received sufficient emphasis in Indonesia thus leading to high rates of maternal mortality, early marriage and cases of cervical cancer. Reproductive health was perceived by respondents holistically, taking into account interrelated sexual and reproductive health and rights' needs, especially of women and/or mothers but also of young people. Within this context family planning was thought to be an integral part of reproductive health. It was noted there is a need to emphasise rights-based approaches to reproductive health and family planning, especially women's right to choose their preferred family planning method

*"The issue of reproductive health is still a minor, still at the edges and still marginalized in the society. But since our establishment we focus on health issues, and as the form of this commitment we build Maternity Centers for maternal and child health Care (BKIA), polyclinics, hospitals for women and children. Those institutions are founded by us as form of our commitment to reproductive health issues. We assume that reproductive health is still considered as a minor issue is proven by the high maternal mortality rate at this time."-Muslim*

*"Introducing reproductive health for young women and adolescents is very important because the number early marriage in Indonesia is still very high. Actually the community is very supportive to family planning and reproductive health program as they only got minimum exposure about this kind of information. But In other hand, community groups and governments are not present to inform the issues of reproductive health."*  
-Muslim

*"Many forums in the community such as PKK (Family Welfare Movement) and community sermon has not been much to talk about reproductive health in the perspective of rights. For example when a woman participate in family planning program she should know what kind of contraceptives she should use, how the relationship between husband and wife in determining contraception, or how to run reproductive roles."* -Muslim

*"We have serious concern on the reproductive health, especially for women, because in some areas which are in our pesantren<sup>1</sup> network, in the Tapal Kuda area and Pantura, cervical cancer are very prevalent. Not only in the pesantren, but also in the household, the numbers are quite big, from Indramayu to Situbondo, the cases are unbelievable."* -Muslim

*"There are many issues in reproductive health; one of them is about the family planning or the choice of contraception in family planning. At that time the issue is about mainstreaming gender perspective in all policies and one of them is about reproductive health".* -Muslim

Family planning was also perceived as essential to building family welfare, based on harmonious relationships between husband and wife who mutually support each other, the so-called "Sakinah" (Eng. peace, serenity or tranquillity) family.

*"In our point of view the concept of Family planning is not about how to plan a good family but also to build a prosperous one that we called as a Sakinah Family. Sakinah Family is a family relationship among family members where they mutually support each other, especially between husbands and wives in relation to reproductive health. In the issue of reproductive health we promote the right of women to use contraception according to her choice and her body condition."* -Muslim

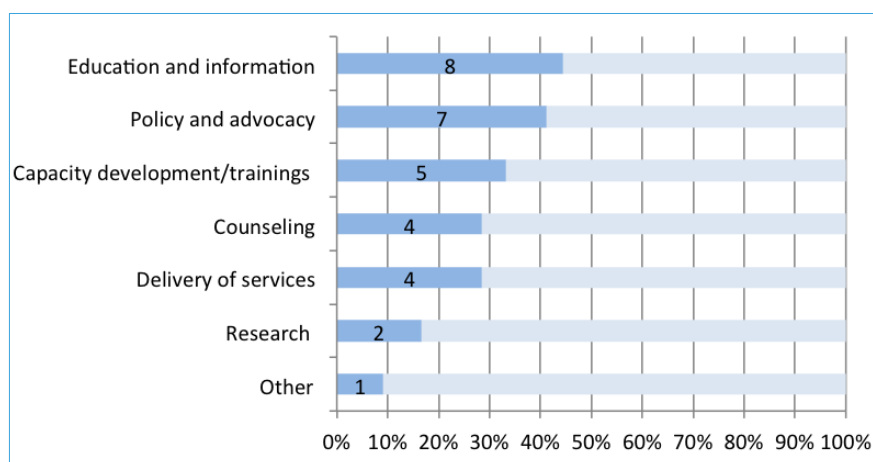
*“Religious organizations need to spread an understanding that the essence of family planning is not merely about setting of child birth but to set up or to manage a family. It covers all aspects that lead to the welfare of the family as a whole and it is recommended by any religion. So, family planning indeed is recommended by the religion.” -Muslim*

*“We believe that a prosperous family is a family that able to set plans about many aspects such as a plan on when to have children, span of childbirth, kind of contraception to be used, the concept of how to educate children, all of which are planned by the husband and wife together with a shared responsibility”. -Muslim*

## Type of activities undertaken

Eight out of ten FBOs reported provision of education and information as focus of their SRHR activities, while seven participating organizations quoted policy influencing and advocacy. Half of them undertook capacity building activities and less than half were involved in counseling, service provision and research (four, four and two organisations respectively).

Chart 5: Participating organisations by activity type



Data Source: Own Research

Other included:

- “media development training”

Provision of education and information by participating FBOs concerned not only knowledge and skills vital to engage communities in healthy behaviours but also building awareness on how to advocate for increased budgets for reproductive health services. FBOs also revealed to have been involved in policy influencing by campaigning towards the national government for the inclusion of impoverished communities, especially women, in government-subsidized healthcare services, as well as stronger financial commitments to reproductive health. Equally they were also involved in campaigning at the district level in order to hold local government accountable for providing basic health services for women.

*"Since the maternal mortality rate is an indicator that can easily observed in Indonesia, we are committed to educate and to do campaign toward people in relation to reproductive health issues." -Muslim*

*"Our main programs conducted are sermons, training/ seminar, counseling and premarital education. The objective of those programs is giving awareness to the married couples or teenagers of the importance of reproductive health and family planning in making a happy and harmonious family as it is guided in the holy book. The involved parties are ecclesiastics, religion leaders, officers, doctors, experts, married couples and teenagers."-Confucius*

*"During the last ten years we have been doing activities on reproductive health with three strategies that are community education, advocacy and media campaign. Conducting campaigns on reproductive health through mothers study groups in the community, these study groups are called Sakinah Community. In these Sakinah Community women discuss reproductive health rights. Even several groups of Sakinah Community have succeeded to include reproductive health issues in village development plans. So the government will provide budget in village level budget to improve the quality of reproductive health services." -Muslim*

*'We actively disseminate information and education about women's rights related to reproductive health. 'We do advocacy work appealing the government in all level start from village level up to district level to provide quality reproductive health services for women. We are also conducting campaigns and dissemination of information about reproductive health rights through various media, include mass media, printed media and online media. The education and campaign on family planning or reproductive health carried out is not only based on biological and demographics approach, but also based on culture and the understanding of rights or also called as rights and cultural approach.'- Muslim*

*"At health centers in sub-districts' level we encourage government to provide basic services that has women perspective. For instance there should family planning cafeteria where women could choose contraceptives. There should be family planning counseling and also IVA and Pap smear testing services because maternal mortality due to breast cancer and cervical cancer is still high. These models of rights-based reproductive health services are proposed later on to the local government and health centers so they could provide it."-Muslim*

*"We also advocate for the poor through JKN (National Health Insurance). There are still many women that should be included in the PPI group (recipients of government subsidy) but they are not included yet in the system, so we help them to get input in JKN system so they can obtain reproductive health services free of charge. We will also encourage the ministry of health to certify the SPM (minimum service standards) in all health centers so they can provide IVA and pap smear test."-Muslim*

*"We can also look this minor perception to reproductive health from the budget. The budget for reproductive health is very low. The education ministry should be fully involved in reproductive health issues, but they just put it in the subjects of biology and exercise. It actually should receive special attention and got bigger portion in the education system because reproductive health is part of human life cycle".-Muslim*

## Beneficiaries/ target

The main beneficiaries of the interventions by participating FBOs were women and young people, especially girls who are at high risk of being married off at young age. Men were also considered a target as they were thought to be the primary channel for HIV transmission from high-risk groups to the general population.

*"We wish it will be special treatment or special attention for our future work, because for us, women are the creator of our next generation that should be saved" -Muslim*

*"The culture in the Tapal Kuda <sup>2</sup>area and Pantura<sup>3</sup>, especially the man, who are driver, they prostitute. So they may infect, I do not know whether they did not clean up or using condoms. Then they have intercourse with their spouse, and make their spouse also infected. So it more on the man side that careless. So the reproductive health awareness I think is not only for women, but more on the men, because they are vector for spreading the virus. -Muslim*

*"We also develop adolescent reproductive health through education in junior high schools. Introducing reproductive health for young women and adolescents is very important because the number early marriage in Indonesia is still very high. Actually the community is very supportive to family planning and reproductive health program as they only got minimum exposure about this kind of information. But In other hand, community groups and governments are not present to inform the issues of reproductive health. " -Muslim*

## Guidelines for provision of services

Participating organizations that worked in partnership with various health authorities such as the Ministry of Health, National Family Planning Coordinating Board BKKBN and local health authorities, were providing services in line with their respective guidelines for SRHR provision. Most of the organisations also had their own SRHR handbooks based on the teachings of their respective religions. One FBO was promoting natural family planning in line with its church teachings but also as means of expanding the services to those who would otherwise not use any other family planning method due to, for example, religious or moral beliefs.

*"We have a book titled "Kesehatan Reproduksi Menuju Keluarga Sakinah: Kesehatan Reproduksi, Siklus Kehidupan, Keluarga Berencana & Hak-hak Reproduksi dalam Perspektif (...)" (Sakinah Family towards Reproductive Health: Reproductive Health, Life Cycle, Family Planning & Reproductive Rights in Perspective of (...)" -Muslim*

*"Fundamentally, in giving reproductive health and family planning service, our organization is similar to what Government/National Population and Family Planning Board/Forum of People Among Religions Care Population and Prosperous Family does. There has been published a handbook of reproductive health and family planning which contains scientific studies based on Confucianism holy book."-Confucius*

*"We have a very clear concept on reproductive health. Even the concept is already in the form of a book."-Muslim*

*"There is a guidebook for PIKR (Reproductive Health Information Services)" -Muslim*

*"We can only said to the other FBO partner that there may be some people that cannot use IUD or another family planning methods. So if you know that the natural family planning methods exists and is efficient, you can recommend it to them. So this can be one alternative for them, so learn it. To inform the provider about the method, we take the moral aspect first."-Christian*



*"Reproductive Health Program implemented by us follow the Guidebook /guideline for the Church-based Reproductive Health facilitator. The reproductive health program is mandated by Assembly of the whole church members and legalized in the trial."-Christian*

*"We have invited to make reproductive health guideline in Hinduism perspective. It discuss about how the reproductive health in the perspective of Hindu religion. It also used to disseminate the information about reproductive health information in the schools. The guideline that used to disseminate the information about reproductive health is only those books that I know. For the reproductive health for future bride and groom, we have and use guideline from the ministry of health."-Hindu*

*"About reproductive health, by this time we have no guideline, because we have only been 2 years in doing collaboration with government health promotion center about 10 indicators of PHBS (healthy life and hygiene behaviors)<sup>4</sup> in household and pesantren (Islamic boarding school) which one of those indicator is reproductive health. The activities are more about health education in about 60 pesantren until now. We have orientation program in every year. The orientation is about healthy santri (students of pesantren) for 2 days, with one of the topic given is about reproductive health for boys and girls. This program has already held for 2 years, and for the resources person, we asked the local health department, center or province level. In the pesantren, they have guideline about reproductive health for boys and girls; it's a book (kitab). For boys, it focuses more on the awareness on taking care of their reproductive health. But for general, we have on the 10 indicators of PHBS."-Muslim*

## Contentious issues

Two interviewed organizations did not shy away from bringing up the contentious issue of abortion. One Muslim FBO indicated that abortion should be permissible in emergency situations, such as in cases of rape and incest. A Christian FBO explained that some family planning methods are considered abortive by them and therefore natural family planning is their recommended method as it does lead to moral dilemmas.

*"We also provide emergency contraceptive pills that are only effective to be consumed immediately after having sex, up to 3 times 24 hours. If the pill is consumed after 3 x 24 hours it will be ineffective because conception has occurred. If the conception happens for 2 up to 4 weeks, is it still allowed to drink the pill? It could lead to an abortion? Now this is the controversy. For certain context such as if she were a victim of sexual violence, again we look at the benefit and the loss that could happen to her. For instance if there was a children aged 13 years old raped by her uncle and she pregnant, or a 3 grade junior high school raped by her stepfather and pregnant, so we'll see what choice that is beneficial benefits for the child, for this victim? If she continues her pregnancy than the consequences are not able to attend school, being marginalized by the community, he will be shunned. If there is another way that can save this child so that she can still go to school, he could still have a bright future then we could choose this option. So we consider this victim. If the victim suffers severe shock, trauma, experienced a tremendous shock, not able to accept and some of them want to commit suicide, then they should be rescued." -Muslim*

*"Some says 'It (abortion) is not allowed, it is a murder, unlawful', but once explained, it is the victim of rape, the case there. If the 13-year-old girl raped by her uncle, what will happen? We will let this child get pregnant under such conditions? What about her school, would she able to go to school in a state of pregnancy? No, definitely she will be excluded from school. We should ask her, because she will suffer of trauma for her whole life. Psychological recovery takes months, even years. Even if she gives birth, she will be seen as a child who already has children. She could not take care of herself yet, but now she had to take care of her children. Indeed, that her parents would say 'Oh it is ok, later we will take care the baby ', but are they ready to find that the father of the child is also your husband? Let us try to think clearly, analytically, and considering all aspects of benefit and loss so we can decide it well. Then we list all loss and benefit of the choices between letting her to have a brighter future and having the baby? Is there any alternative? What is the benefit of this alternative? So which choice has more benefit or loss? After this clarification, many people can accept this choice. But often those who oppose just only hear the word from others, they did not read my book neither read our guide books. When I asked, 'Do you had read my book yet?' they said 'Not yet, but I have heard many from others'. Then we invited them to learn together at our sermon in week three every month, we also invite women around Salemba<sup>5</sup>. We let them read the book, read some references, this method can make people open. People who oppose this program do not have strong basis, they argue with what people say. We can find them not only among the community but also among the elite." -Muslim*

*"The guideline for some methods, because according from the moral expert from it, there are some methods in the family planning that have the tendency to kill the fetus, not only abortion that clearly kills, but there also methods that give effect on fetus. There are guidelines from the church that allow us to use family planning methods but do not use those which has tendency to kills fetus. They already made some study of what kind of method that will kills fetus. The guideline that advised by the conservator of church, after we ask on the expert, the best method is the natural family planning, by recognizing" the ovulation period of the wife, by calendar, basal temperature, vaginal fluid or now we can use ovulation test. So we conclude that the methods which is not make any moral problem is by using natural family planning method, and that is what we advise to our members, during the ovulation period, please do not doing intercourse so that pregnancy will not be happened."* -Christian

## Successes and challenges

While discussing successes of their SRHR work, one key pattern emerged among respondents. Participating FBOs highlighted that the language and concepts they use in order to address health and SRHR issues is more acceptable by recipient communities than that of the government. Therefore FBOs are able to reach and engage with hard-to-reach community groups which have traditionally been neglected. One FBO brought an example of Bali as evidence of Indonesia's successful SRHR endeavours. The respondents highlighted that society awareness of reproductive health and family planning issues has much increased in comparison to the past thus translating to lower fertility rates. This was thanks to many civil society organisations that are nowadays active on these issues.

*"We are not affiliated with any NGO, even FBO (..), but we have our target pesantren, which are sometimes being forgotten by those big FBO. We take those who were not being worked by other big organization (...). Our role is to mediate the pesantren and local health division or even another division to do some concern related with them. Actually for the local government, it is hard to go through the "wall of pesantren", it is such a barrier that divide the pesantren from the environment outside the pesantren (...). So we try to mediate between stakeholders (government) with those 'untouchable' pesantren. And thank God, for these 2 years, our target pesantren have already do collaboration with government and related stakeholder. We know the pesantren languages so we can 'translate' the government message for the pesantren and pesantren understand what the stakeholder want. We also can mediate or speak for them what kind of their needs, such as clean water, sanitation, and we also told the leader of pesantren what government will do related with their programs. Sometimes the government just do not have the right "password" to be accepted by the pesantren. Some idiom or slogan that made by the government are rejected by pesantren."* -Muslim

*"Our approach is using the concept Sakinah<sup>6</sup> Family (...).By this approach the community is really support and accept this program, so they are very very happy and there is no denying." -Muslim*

*"Now many people are concerned about reproductive health, so there are so many health service that build even in the market place. If in the past only PKBI (Indonesian Family Planning Association) that concern about reproductive health, today we have so many organization in Bali that have the same interest. So we think the achievement are the understanding of reproductive health in the society has increased, the second, there is so many NGOs that concern about reproductive health have developed, also followed by the increasing number of health service that focusing on reproductive health, then we committed to health programs, and it listed in our grand design to increase clean and healthy living behaviours and also disseminate information related with reproductive health. Then also the awareness about family planning increased, proven by the Balinese name of 3rd and 4th child are start to rare among people."-Hindu*

As far as challenges to their SRHR programmes were concerned, a number of issues were noted by FBOs. First of all women have little awareness on SRHR issues and this, coupled with fragmented supplies, leads to a situation in which female clients chose contraceptives based on the actual supplies and not suitability for their needs. This is also due to the fact that, in view of the respondents, medical personnel do not provide adequate counselling for the clients.

*"Because we are work on hospital, we connect with nurses and midwives, and some of them are usually prefer the quick procedure. For example, the consultation about IUD can be done quickly, about 5 minutes and finish. But if natural family planning consultation, it usually about 1 hour and should be followed up. So natural family planning method cannot be done by instant education, so we also recommend to the smaller church to start the education about natural family planning method. If the education only start from hospitals and clinics, it will be quite hard, because the person in charge in the hospital are doctors or nurses that have limited time."-Christian*

*"Socialization are still very minimal in relation to the issue of contraception so women tend to choose contraception based on availability of supply not suitability with her body. Consultation on reproductive health is rarely done by health."-Muslim*

Secondly, some voices highlighted inadequate support from both the government and the international donor community for their SRHR interventions, due to, for example, other pressing priorities such as radicalisation and security. One respondent also noted that FBOs tend to exclusively target their own faith constituencies, thus excluding others who do not follow the same religion.

*"Civil society movement is also triggered by government movement. Because civil society organizations need to be supported by the government in terms of programs and financing to make this issue as their priority (...). So there should be a commitment from the government even than the public can play a role to support them. The first rule in Islamic Jurisprudence is that 'tashorruful imam ala roiyati manutun bil maslahati', means progress and welfare of the people depend on the maximum service from government leaders." -Muslim*

*"The target pesantren there are quite left behind compared with modern pesantren nowadays, and they also have not been touched by donation from related division, especially division that related with facilities even the division of health, so they are still very traditional and placed in the remote area such as in the top of mountain or near the cliff (...), They lack of sanitation and their health status are also under-priority." -Muslim*

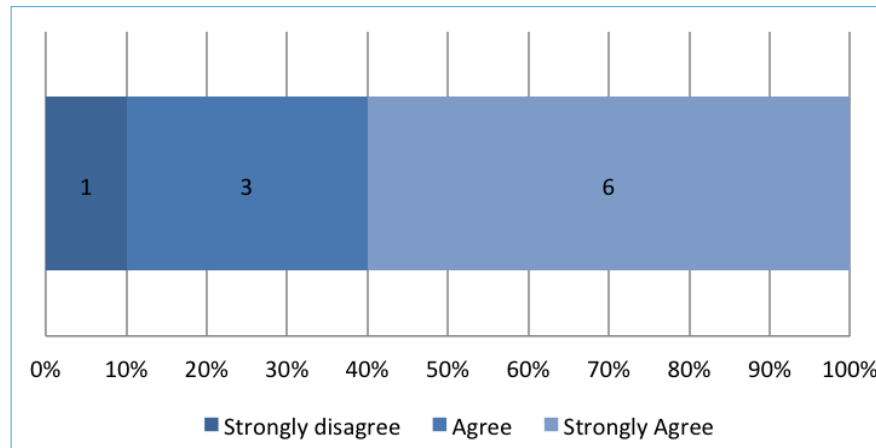
*"For the Australian embassy, we should started from 2012, but because the embassy was still focusing on radicalism issue, so for the cervical cancer issue in Pantura we postpone it, but we still work on it because in some of pesantren, the members are only woman/girls, and they are quite blind or do not understand with cervical cancer issue, they lack of knowledge about it. That is very pitiful I think." -Muslim*

*"I also wish other NGOs will involve or also work on Hindus community in all over Indonesia, because we know that FBOs are focus on their own religion, while our health service has not yet been established, so the service they got depends on their home environment or from government.-Hindu*

## Faith and SRHR provision

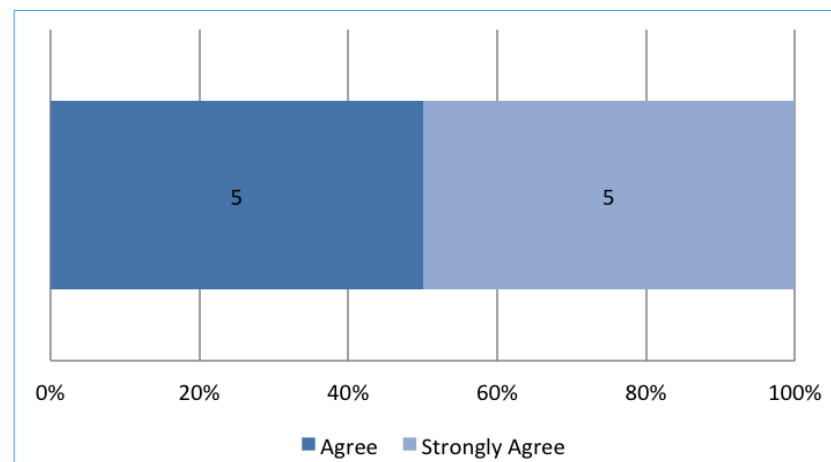
Nine out of ten respondents acknowledged that their organisational vision and mission is built upon their faith values while all of them recognised that faith is a central and inseparable part of their health/ sexual and reproductive health programmes.

Chart 6: Organisational vision and mission built upon our faith values



Data Source: Own Research

Chart 6: Faith as a central and inseparable part of health/ sexual and reproductive health programmes



Data Source: Own Research

Besides recognizing the role of religion as crucial to understanding the world, one common pattern has emerged among respondents who acknowledged that being faith-affiliated or using religious concepts or language enabled them to better reach their target groups with SRHR knowledge and information which is usually considered a taboo topic. Using indirect approach by making faith-specific references made it easier to discuss sensitive issues. One voice indicated that being faith-affiliated also helped in terms of partnership building because other partners were likely to engage with FBOs.

*"For us, religion is unbelievable power. All the science that we learned are so useful for our life, to manage the earth and its things. And all of these things on earth are already managed in the religion rules."-Muslim*

*"NGOs that are not affiliated with faith have less perspective of Hindu, they also do not understand the ethics and manner in dealing with Hindu people. But if we are affiliated with religion, we wish it will be easier in reaching the targets. If we doing government program, it will be more acceptable if we taking religion into this. For example, one of the political organization did free medical service in one village, but no one come. If we relate it with some religion ritual, then the Hindus people won't be able to refuse".-Hindu*

*"Our work is about mainstreaming gender perspective in all policies and one of them is about reproductive health. To socialize this issue in our trainings for leaders as well as training for members in lower level down to the branch level, we always use religious language. Because if we are talking about reproductive health directly, it is been regarded as talking about taboos, yes it's to talk about genitalia. Though we are actually not talking about genitalia, but talking about what women need to know about reproductive organ, about our body, and we have rights to control. We should know about the menstrual cycle etc. "In Islam we are talking about menstruation and baligh<sup>7</sup> so we discussed those with religious approach. For example if people say it is called a wet dream (mimpi basah) or in our jurisprudence we called as baligh, so we used this term to explain to people. Woman or man will enter puberty in certain age, there will be consequences when entering the age of puberty. Then are they ready to get married and use reproductive organs? What organs to be maintained? And what would happen if having sexual intercourse? Including when is the right time to enter marriage so that the reproductive organs can function optimally? And when or what age should these organs take rest and not a good time for having babies? So these questions that are should be explained about reproduction. Yes those are indeed sensitive issues. And there were resistances (...). But then we explained that reproductive health is not a strange issue. That we've read and taught in our jurisprudence since childhood about to purification, and this (reproductive health) is also part of the purification. What we talking in that issue is actually about reproductive health although it is not directly mentioned."-Muslim*

Depending on their faith-affiliation, participating FBOs used references to talk about sensitive issues related to sexual and reproductive health and rights. A Muslim FBOs provided an example of the hadith that talks about a traditional form of family planning known as 'azl' which refers to withdrawing the penis before ejaculation, a method practiced by the companions of the Prophet. The respondent concluded that as long as methods of family planning are not harmful to anyone, avoiding conception is permissible and so is sexual intercourse for pleasure and not strictly for reproduction.



*“Principally family planning is not contradictory with the maqasid sharia (the goals of religion). Even if we observe the hadith (...) in relation to family planning issue, it refers to what have been done by the prophet companions associated with the permission to do coitus interruptus or ‘azl. Then from this perception sexual relationship within a marriage may be conducted for recreational purposes, it is not always for reproductive purpose. But it also understood that in Islam the process of reproduction made in the marital relationship should be done as a consensual, in equal basis, and should not be harmful (...).Islam itself allow to do sexual relationship for recreation. Long time ago to avoid conception between ovum and sperm is done through coitus interruptus or called as azl. Now it is possible to avoid conception by using contraceptives that cause no harm to our body. There is a concept in Islamic jurisprudence, la dhororo wa laa la dhiroro, it could be performed as long as it isnot harmful to person and to anybody.”-Muslim*

The same interviewee also quoted another hadith which mentions that breastfeeding a baby for the entire two years is an obligation upon the mother. Therefore the respondent concluded that in such cases family planning is acceptable because if a woman is breastfeeding a child it would be damaging for both her and the child to have another pregnancy. Moreover the interviewee gave an example from the Quran that talks about creation of a prosperous family which builds upon health and wellbeing of its members. Thus quality family planning and reproductive health services are a necessary precondition to achieve this prosperity.

*“The plan of having babies should also taking into account of his needs as mentioned in a hadith which states wal walidati yurdi’na awladatuhunna hawlayni kamilayni (al baqarah 233), that mothers should breastfeed her babies for two years full. So that when there are children in a family, and having another baby would then harmful to the health of mother, then they should look for ways to manage it”. -Muslim*

*“We see family planning not just about tahdidun nasl (birth control) but rather seen as tanzimul nasl (family management). It is about how to manage a family toward prosperity. This is in line with Quran suggestion to create the decent family, Quu anfasakum wa ahlikum Naron (At Tahrir : 6) and not a broken family fakholafa min ba’dhim kholfun adhous watabau syahwaat fasawfa yalqouna goyyan (Maryam: 59). To achieve such a decent family the generation should also be in high quality. And somehow the method to create such family is by setting space between childbirth as well as paying attention to the health of reproductive organs either husband or wife.”-Muslim*



A Buddhist FBO referred to yin yang law to explain the concept of gender equality according to Buddhism. In line with the principle of yin yang men and women, although different by nature, are considered equal and complementary to each other. They both have the responsibility for creating and maintaining harmonious family thus taking care of reproductive health is their joint responsibility.

*"Gender equality is also emphasized in yin yang law, Tian law, God almighty is the one who underlie creation, existence and alteration of human and the universe. Being given and taking care of children without providing education cannot be corrected by the religion. Human effort to go through dao/ holy way is not apart from having family. Harmonious family is important so plan is necessary. Reproductive health is not only women responsibility but also men responsibility (yin yang equality-different but equal and complete each other)."-Buddhis*

A Christian FBOs did not refer directly to sexual and reproductive health but talk more broadly about health in general. According to the respondent, the role of the Church is to support people in maintaining quality life and one way to do so is through good health.

*"The Christian faith supports the development of quality, as well as human dignity. It is a tribute to God the Creator. As mandated in the Bible where Jesus' ministry focused on: teach, heal and recover, then the Church is called to participate in built people through improved quality of life, where one of the indicator is health"-Christian*

## CONCLUDING REMARKS AND RECOMMENDATIONS

Indonesia has an overwhelmingly young population of around 65 million people aged 10-24, and nearly 90 percent identifying as Muslims. The major challenges in terms of SRHR are growing numbers of people contracting HIV at young age, unintended pregnancies among youth leading to frequent cases of unsafe abortions as well as high prevalence of female genital mutilation and child marriage.

Involvement of FBOs and religious leaders in Indonesia on maternal and child health, reproductive health and (especially) family planning can be considered a success story, given the major contribution of the two largest Islamic organisations in the country NU and Muhammadiyah that provide the overwhelming majority of faith-based services in the country. They are considered strategic partner by the Government of Indonesia. As far as the issues such as women's leadership, female genital mutilation and early marriage are concerned, faith-based contributions appear less straightforward due to internal divisions within faith-based structures and patriarchal undertones which also manifest themselves in the political and legislative arena. However, women-led faith-based groups have been consistently putting these and other women's issues, at the top of public agenda.

As evidenced by primary data majority of FBOs were active on HIV/AIDS prevention, maternal and newborn health, reproductive health, as well as family planning while half of them addressed adolescent health and less than half issues of gender-based violence and rights. Insufficient emphasis on women's rights as part of advancing reproductive health and family planning was strongly highlighted by some Muslim FBOs.

FBOs across religious spectrum were overwhelmingly mainstreaming SRHR due to the fact that SRHR issues are subject to religious interpretations and moral values and using indirect approach through faith-specific references made it easier to discuss sensitive topics.

The main beneficiaries of the interventions by participating FBOs were women and young people, especially girls who are at high risk of being married off at young age. They were provided with a wide range of reproductive services, ranging from counselling on natural family planning methods to provision of emergency contraception. There was an indication that FBOs tend to target primarily or even exclusively members of their own faith community.

What appeared as a critical success factor in ensuring acceptance of family planning by Muslim communities was the introduction of family planning concept build on the idea of family management and achieving family prosperity. Most of FBOs had their own SRHR handbooks based on the teachings of their respective religions but while working in partnerships they followed guidelines of respective health authorities.

Based on the above-mentioned observations the following recommendations are put forward:

- Certain religious interpretations have the propensity to undermine women's rights and one feasible way to challenge such views is through "more sound" religious arguments. To this end women's organizations should research the sources of normative Islam regarding the attitudes pertaining women's rights such as towards the girl child, violence against women etcetera
- Faith-based communities at grassroots should be empowered with adequate knowledge and skills on SRHR issues which holistically combines rights-based approaches and relevant religious teachings
- Faith-based organizations need to be at the forefront in campaigning for religious practices that strongly uphold principles of equality between men and women and for realization of the same in all spheres of private and public life
- Development partners, including the government, civil society organizations as well as the media should actively recognize and disseminate liberal religious views on SRHR which highlight gender perspective
- Faith-based and interfaith collaborations should be encouraged in order to extend SRHR services to a broad range of community members; most importantly between well-established FBOs that own facilities and smaller ones engaged exclusively in community awareness and education

## LIST OF REFERENCES:

Afrianty, D. (2016) Indonesia under pressure over female genital cutting. Available at: <http://indonesiaatmelbourne.unimelb.edu.au/indonesia-under-pressure-over-female-genital-cutting/> (Accessed: 18 September 2016).

Arritonang J. (2008) Current Ecumenical Movement and Spirit in Indonesia. Available at: [http://cca.org.hk/home/ctc/ctc-xxv-1-2/25-41\\_jan\\_aritonang.pdf](http://cca.org.hk/home/ctc/ctc-xxv-1-2/25-41_jan_aritonang.pdf) (Accessed: 18 September 2016).

Arrow (2015) Country Profile-Indonesia. Available at: <http://arrow.org.my/wp-content/uploads/2015/04/Country-Profile-SRR-Indonesia.pdf> (Accessed: 18 September 2016).

Billioud, S. and Thoraval, J. (2015) The Sage and the People: The Confucian Revival in China. Available: [https://books.google.co.uk/books/about/The\\_Sage\\_and\\_the\\_People.html?id=z\\_8rQEACAAJ](https://books.google.co.uk/books/about/The_Sage_and_the_People.html?id=z_8rQEACAAJ) (Accessed: 18 September 2016).

Candland, C. and Nurjanah, S. (2004). Women's Empowerment through Islamic Organizations: The Role of the Indonesia's Nahdatul Ulama in Transforming the Government's Birth Control Program into a Family Welfare Program. Case study prepared for the World Faiths Development Dialogue.

Fathuddin, H. Usep. (2002) The Muslim Ummah and Family Planning Movement in Indonesia. Jakarta: Center for International Training and Collaboration National Family Planning Coordinating Board

Fayumi, B. (2016) The Indonesian Muslims Diverse Views and the impact on Tidal Success in Family Planning Programme . Presentation delivered during ICFP2016, Nusa Dua, Bali, Indonesia

Friends of the Global Fight Against AIDs, Tuberculosis and Malaria Faith-based Organizations and the Global Fund: Working Together to Save Lives. Available at: [http://www.e-alliance.ch/typo3conf/ext/naw\\_securedl/secure3c97.pdf?u=0&file=fileadmin/user\\_upload/docs/Publications/HIV/FBOManual\\_vFINAL.pdf&t=1433841995&hash=891bee2b83c2e86a513704c8ff3e2e5a](http://www.e-alliance.ch/typo3conf/ext/naw_securedl/secure3c97.pdf?u=0&file=fileadmin/user_upload/docs/Publications/HIV/FBOManual_vFINAL.pdf&t=1433841995&hash=891bee2b83c2e86a513704c8ff3e2e5a) (Accessed: 18 September 2016).

Global Ministries Communion of Churches in Indonesia (PGI) Available at: [http://www.globalministries.org/communion\\_of\\_churches\\_in\\_indonesia](http://www.globalministries.org/communion_of_churches_in_indonesia) (Accessed: 18 September 2016).

Girls not Brides (2016) Indonesia. Available at: <http://www.girlsnotbrides.org/child-marriage/indonesia/> (Accessed: 18 September 2016).

Hastuti, T. (2016) Muhammadiyah-'Aisiyah: Indonesian Government support for provision of FP/RH services through FBOs: The experiences of Muhammadiyah-'Aisiyah. Presentation delivered at the Faith-pre Conference to ICFP2016, Nusa Dua, Bali, Indonesia

Haworth, A. (2012) The day I saw 248 girls suffering genital mutilation. Available: <https://www.theguardian.com/society/2012/nov/18/female-genital-mutilation-circumcision-indonesia> (Accessed: 18 September 2016).

Hwang, J. (2012) Peaceful Islamist Mobilization in the Muslim World: What Went Right.

Joint Publications Research Service (1988) East Asia. Available: [https://www.google.nl/url?sa=t&rct=j&q=&esrc=s&source=web&cd=6&ved=0ahUKEwjAk\\_yt-a3PAhWFyRoKHVmlBg8QFghJMAU&url=http%3A%2F%2Fhandle.dtic.mil%2F100.2%2FADA347487&usg=AFQjCNET6ixE-D3QMHT1qE\\_MXtk6Tb-noA&sig2=vgyle5F90Q4IPI\\_wih\\_HRA&bvm=bv.133700528,d.d2s&cad=rja](https://www.google.nl/url?sa=t&rct=j&q=&esrc=s&source=web&cd=6&ved=0ahUKEwjAk_yt-a3PAhWFyRoKHVmlBg8QFghJMAU&url=http%3A%2F%2Fhandle.dtic.mil%2F100.2%2FADA347487&usg=AFQjCNET6ixE-D3QMHT1qE_MXtk6Tb-noA&sig2=vgyle5F90Q4IPI_wih_HRA&bvm=bv.133700528,d.d2s&cad=rja) (Accessed: 18 September 2016).

Kagawa, R. C., Anglemeyer, A. and Montagu, D. (2012) The Scale of Faith Based Organization Participation in Health Service Delivery in Developing Countries: Systemic Review and Meta-Analysis

Available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3495941/> (Accessed: 18 September 2016).

Knowledge for Health (2012) Program Kesehatan Peduli Remaja. Available at: <https://www.k4health.org/toolkits/indonesia/program-kesehatan-peduli-remaja> (Accessed: 18 September 2016).

Hookel, V. and Saikal, M. (2004) Islamic Perspectives on the New Millennium Available at: [https://books.google.nl/books/about/Islamic\\_Perspectives\\_on\\_the\\_New\\_Millenni.html?id=yprnAwAAQBAJ&redir\\_esc=y&hl=pl](https://books.google.nl/books/about/Islamic_Perspectives_on_the_New_Millenni.html?id=yprnAwAAQBAJ&redir_esc=y&hl=pl) (Accessed: 18 September 2016).

Markus, S. (2016) *Education and Multiculturalism. A Muhammadiyah Case Study* Available: [http://www.westernsydney.edu.au/equity\\_diversity/equity\\_and\\_diversity/cultural\\_diversity/past\\_events/conference\\_documents/education\\_and\\_multiculturalism\\_a\\_muhammadiyah\\_case\\_study](http://www.westernsydney.edu.au/equity_diversity/equity_and_diversity/cultural_diversity/past_events/conference_documents/education_and_multiculturalism_a_muhammadiyah_case_study) (Accessed: 18 September 2016).

Marshall, K. (2015) *Religious engagement in family planning policies. Experience in six Muslim-majority countries*. Available at: <https://s3.amazonaws.com/berkley-center/151001MarshallReligiousEngagementFamilyPlanningPoliciesExperienceSixMuslimMajorityCountries.pdf> (Accessed: 18 September 2016).

Population Census (2010). Available: <http://sp2010.bps.go.id/index.php/site/tabel?tid=321&wid=0> (Accessed: 18 September 2016).

Pranata Dean A. (2015) *Sexual and Reproductive Health and Rights in Indonesia*.

Available at: <http://agradean.tumblr.com/post/116902000644/sexual-and-reproductive-health-and-rights-in-indonesia> (Accessed: 18 September 2016).

Rachmawati, E. and Imami, N. (2010) *Pelatihan Kesehatan Reproduksi Remaja Untuk Mencegah Kematian Perinatal*. Lectures of Adolescent Reproductive Health, delivered in the Public Health Program Study, University of Indonesia, on October 27th, 2010.

Parvanova, D. (2012) *Islamic Feminist Activism in Indonesia: Muslim Women's Paths to Empowerment*. Available: <http://www.univie.ac.at/alumni.ksa/images/text-documents/ASSA/ASSA-SN-2012-01-Art2-Parvanova.pdf> (Accessed: 18 September 2016).

Reuters (2008) *Indonesian temple a reminder of country's Buddhist past*. Available at: <http://uk.reuters.com/article/uk-indonesia-buddhists-idUKSP19508720080523> (Accessed: 18 September 2016).

Robinson, w. and Ross, J. (Eds.) (2007) *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*. Available at: [https://books.google.co.uk/books?id=c67CZT-ZGVEC&printsec=frontcover&source=gbg\\_summary\\_r&cad=0#v=onepage&q&f=false](https://books.google.co.uk/books?id=c67CZT-ZGVEC&printsec=frontcover&source=gbg_summary_r&cad=0#v=onepage&q&f=false) (Accessed: 18 September 2016).

Seiff, A. (2014) *Indonesia enlists religious leaders to stop population boom*. Available at: <http://www.ucanews.com/news/indonesia-enlists-religious-leaders-to-stop-population-boom/70445> (Accessed: 18 September 2016).

Seo, M. (2013) *State Management of Religion in Indonesia*. Available at: [https://books.google.co.uk/books?id=GWEdAAAAQBAJ&pg=PA27&lpg=PA27&dq=Communion+of+Churches+in+Indonesia+\(PGI\)+membership&source=bl&ots=bH7rMSdbUR&sig=8sE-RiRehcZoD5l6bmcMYk1wfwY&hl=en&sa=X&ved=0ahUKEwiS3c719IzPAhWGCB0KHWBkA1cQ6AEINjAE#v=onepage&q=Communion%20of%20Churches%20in%20Indonesia%20\(PGI\)%20membership&f=false](https://books.google.co.uk/books?id=GWEdAAAAQBAJ&pg=PA27&lpg=PA27&dq=Communion+of+Churches+in+Indonesia+(PGI)+membership&source=bl&ots=bH7rMSdbUR&sig=8sE-RiRehcZoD5l6bmcMYk1wfwY&hl=en&sa=X&ved=0ahUKEwiS3c719IzPAhWGCB0KHWBkA1cQ6AEINjAE#v=onepage&q=Communion%20of%20Churches%20in%20Indonesia%20(PGI)%20membership&f=false) (Accessed: 18 September 2016).

Sukma, R. (2002) *Islam in Indonesian Foreign Policy: Domestic Weakness and the Dilemma of Dual Identity*. Available at: <https://books.google.co.uk/books?id=532BAGAAQBAJ&pg=PP1&lpg=PP1&dq=slam+in+Indonesian+Foreign+Policy:+Domestic+Weakness+and+the+Dilemma+of&source=bl&ots=SzUh8NGp2u&sig=5lugltyssoVSFWRbHkIvPFyb3k&hl=en&sa=X&ved=0ahUKEwjFptqdzJnPAhXTSxoKHZ3tAloQ6AEIHDA#v=onepage&q=slam%20in%20Indonesian%20Foreign%20Policy%3A%20Domestic%20Weakness%20and%20the%20Dilemma%20of&f=false> (Accessed: 18 September 2016).

Tadros, M. (2010) *Faith-Based Organizations and Service Delivery Some Gender Conundrums*. Available at: [http://www.unrisd.org/80256B3C005BCCF9/\(httpAuxPages\)/592137C50475F6A8C12577BD004FB5A0/\\$file/Tadros.pdf](http://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/592137C50475F6A8C12577BD004FB5A0/$file/Tadros.pdf) (Accessed: 18 September 2016).

United Nations Children's Fund (2016). *UNICEF data: Monitoring the situation of Children and Women*. Available at: <http://data.unicef.org/child-protection/fgmc.html> (Accessed: 18 September 2016).

United Nations Population Fund Indonesia (2013) *UNICEF Indonesia and faith-based organization NU join forces to reduce stunting*. Available: <http://unicefindonesia.blogspot.nl/2013/08/unicef-indonesia-and-faith-based.html> (Accessed: 18 September 2016).

United Nations Population Fund Indonesia (2016) *Adolescent and Youth*. Available at: <http://indonesia.unfpa.org/adolescents-and-youth-> (Accessed: 18 September 2016).

University of Cumbria. *Muhammadiyah*. Available at: <http://www.philtar.ac.uk/encyclopedia/indon/muham.html> (Accessed: 18 September 2016).

Vandendael, A. et al. (2013) *Stimulating Civil Society from the Perspective of an INGO: an Explorative Study of Indonesia*. Available at: [http://www.erim.eur.nl/fileadmin/centre\\_content/strategic\\_philanthropy/Final\\_Report\\_Philanthropy\\_in\\_Indonesia.pdf](http://www.erim.eur.nl/fileadmin/centre_content/strategic_philanthropy/Final_Report_Philanthropy_in_Indonesia.pdf) (Accessed: 18 September 2016).

## Annex 1: Interview and survey questions

### 1. General information:

1. What is your job title in the organisation?

.....

2. What religious affiliation does your organisation identify with?

1. ☐ Bahá'í Faith
2. ☐ Buddhism
3. ☐ Christianity
4. ☐ Confucianism
5. ☐ Hinduism
6. ☐ Islam
7. ☐ Jainism
8. ☐ Judaism
9. ☐ Sikhism
10. ☐ Interfaith
11. ☐ We are not faith-affiliated but we partner with faith-based organisations/ religious leaders
12. Other (please specify) .....  
.....

3. Where is your organisation based?

- a. City/ Town .....
- b. Country .....

4. My organisation works:

1. ☐ Only at the national level



2. ☐ At both the national and regional level
3. ☐ At the national, regional and international level
4. Other (please specify) .....  
.....
5. Which of the following best describes your organisation?
  1. ☐ A religious congregation (church, mosque, synagogue, temple and other house of worship)
  2. ☐ An organization, program, or project sponsored/hosted by a religious congregation
  3. ☐ A non-profit development organisation with historic ties to a faith tradition
  4. Other (please specify) .....  
.....

## 2. SRHR provision

6. Do you currently run projects or implement activities in the following areas of health and sexual and reproductive health and rights? [MARK ALL THAT APPLY]
  1. ☐ adolescent health
  2. ☐ HIV/AIDS
  3. ☐ sexually transmitted diseases other than HIV/AIDS
  4. ☐ gender-based violence
  5. ☐ reproductive health
  6. ☐ maternal and newborn health
  7. ☐ family planning
  8. ☐ sexual and reproductive rights
  9. ☐ Any other programmes or activities in the area of health or sexual and reproductive health and rights (please specify) .....  
.....
7. What type of projects/ activities are they? [MARK ALL THAT APPLY]

1. ☐ delivery of services [IF RESPONDENT PICKS THIS ANSWER GO TO QUESTION 8 OTHERWISE GO TO QUESTION 9]
2. ☐ policy and advocacy
3. ☐ capacity development/ trainings
4. ☐ counselling
5. ☐ education and information
6. ☐ research
7. Other (please specify) .....  
.....

What sort of guidelines, if any, do you follow in your service delivery work?

8. Who are the main beneficiaries of your interventions in health and sexual and reproductive health and rights? [MARK ALL THAT APPLY]
  1. ☐ Newborns and Children (0-9 year-old)
  2. ☐ Adolescent Girls (10-19 year-old)
  3. ☐ Adolescent Boys (10-19 year-old)
  4. ☐ Women (above 19 year-old)
  5. ☐ Men (above 19 year-old)
9. *Briefly describe* the programmes/ activities that you have indicated in the health and sexual and reproductive health and rights. Include a short explanation of their objectives, partners involved, key success stories, challenges and lessons learnt.

### 3. Faith-inspired SRHR provision:

10. To what extent do you agree with the following statements:
  - a. Our organisational vision and mission is built upon our faith values.
    1. ☐ Strongly disagree
    2. ☐ Disagree
    3. ☐ Neither agree nor disagree
    4. ☐ Agree

5. I\_\_I Strongly Agree
6. I\_\_I Not sure
- b. Faith is a central and inseparable part of our health/ sexual and reproductive health programmes.
1. I\_\_I Strongly Disagree
2. I\_\_I Disagree
3. I\_\_I Neither disagree nor agree
4. I\_\_I Agree [IF RESPONDENT PICKS THIS ANSWER GO TO QUESTION 12 OTHERWISE GO TO QUESTION 13]
5. I\_\_I Strongly Agree [ IF RESPONDENT PICKS THIS ANSWER GO TO QUESTION 12 OTHERWISE GO TO QUESTION 13]
6. Not sure
11. How is faith reflected in your programmes on health and sexual and reproductive health and rights?
12. Consider your health and sexual and reproductive health and rights work. How does the religious affiliation of your organisation affect your organisational ability in the following areas? [TICK APPROPRIATE RESPONSE]

|    |   | Brings more disadvantages than advantages | Disadvantages and advantages are more or less the same | Brings more advantages than disadvantages | It has no influence | I don't know | We are not faith-affiliated |
|----|---|---|--|---|---------------------|--------------|-----------------------------|
| 1. | Reaching beneficiaries with services                                    | 1 __                                      | 2 __   | 3 __                                      | 4 __                | 5 __         | 6 __                        |
| 2. | Reaching beneficiaries with information and education                   | 1 __                                      | 2 __   | 3 __                                      | 5 __                | 5 __         | 6 __                        |
| 3. | Securing funding from donors  | 1 __                                      | 2 __   | 3 __                                      | 4 __                | 5 __         | 6 __                        |
| 4. | Building partnerships with faith-based organisation from the same faith | 1 __                                      | 2 __   | 3 __                                      | 4 __                | 5 __         | 6 __                        |

|    |  |       |       |       |       |       |       |
|----|--|-------|-------|-------|-------|-------|-------|
| 5. | Building partnerships with faith-based organisations from different faiths | 1 ___ | 2 ___ | 3 ___ | 4 ___ | 5 ___ | 6 ___ |
| 6. | Building partnerships with secular NGOs                                    | 1 ___ | 2 ___ | 3 ___ | 4 ___ | 5 ___ | 6 ___ |
| 7. | Advocacy with political decision makers                                    | 1 ___ | 2 ___ | 3 ___ | 4 ___ | 5 ___ | 6 ___ |
| 8. | Advocacy with religious leaders of the same faith                          | 1 ___ | 2 ___ | 3 ___ | 4 ___ | 5 ___ | 6 ___ |
| 9. | Advocacy with religious leaders of different faith                         | 1 ___ | 2 ___ | 3 ___ | 4 ___ | 5 ___ | 6 ___ |

Provide a brief explanation of your responses.

13. Please give the name of your organisation if you wish. ....  
.....

14. Thank you for providing your responses. We highly value your confidentiality and will not publish any information on your organisation unless you give us permission to do so. Please indicate to what extent you allow us to disclose your organisational data.

1. I\_\_\_I You can publish the name of my organisation next to individually quoted responses and in the annex featuring a list of all respondents
2. I\_\_\_I You can publish the name of my organisation in the annex featuring a list of all respondents but please do not disclose it next to individually quoted responses
3. I\_\_\_I Please do not publish the name of my organisation anywhere

Thank you for your response!

(Footnotes)

- 1 Islamic boarding school.
- 2 East Java
- 3 North Java
- 4 Programme run by Indonesia's Ministry of Health,
- 5 Region in District Senen, Central Jakarta.
- 6 Eng. Peace, Serenity or Tranquility.
- 7 Mature and fully responsible under Islamic law.







# Mapping Faith-Based Responses to Sexual and Reproductive Health and Rights in Indonesia:

## A snapshot from 10 Muslim, Christian, Hindu, Buddhist and Confucian Faith-Based Organisations



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