



Research Article

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The Urgency of Political Commitment in Formulation Reproductive Health Education Policy

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Abstract

Kulon Progo is the first area to have a local content of Reproductive Health Education in the curriculum, that is, since 2014. This was motivated by the high rate of underage marriage and the high level of maternal mortality ratio in the Special Region of Yogyakarta at that time. The Regent of Kulon Progo who served during that period, Hasto Wardoyo, was the party who initiated and directly led this policy-making process. This study seeks to analyze the form of political commitment from Hasto Wardoyo in the policy on Public Health Education by using Boli's theory of political will criteria, in which political commitment is broadly divided into three groups, namely verbal will, institutional will, and budgetary will. Researchers used qualitative research methods supported by interview data with parties directly involved in the process of making and implementing policies, including the Chair of the Indonesia Union of Teachers, the Chair of the Indonesia Association of Family Planning, the Head of the Education Office, and the Head of the Health Office in the regency. The results of this study indicate that the Regent has shown his political commitment in the sense of verbal and regulation dimensions. However, in terms of institutional and budgetary will, the Regent did not show any form of political commitment, which resulted in the neglect of this policy on Reproductive Health Education after it had been launched.

Keywords: Political commitment; Reproductive Health Education; Policy

1. Introduction

As a multicultural country, Indonesia has many myths related to reproductive issues. It is confirmed by the fact that issues of reproduction and sexuality are still a taboo subject of discussion among the public, hence the authors assume the situation brings about incorrect myths and perceptions related to reproduction.

One of the cases occurring in Indonesia is underage or child marriages, which are still frequent. Based on the data released by The Bureau of Statistics in Indonesia, from 2008 to 2015 at least 1 out of 4 children was married before the age of 18 years old (Chalid, 2018). It also has made Indonesia occupy the seventh place among countries with the most underage child marriages in the world, and

occupy the second place in ASEAN (Safutra, 2019). Underage marriages put the children at risk because before reaching the age of 20, humans' reproductive organs are not fully functional and have not yet optimally developed, which later may cause reproductive problems, including cancer and others (Djamilah & Kartikawati, 2016). Due to teenage pregnancies, underage marriages also have a significant impact on the maternal mortality ratio in Indonesia. Fatoni *et al.* explain that one of the indirect impacts of underage marriages is an increase in maternal mortality ratio (Fatoni, 2015).

Apart from having a bad impact on mothers-to-be, underage marriages constitute one of the causes of the high rate of population growth in Indonesia, which subsequently has a domino effect on the poverty rate and also unemployment rate in Indonesia. Data shown by Demographic and Health Surveys have proven that the total fertility rate in Indonesia has increased from 2.4% to 2.6% and it is pointed out that one of the causes is underage child marriage (Agung, 2013).

A study conducted by Djamilah and Kartikawati has found that there are many causes of thriving underage child marriages in Indonesia; one of them is the lack of understanding and education of reproductive health received by the public. It appears in the result of the study that suggests that underage marriage and pregnancies outside marriage are the domino effect of the lack of reproductive health education in schools (Djamilah & Kartikawati, 2016). Besides that, after conducting field research, Putri, Sumarah & Suhermi (2017) also proposed that reproductive health education has quite a significant impact on the sexual attitudes of teenagers that subsequently can protect them against unwanted things, such as pregnancies outside marriage and maternal mortality ratio. It later increases the urgency of reproductive health education for the public to be very important, considering that there has not yet been any regulation concerning reproductive health education, particularly at schools.

In this study, the authors regard Reproductive Health Education as a policy, in which the effort to realize it undergoes quite a long process, and the issue brought by the policy is still considered to be a taboo subject among the public. Based on the explanation in previous paragraphs, it can be seen that the urgency of the provision of Reproductive Health Education increases along with thriving cases of child marriage and a high level of maternal mortality ratio in Indonesia. However, the attitude of the central government that has not yet dared to directly implement Reproductive Health Education into the curriculum will later pose a challenge of its own. It can be seen in some refusals of the curriculum of Reproductive Health Education as explained in the previous paragraph. Therefore, it takes a high level of political commitment from the government itself, because Reproductive Health Education talks about not only its material in general but particularly is much related to what efforts the government has made to realize it, considering a high level of urgency and need for the provision of Reproductive Health Education and a lack of awareness of the public and some part of the government related to this issue.

Kulon Progo later became the first and only regency in Indonesia that has implemented Reproductive Health Education in Indonesia since the academic year 2014/2015 (Schonhardt, 2013). The high rate of child marriage and maternal mortality ratio in the Province of Special Region of Yogyakarta lead to the provision of Reproductive Health Education at schools that are expected to be able to make a positive impact on the decrease of maternal mortality ratio and child marriage rate. Kulon Progo, which has been able to very well administer local autonomy in the education sector, subsequently was made a model for making regulations on Reproductive Health Education at the national scale. Considering the controversy over the decision and the process of preparation of this curriculum, then it is interesting to examine how the government committed itself to realize the curriculum of reproductive health education in Kulon Progo. The then Regent of Kulon Progo, Hasto Wardoyo, as the local leader played an important role in the effort to take care of the other government institutions in realizing this curriculum. It can be seen in Hasto's statement that the effort to prepare the module of Reproductive Health Education was made not only by the Local Office of Education but it also cooperated with the Local Office of Health and the Indonesia Association of Family Planning, which hopefully could provide a maximum understanding of reproductive health (Sutarmi, 2014).

Apart from the urgency emerging from the public itself, the authors also see the background of the then Regent of Kulon Progo, Hasto Wardoyo, that played quite an important role in preparing this Reproductive Health Education. Hasto Wardoyo served as the Regent of Kulon Progo for two terms of office, from 2011–2015 and 2015–2017. In the middle of his second term of office, Hasto Wardoyo was appointed as the head of National Family Planning Coordination Board. Hasto Wardoyo has a background that is closely related to reproductive issues. He is a specialist in obstetrics and gynecology. The authors regard it as one of the backgrounds of Hasto Wardoyo's strong political commitment to the making of policy on Reproductive Health Education.

Later, Hasto Wardoyo also hoped that religious institutions took a role in making suggestions in the provision of Reproductive Health Education so that it was in line with the norms prevailing in society (Kuntadi, 2014). Besides that, it was stated that in selecting learning materials for each school level, Hasto Wardoyo was directly involved to supervise the preparation process of the curriculum. Given the facts presented above, the authors consider the Regent of Kulon Progo had a high level of political commitment to the effort to make the provision of Reproductive Health Education in the school curriculum a success.

Hasto realized that it required competent teaching staff in the teaching of Reproductive Health Education. The government also took part in giving an understanding to the public that Reproductive Health Education discussed not only sexuality issues, and the presentation of the subject would not give a vulgar impression, as it would be presented theoretically (Ridarineni, 2014). Hasto Wardoyo's political commitment was later proven by the award he received from the Indonesia Association of Family Planning of the Province of Special Region of Yogyakarta for actively participating in providing knowledge related to reproductive organs for society. The effort to make this curriculum a success indicates the Regent's political commitment to overcome the problems emerging from the lack of reproductive education.

Law Number 23 the Year 2014 on Local Government has regulated every aspect related to the organization of the government related to the policy on local autonomy, including education. Education autonomy in Law Number 23 the Year 2014 regulates the distribution of jurisdiction and authority between the central government and local governments in the effort to organize education. Further, the distribution of jurisdiction over the organization of education itself is regulated in the appendix of Law Number 23 the Year 2014, in which the Central Government, Provincial Government, and City/Regency Governments have different tasks and responsibilities. One of the sub-affairs of City/Regency Governments is to provide local content subjects for students. It later led to the preparation of the local content subject of Reproductive Health Education in Kulon Progo.

Based on the job distribution as elaborated in the previous paragraph, it can be seen that local governments have the jurisdiction to design a curriculum of local content subjects for basic and secondary education to be able to support the process of decentralization of education so that it can be adjusted to the situation of each city or regency. The distribution of jurisdiction later can be seen that when the central government had not yet succeeded in passing Reproductive Health Education into the curriculum, the Regent of Kulon Progo took an action by making it a local content, for the sake of reducing the number of child marriages and pregnancies outside marriage, as a form of local accountability and local responsiveness of the Local Government.

Based on the problem elaborated previously, the implementation process of the curriculum of Reproductive Health Education in Kulon Progo has attracted the authors' interest to delve into it further. To be more detailed, the role of the regent has attracted the authors to have a deep understanding of it, by examining the material of Reproductive Health Education itself and its implementation in the learning process in Kulon Progo, so that it led to a research question asking: How is the form of political commitment of the Regent of Kulon Progo as the local head related to the policy on Reproductive Health Education in Kulon Progo?

2. Literature Review

Political commitment or political will can be defined as the commitment of actors to undertake actions to achieve a set of objectives ...and to sustain the costs of those actions over time (Brinkerhoff, 1996). Political commitment is depicted as something dynamic and adaptive to every situation. Political commitment will take different forms in each case, which can be based on the condition of the leaders, the socio-political condition of society, and even geographical factors (Post et al., 2010). Although political commitment is dynamic and adaptive, that of individuals or groups can be seen through these two elements: acts and willingness. It is because basically, commitment is a motivation that is later brought about into action. It leads to a conclusion that identifying political commitment will be easier if it is conducted through action, because the result can be seen for real, rather than identifying one's will, which will be different in each person (Brinkerhoff, 1996).

Political commitment can be viewed from some viewpoints. The first and most general one is as a form of the willingness of individuals. By this approach, political commitment is viewed as a characteristic and values that depict the individuals concerned. However, viewing the political commitment of the government through the individual approach, there will be some quite biased points, because this approach focuses on the will and motivation that actually cannot be measured exactly. The motivation and will of a leader or a ruler cannot be measured without a real manifestation. Therefore, the ruler then establishes political communication to voice her or his political commitment, perhaps in the forms of political promises, manifestos, policies, regulations, or what we are discussing in this study, curriculums. Based on the manifestation, it can be measured how great the political commitment of a ruler or a leader is (Brinkerhoff, 2010).

Then, political commitment can be viewed as a political process. This viewpoint states that political commitment involves not only one person but many actors in its process (Mujkic, 2015). This political process involves many complex preferences of political actors that get involved within it. As it involves many preferences of various political actors, then it can be concluded that the political process views commitment as a collective effort that includes political support to certain policies. This viewpoint believes that when political commitment is viewed as something individual, then it equates to an authoritarian government system because political commitment belongs to individuals only, in this case, the rulers. (Post et al., 2010)

Political commitment, especially if it is viewed from the individual viewpoint, may come from some sources, i.e. political obligation that usually arises when the individual concerned becomes a leader, personal interest that is closely related to both profession and background of the individual concerned, and international pressure that emerges when the issue is on a global scale (Brinkerhoff, 1996). Each of the sources then brings about motivation to the individual to perform some acts as an effort to show her or his political commitment.

With its biased and substantive characteristics, it is not unlikely to identify the existence of the political commitment. Post, Raile, and Raile (Post et al., 2010) have elaborated that four subconcepts can be used to identify political commitment, namely: a sufficient set of decision-makers; with a common understanding of a particular problem on the formal agenda; is committed to supporting; a commonly perceived, potentially effective policy solution.

In this study, the researchers used the political commitment theory proposed by Boli *et al.* (2018). Many failures to implement policies are justified as "the lack of political commitment", which later depicts how close the relationship between political commitment and policies is. Many authors also later used political commitment to explain the process of policy implementation. Therefore, political commitment thus can be defined as the socio-political situation of a region by using the manifestation of policies as the object.

As previously explained, the articulation of political commitment of the government may be conveyed orally or in writing. Although political commitment has some viewpoints, in each case it much depends on the context. Each form of political commitment examined will have its distinction, both in the forms and viewpoints used to analyze it. Due to its dynamic nature, political commitment

is adaptive and it can be narrowly defined as the level of support and commitment of the stakeholders to a policy to solve a problem in society (Mujkic, 2015).

Boli *et al.* (2018) elaborated that political commitment is divided into three parts:

- a. Budgetary commitment, related to the allocation of budgets and other resources to the related problem
- b. Verbal commitment, related to verbal support related to the issue from those concerned with the policy
- c. Institutional commitment, related to policy instruments and the policy implementation process in society.

Some statements are then made the derivatives of the three subjects, as follows:

Table 1: Criteria of Political Commitment

Categories	Statement
Verbal Commitment	<ol style="list-style-type: none"> 1. Local heads talk about the problem at least twice a year 2. The existence of public campaigns to enhance the public's awareness of the problem 3. Local heads' attention to the problem 4. Political support from local heads related to the problem
Institutional Commitment	<ol style="list-style-type: none"> 1. The existence of mechanisms for coordinating policies 2. Regions adopt national policies 3. The existence of programs related to the proceeding problem 4. The existence of published guidance
Budgetary Commitment	<ol style="list-style-type: none"> 1. Overall assessment of the availability of resources 2. More than 50% of activities related to Reproductive Health Education are prioritized by local governments 3. The existence of special budgeting 4. If having extra-budgets, they are used for funding policies

The table above describes in general forms of political commitment and various stakeholders. They are like those in the study conducted by Boli *et al* that examined each of the stakeholders involved in the process of policy-making (Boli *et al.*, 2018). In this study the focus is the regent's political commitment, hence the authors adjusted the use of the statements on political commitment, that is, to use only statements on commitment, whether verbal, institutional, or budgetary ones, which are directly related to the regent.

Hammergren (1998) has briefly conveyed the only method to identify political commitment, that is, to examine how much the budget allocation for the policy, because only the budget can be calculated exactly. When the budget is sufficient, the policy will proceed smoothly. On the contrary, when the budget is insufficient, the public policy will not proceed maximally. It is because political commitment does not have specific parameters and rate standards to determine its success; hence the budget then becomes the only parameter that can be used to be a measuring device.

3. Methods

Concerning the research design, it is qualitative research because variables examined by the authors in this study were the regent's political commitment and in the data collection process, it needed data that could interpret the real condition in the field, hence thereafter a reliable research result would be obtained. The approach used by the authors was to directly get into the field of study, that is, to collect data from the existing sources related to this research.

In qualitative research, the main consideration in data collection is the selection of informants. The selection of informants in this research was based on the criteria that subjects had much knowledge of the issue, had data, and was willing to give information to the authors. The informants

for the research were selected purposively, in which a list of names and the needed data from each of the informants had been determined to facilitate the interview process. The reason that the authors used this technique was that the issue lifted was considered an old one, which occurred six years ago, therefore it would be easier if the names of informants had been prepared previously. As for the data collection method, the researchers conducted field interviews to obtain primary data and conducted literature reviews and reviews of other sources to obtain secondary data.

4. Results

The preparation of the curriculum of Reproductive Health Education had begun some years before Hasto Wardoyo's term of office as Regent of Kulon Progo. Based on a direct interview between the authors and Chairman of the Indonesia Association of Family Planning, Paulo Ngadi Cahyo, advocacy of the provision of the curriculum of Reproductive Health had begun for a long time. The Indonesia Association of Family Planning began it by strengthening communities, in which the first were teenagers as the object of Reproductive Health Education, the forum of teachers that later became pioneers of the development of the curriculum, and the third were important figures in society. At first, precisely before Hasto Wardoyo's term of office, there were many dynamics and disturbances related to the provision of Reproductive Health Education at schools. However, after Hasto served as the regent, the advocacy process of the curriculum became easier. The further advocacy process conducted by the Indonesia Association of Family Planning later created the fourth actor of the effort to prepare the curriculum, i.e. Tim Forum Kespro Kulon Progo (Reproductive Health Forum Team of Kulon Progo), consisting of the Regent of Kulon Progo, NGOs, agencies of the government, and other related institutions. Henceforth, meetings were frequently held to realize Reproductive Health Education in Kulon Progo.

In fact, during the preparation process of the curriculum of Reproductive Health Education in Kulon Progo, the child marriage rate and maternal mortality ratio were at the highest. It can be seen in the data released by the Office of Women's Empowerment, Child Protection, and Population Control of Yogyakarta, as follows:

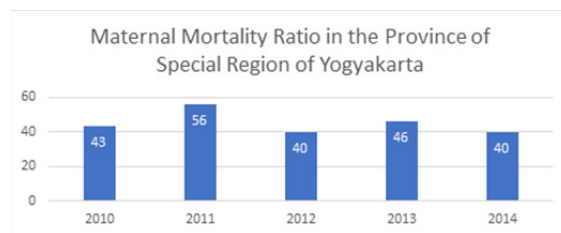


Figure 1: Maternal Mortality Ratio in the Province of Special Region of Yogyakarta

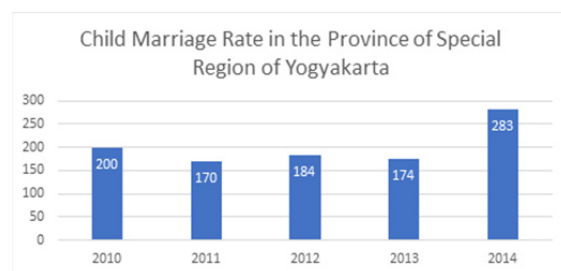


Figure 2: Child Marriage Rate in the Province of Special Region of Yogyakarta

However, compared to the other city and regencies in the Province of Special Region of Yogyakarta, it can be said that maternal mortality rate and child marriage rate in Kulon Progo Regency was low. Therefore, according to the Chairman of Indonesia Association of Family Planning of Kulon Progo, the preparation of the curriculum of Reproductive Health Education in Kulon Progo is a preventive action that hopefully can be made something useful in the future by students so that they will be wiser in making decisions. This statement has been affirmed by the Head of the Health Office of Kulon Progo, who was in the Team for Preparation of Learning Materials of Reproductive Health Education. Reproductive Health Education in Kulon Progo is intended as a preventive measure and then as something useful in the future for students, particularly teenagers. It is hoped that the making of the policy can control the child marriage rate and maternal mortality ratio in Kulon Progo. In a larger and more general segmentation, the curriculum of Reproductive Health Education may be regarded as a preventive measure to prevent child marriage and maternal death, as stated by a resource person. However, in a smaller specific segmentation, comprising teachers (educators) Kulon Progo Regency, the absence of a curriculum that teaches learning materials on reproductive health is still a problem faced by teachers that directly face the object of the curriculum, i.e. students. Based on a direct interview conducted by the authors with the Chairman of the Indonesian Teachers Association of Kulon Progo Regency, Timbul, before the presence of the curriculum of Reproductive Health Education, teachers had difficulty in conveying the risk of child marriages to students, particularly those who had entered their adolescent years. It was because there was no theoretical basis for the matter. Reproductive Health Education then became the bright spot for educators in Kulon Progo. The existence of the basis from the government would make it easier for educators to convey the risk of child marriages and maternal deaths that might occur.

Political commitment in general is defined as the extent of committed support among key decision-makers for a particular policy solution to a particular problem (Mujkic, 2015). However, because the definition is very extensive, the authors then divide political commitment into three groups, i.e. verbal commitment, institutional commitment, and budgetary commitment (Boli et al., 2018). The three criteria of political commitment proposed by Boli *et al.* are made a basis for analyzing acts performed by stakeholders to realize the policy.

5. Discussions

Verbal political commitment is defined as support from stakeholders in a form of verbal statements. Verbal commitment can be shown in some acts; the first is the discussion of the issue in open spaces (Boli et al., 2018). Verbal political commitment is important because remarks will create the image in the public's mind of the local head related to the issue. When the local head shows convincing acts of verbal political commitment, then a positive image will be created in the public's mind. Therefore, the ability to communicate and the knowledge of the issue are important. Timbul stated that the PGRI frequently invited Hasto either as the guest speaker or just as the opener of events. In his speech and presentation, Hasto always attempted to include issues of reproductive health, even though they were not many. The presentation of the issue of reproductive health was then connected with character education that was also carried by Kulon Progo Regency. Even in ceremonies not related to the issue of reproductive health, as much as possible Hasto included the content of reproductive issue in his speech.

A more or less similar thing was also conveyed by Paulo Ngadi Cahyo as Chairman of Indonesia Association of Family Planning of Kulon Progo. Paulo stated that during his term of office Hasto frequently included materials of reproductive health in every event. Besides that, Hasto was also present in some training sessions and discussions concerning the issue of reproductive health. One of the seminars and training sessions related to the issue of reproductive health that had been held was a seminar entitled "The Efforts to Fulfill the Right to Sexual and Reproductive Health for Teenagers, Diversity of Identity and Women in Kulon Progo Regency". In this seminar, Hasto said that Reproductive Health Education was the right of all layers of society, and they, including children,

should understand it. Hasto also stated that knowledge related to reproductive health could also affect the occurring Maternal Mortality Ratio (Indonesia Association of Family Planning in Special Region of Yogyakarta, 2016). Besides that, Hasto was also present as the keynote speaker in a seminar on Reproductive Health Education held by the Center for Information and Counselling for Teenagers Citra Taruna Sogan. In this seminar, Hasto conveyed some myths and facts related to the issue of reproductive health circulating among the public. Hasto also stated that casual sex behavior could be prevented through two approaches, i.e. religious and knowledge ones (The Government of Kulon Progo, 2015).

Apart from conveying issues in public spaces, verbal commitment can also be seen in the discussion of the issues in every meeting and assembly. In this case, according to some resource persons, every meeting on the preparation of the curriculum of Reproductive Health Education was directly led by Hasto Wardoyo. Hasto Wardoyo also took part in formulating materials in the curriculum and also held and directly led meetings with community and religious leaders in the effort to publicize Reproductive Health Education. Although the issue raised in the curriculum was categorized as a taboo subject its implementation did not cause a disturbance among the public. It was because Hasto previously had taken preventive measures, by holding a special meeting with community and religious leaders. In this meeting, the curriculum that had been finished was then discussed with community and religious leaders before it was launched to the public, to see whether the material and the conveyance language of the material of reproductive health had been in accord with religious and moral values prevailing in the society.

When analyzed further, Hasto's professional background had a role in the form of verbal political commitment he made. The professional background has close relations with how someone integrates her or his understanding, both within and outside the organization (Lee et al., 2000). Hasto's professional background as a gynecologist has provided an in-depth understanding of reproductive issues. The urgency of policymaking then emerged from Hasto's understanding of reproductive issues that at that time had become the public's problem. Apart from increasing the urgency of policymaking, Hasto's professional background also made it easier to deliver materials on reproductive issues in his speech because of his great understanding of this field. The Chairman of the Indonesia Association of Family Planning in an interview also stated that one of the aspects that later supported and facilitated the policy process of Reproductive Health Education was Hasto's occupational background as a gynecologist. With his knowledge, he could directly handle the process of policymaking in a very good way.

Institutional commitment can be defined as support from stakeholders related to bureaucracy, adopted policy instruments, and direct implementation to the public. Institutional commitment explains support from stakeholders in a more technical way (Boli et al., 2018). Institutional commitment, among other things, can be seen in the working mechanism of stakeholders with related institutions. The working mechanism is defined as leadership culture between leaders and related institutions. It is important because institutional commitment itself technically involves the whole process of policymaking; hence a good relationship between leaders and other institutions is considered to be important to facilitate the process of policymaking.

The performance mechanism conducted by Hasto in the preparation process of the curriculum tended to be relationship-oriented, which means his leadership style focused on the closeness between leaders and other stakeholders (Yukl, 2012), in this case, they were the related offices, NGOs, the team for preparation of the curriculum, and community leaders, including religious leaders. Based on direct interviews with various resource persons who belonged to the team for preparation of the curriculum, it can be seen that the working system and leadership adopted by Hasto were more dynamic and prioritized related parties. Besides that, Hasto approached and directly met all existing stakeholders, ranging from the team for preparation of the curriculum, by directly leading every meeting on the preparation of the curriculum, holding hearings with religious and community leaders, to held training for teachers who would directly face students as the object of the curriculum.

Apart from viewing the working mechanism, institutional commitment is also assessed based

on the adopted national policy. The effort to adopt the national policy is considered to be important to make it aligned with the policy at the national level so that it keeps on being connected with local policies. Because it is directly related to the continuity of local and central policies, the adoption of the national policy then belongs to a criterion for institutional commitment. At the national level, a policy on education that is directly related to the curriculum of Reproductive Health Education does not exist. Therefore, the implementation of the national policy prevails only at a macro-level, that is, by adopting policies on reproductive issues from the Ministry of Health, because Reproductive Health Education is closely related to health. Henceforth, the materials were elaborated and divided according to the school levels by the team for preparation of the curriculum of Reproductive Health Education, ranging from elementary schools, junior high schools, to senior high schools, which subsequently were affirmed in the form of modules. The use of the national policy as guidelines on policy-making appears in the bibliographies included in the module books for Reproductive Health Education. In the bibliographies, we can see that the module took learning materials from sources like Guidelines on the Implementation of Activities of Communication, Information, and Education in Reproductive Health for Medical Staff at the Basic Service Level, Modules for Training of Adolescent Health Care Services, Regulation of Minister of Health, and other modules released by the Ministry of Health (Hayati *et al.*, 2015).

The preparation of other working programs related to reproductive issues also becomes one of the supporting factors in institutional commitment. The provision of other working programs related to the issue is important to support related policies so that the coverage will be more comprehensive and maximum. The preparation of other working programs is also important to show the level of urgency of the occurring public problem. In making policy on Reproductive Health Education, apart from preparing the curriculum of the subject, Hasto also adopted Character Education which was considered to be able to support the teaching of Reproductive Health Education at schools. Besides that, there was a working program named Adolescent Reproductive Health which was brought by the Agency for Community Empowerment and Village Governance. In this working program, materials related to reproductive health are delivered to groups of adolescents existing in villages, such as the Karang Taruna (Neighborhood Youth Association), the Pemuda Muhammadiyah (Muhammadiyah Youth Organization), and other mass organizations of youth. The preparation of the curriculum of Reproductive Health Education has a segmentation that tends towards the education field, but this Adolescent Reproductive Health program has a larger segmentation area, that is, adolescents. The form of the working program itself is like general lectures and the dissemination of knowledge about reproductive organ health and others.

As for the legal umbrella itself, there has not yet been Local Regulation/Regulation of Regent as the basis for Reproductive Health Education. The only publicized guideline is learning modules for elementary to senior high schools. According to the statement from Sumarsana, the Head of the Education Office of Kulon Progo Regency, it is thought that the preparation of guidelines for the legal basis for the curriculum is not in high urgency because its implementation process has not encountered many problems. Hasto's transfer to the National Family Planning Coordination Board before finishing his term of office has become one of the causes of the absence of a legal basis. The authors have asked about the same matter related to the legal basis for the curriculum, but Paulo as the then Chairman of the Indonesia Association of Family Planning also answered that until he resigned from the Indonesia Association of Family Planning there had not yet been any decree protecting the curriculum. However, Paulo stated that at least there should be a circular related to the preparation of the curriculum. This written basis had been sought by the Indonesia Association of Family Planning during Hasto Wardoyo's term of office. The only official letter from the government related to the preparation of the curriculum is Decree of Regent Number 274/A/2015 on the Formation of the Team for the Preparation of Reproductive Health Book for Elementary Schools/Islamic Elementary Schools, Junior High Schools/Islamic Junior High Schools, Senior High Schools/Islamic Senior High Schools and Vocational High Schools in 2015. The preparation of written modules is considered to be a guideline and a policy that protect the policy on Reproductive Health

Education.

Budiman (2017) has explained that legal basis and policies are two interrelated matters. In policies, the legal basis has an important role to guarantee the implementation of the related policies. In the absence of a legal basis, the implementation process of the policies will not be effective. Based on the understanding, the policy on Reproductive Health Education must have a legal basis so that each of its policy processes can proceed effectively. The absence of a legal basis that protects the policy on Reproductive Health Education is most regrettable because it may make the implementation of the policy unstructured. After the launching of the curriculum, there was no follow-up from the government regarding the policy. It had been stated that there should be an evaluation of the policy in 2020, but it could not proceed as planned. One of the causes was Hasto's transfer from the position of Regent of Kulon Progo to Chairman of the National Family Planning Coordination Board. This obstruction actually could be minimized by preparing the legal basis regulating each process of the policy on Reproductive health Education, therefore, should an unpredictable situation occur, in this case, the transfer of Regent before he finished his term of office, the policy process can still proceed smoothly.

Budgetary commitment is all forms of support from those concerned with the policy, ranging from finance to the provision of resources in policy-making (Boli et al., 2018). According to the definition explained previously, budgetary commitment includes the provision of resources, the priority scale of those concerned with the policy towards the related one, special budgets in Local Revenues and Expenditures Budget, and the use of extra-budgets of other working programs.

In the policy-making of Reproductive Health Education, the provision of resources was conducted by holding training sessions for educators, particularly Physical, Sports, and Health Education teachers to disseminate the method for delivering learning materials of Reproductive Health Education to students according to each of their levels. These training sessions were held four times a month and once again when the policy was launched. As for the training materials, they comprise a general introduction of Reproductive Health Education to the methods for teaching Reproductive Health Education to students following the prevailing moral standards. Hasto himself was among the team that delivered training materials to teachers. Apart from training for educators, the provision of modules as the learning materials has also attracted the attention of the authors. In providing the modules, the Regency Government of Kulon Progo cooperated with Bank Pasar. Each of the schools received only some copies of the modules after the launching and since then they have not received any additional copies.

Training that is held once in five years is certainly not sufficient to provide educators with the knowledge, and considering the content of the learning materials is quite sensitive, it needs special approaches from teachers to students. Timbul as Chairman of the Indonesia Association of Family Planning also stated that although educators were much helped by the existence of modules as the theoretical basis of Reproductive Health Education, they had some difficulty in delivering the materials of Reproductive Health Education to students due to the limitations of approaching methods. Therefore, it is necessary to hold training periodically to maximize the implementation of the policy on Reproductive Health Education at schools. Besides that, the limited number of textbook copies has become an obstruction in the implementation of the policy. Due to the limited number of modules given to schools, the books are kept in the library collection, and they are not used by students.

Sumarsana stated that there was no special budget for the provision of Reproductive Health Education in the Local Revenues and Expenditures Budget of Kulon Progo because it was considered to have run well enough. The government much depended on the budget aid from Bank Pasar that had been given once for the provision of modules. The dependence then made Hasto did not propose a budget to the Local House of Representative of Kulon Progo Regency. It was for the same reason, that was because it had been enough and not necessary. The absence of the budget was related to the provision of resources to support the implementation of the policy, including the lack of student books in every school and the provision of training for educators. In Article 65 section (1) Law on

Local Governments, it has been stated that one of the tasks of local heads is to prepare and propose Local Revenues and Expenditures Budget. The point in the law shows that Hasto as the local head had the authority to propose a budget for the policy on Reproductive Health Education, but he did not do it.

The absence of the budget allocated for the policy on Reproductive Health education is then connected to the next criterion that is related to the budgetary commitment, i.e. priority scale and preparation of a special budget-related to the policy. The provision of Reproductive Health Education was not included in Hasto's top priority. During his term of office, Hasto focused more on improving prosperity, particularly in the economic sector, considering Kulon Progo belonged to the five poorest regencies/cities. It then made Reproductive Health education not fall under Hasto's top priority. It also can be seen in the absence of budgeting for Reproductive Health Education in Local Revenues and Expenditures Budget.

6. Conclusion

Based on the authors' analysis, it can be concluded that during his term of office as Regent of Kulon Progo, Hasto Wardoyo has shown some acts that belong to the criterion for political commitment in the effort to prepare the policy on Reproductive Health Education. In outline, it can be seen in the realization of modules for Reproductive Health Education that later was made the basis for teaching by teachers at schools. The policy on Reproductive Health Education has emerged as an act performed by the government to address the current high level of child marriage rate and maternal mortality ratio in the Province of Special Region of Yogyakarta. It is hoped that Reproductive Health Education can be useful for students in Kulonprogo and it can decrease the child marriage rate and maternal mortality ratio.

The authors have discovered some findings after conducting field research and data analysis. First, verbally, Hasto was active in providing materials and directives related to the issue of reproductive health to the public, and he even led the preparation process of the curriculum of Reproductive Health. The researchers view the verbal political commitment shown by Hasto as inseparable from his background as a gynecologist. Hasto's expert knowledge of the issue and also his ability to attractively disseminate information to the public have made it easier for Hasto to deliver materials more comprehensively and on target. Besides that, Hasto's relationship-oriented leadership also made it easier for him to create a work environment with one goal.

Then, viewed from the perspective of institutional commitment, Hasto as a local leader did not formulate a legal umbrella that would protect the policy on Reproductive Health Education later. It has made the implementation process of the policy less structured. There was no supervisory process during the implementation process of the policy so that it could not be determined whether each school still implemented the curriculum in its curricula. Besides that, there was no evaluation of the policy that resulted in the absence of material renewal in teaching. The absence of a legal umbrella is considered to somewhat hamper the continuous process of the policy from Hasto to the next mayor. It has been known that Hasto resigned from the post of regent in 2019 to be sworn in as Chairman of the National Family Planning Coordination Board at the national level. This fact made it difficult for the next government to continue the implementation of the policy.

The next finding is from the perspective of budgetary commitment. There was no official budget specified in the Local Revenues and Expenditures Budget for the implementation process of the policy on Reproductive Health Education. It made the provision of resources less maximum, such as that of the provision of modules at schools and training of educators. Although the regent had full authority to propose the budget, he did not do it because it was thought that it had been sufficient and the government had received aid from Bank Pasar to pay for the printing of modules. For a policy that will proceed continuously like the curriculum, it certainly needs a certain amount of budget to support its implementation.

Even though eventually the modules of Reproductive Health Education is regarded as quite a

great achievement, considering that there is no such curriculum in other regions, even at the national level, it is still necessary to conduct some reviews of the policy on Reproductive Health Education so that each of its processes can go effectively in a structured way.

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