

DECENTRALIZATION, SOCIAL SAFETY NET, AND STRATEGIES IN COMBATING MATERNAL MORTALITY IN INDONESIA

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SUMMARY

According to the World Health Organization, 830 women worldwide die every day from complications related to pregnancy and childbirth in 2015. Decreasing maternal death is an important issue because it remains as an unfinished agenda in the Millennium Development Goals. This study explores how policy change (decentralization) and government intervention (social safety net (SSN)) have affected the uptake of three important strategies in combating maternal mortality: family planning (FP), delivery care, and antenatal care (ANC). The focus is Indonesia because this country has one of the highest maternal mortality in Southeast Asia and where the government has undergone changes in its organization and has sponsored SSN to expand health service provision. Using rounds of the Indonesia Demographic and Health Survey between 1987 and 2012, this study has three important findings. First, although there is no evidence that the decentralization has led to a significant decline in contraceptive use, there is statistical evidence showing that the effectiveness of two instruments of FP program in Indonesia (FP fieldworkers and FP IEC) has declined after the decentralization. . Nevertheless, the two instruments continue to exert positive

and significant impacts on contraceptive use albeit at lower levels after the decentralization. Second, the empirical results also indicate that the inequality in delivery care utilization between the eastern and western regions has widened over the years, particularly in the post decentralization period. Third and finally, the results show that the government intervention of SSN has a positive and significant impact on ANC and delivery care utilization particularly the utilization of skilled birth attendant.