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My name is Asih Puji Rahayu, and I am with the Foundation for Mother and Child Health—or Yayasan Balita Sehat—in Jakarta, Indonesia.

We are a non-governmental organization that works to improve the health, nutrition and education of mothers and their children in Jakarta. We also have an office in Mumbai, India.

Our work is with the urban poor, especially those in the urban industrial area of South and East Jakarta. Most of our clients are Muslims who work as street vendors, selling food in market areas. These are men and women who often live on less than \$3 U.S. dollars a day, have had very little education and are in fact mostly illiterate, and traditionally do not access health services.

For most of them, their children are not in school but instead are put to work collecting garbage or begging in the streets to add to the family income. Also, many of the girls are forced to marry too young so they will not be a burden on their family.

My organization has worked in Jakarta since 2001, and we have found that there are two major barriers to improving the health of poor families in our city:

1. First, because of low literacy and lack of education, many families don't have enough information about ways to improve family health; and
2. Second, they do not have the money to access medical care in the health centers, putting these services out of reach.

To address these challenges, my organization improves family health and education in several areas:

- Nutrition programs and medical services for children under five years of age;

- Health education for mothers to improve their awareness and the health of their families;
- Training of trainers to build more competent community health workers who go into community centers and provide basic health services;
- Early education center for underprivileged children aged 3 to 6 years of age;
- Skills training for mothers to increase their income; and finally
- Scholarships for children to continue their primary education.

About two years ago, we added family planning to the services that we provide to our clients. This includes both education about family planning and reproductive health to mothers during their weekly Health Education Sessions, and distribution of contraceptives from our office, which has an informal clinic on site.

We added family planning because we saw a real need for these services among the families we serve. We were faced with many examples where mothers who we worked with would ask us how they could limit their childbearing so they could take care of their existing children and continue also to contribute to the family income.

The problem we found for many of these women was that their husbands did not initially support them in accessing family planning. For example, there were several women who came to us and told us that they were secretly getting injectable contraceptives from a local clinic because they were worried that if their husbands found out, they would be accused of being sinful.

So, we began to invite husbands to our center to educate them about family planning during our regular father's day health education sessions. We also invited a male Muslim doctor who was also a reproductive health expert to talk with the husbands about what Islam says and doesn't say about family planning. The doctor explained basic health information and the effects of having many children on women's bodies, and also emphasized how Islam supported family health. We found that many of the

men grew sympathetic to the health of their wives and especially were moved when they thought about how they might take care of their existing children.

Our experience shows that improving family health is best achieved when you focus on the entire family—we provide basic services to children, educate and empower their mothers, and involve men. And, by adding family planning to our programs, we were able to improve health and help mothers and fathers limit their childbearing to wanted numbers so they could better provide for their existing children.

I want to stress that an important component of all of this work is health and nutrition education for women. When women are educated, the family gains enormously! Well-nourished women face fewer risks during pregnancy and childbirth, and their children are better developed physically and mentally. The children do better in school, grow into healthier adults and are then able to give their own children a better start in life.

Although our organization is just a tiny one, we feel strongly that we really do make a difference.

We have a very grassroots approach. We have seen the positive behavioral changes from the women and their husbands and their children get better nourished. Children are the future of the nation. We have to make sure they are given the best possible start in life.

Clearly we have much more education to do, but we are encouraged by our progress so far.

I want to thank you for the opportunity to speak with you today. This is my very first trip to the United States, and I am happy to share our work with you.

I also hope that you will keep in mind my main point: health and education—including family planning—is critical to improve poor families in Jakarta, and throughout Indonesia. I hope you will continue to support efforts by groups like mine and help us strengthen families by funding international family planning and other maternal and child health programs.

Thank you.