

Analysis of Decentralization and Implementation of Demography and Family Planning Policy over Fertility Rate

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ABSTRACT

The Family Planning in Indonesia in regency level decentralized since 2003/2004 into a county program. During a-10-year implementation, it did not decrease the total fertility rate as it only pertained 2.6. The purpose of this study was to understand one of the regencies in Indonesia in implementing family program policy in its own local area that was in South Konawe regency, Southeast Sulawesi province. Data processed quantitatively resulted “decentralization and policy implementation significantly influenced fertility rate which means the lower the program decentralization of Family Planning and the higher the implementation of Family Planning regency will decrease the total fertility rate in fact.” Meanwhile, qualitative discussion concluded that: this program management after decentralization was weakens; County budget toward this program annually was low. This program was not considered as a priority since it did not yield county income, means and infrastructures were not supported by county operational, among 87 authorities decentralized there were only 47.1% been implemented; in general field officer's career was not shifted, some tended to be worse due to their unpaid functional increment for over a year. The only one positive aspect was several field officers promoted to the higher position by county government.

Keywords: Decentralization, Implementation of demography program, family planning, fertility rate.

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I. INTRODUCTION

Population is one of the fundamental capitals supporting development. The massive number of citizen and its quality considered as one of the reinforcing factors for development. Yet, likewise, massive number and disqualified inhabitants can inhibit the development its self. Based on the projection before population census in 1990, the number of people in 1987 were estimated about 172 million and in 1992 would be about 189.5 million people. It means that during five years, there will be population growth for about 17.6 million people. However, the projection based on census data in 1990, the number of population in 1992 was definitely 185.8 million people, thus the population growth pertained 13.8 million during a five-year- period indeed. This number was smaller than previous projection which was 3.8 billion people (LDFE-UI, 2009a;31). Despite, Indonesia's projection for the year 2000-2025 published by National Development Planning Board and BPS claimed that the number of population in 2008 accounted 227 million people. In 2009 it was predicted that Indonesia's population would reach 230 million people and in 2015 would be about 248 million people. Subsequently, in 2025, Indonesia's population will hit the number of 274 million people (LDFE UI, 2009:36). Nonetheless, though the number of population was increased, the growth rate noted a decline which was decreased from 2.32% to 1,65% in a-twenty-year period. During the last 5 years, the decrease of population growth rate gave positive impact over achievement of several development targets. This decrease directly reduced invested spending load to satisfy the needs of education, health, food, housing, etc that should expended if the population growth increased. However, since the population growth decreased, hence the social fund to ensure national welfare had improved. The decline of population rate, therefore, accelerated social welfare directly (BKKBN, 2008:13).

The decrease of total fertility rate confirmed a fact that the implementation of Family Planning program (KB) in Indonesia had and successfully overcome population growth rate, which considered as a demography problem in Indonesia. The Total Fertility Rate in Indonesia during a period of 1967-1970 swelled from 5.6 to 3.33 during a period of 1985-1990 (BPS, 1992:9) and even during a period of 1996 – 2000 it spiked to 2.9 (BKKBN, 2000) and based on the Demography and Health Survey of Indonesia (SDKI) in 2002 – 2003, it decreased to 2.6 (LDFE-UI, 2004:6). If population control program continually ignored, it is possible to experience population explosion in the future, and it, obviously, may affect quality of human development of Indonesia. During a last decade of county autonomy implementation, BKKBN had encountered a big problem in managing KB program was a stagnation of population growth control recognized by the total fertility rate that maintained its position at 2.6 in 2003 - 2012 (SDKI 2003, SDKI 2007 and SDKI 2012). This number, subsequently, had been a barometer to assess that during a last decade of county autonomy implementation, BKKBN could not afford to control the population growth rate. Unlike Southeast Sulawesi, during a last decade there was a decline of TFR, it was from 3.6 in 2003 to 3.3 in 2007 and in 2012, it went down to 3.0 (SDKI 2003 and SDKI 2007 : 39). Nevertheless, this figure had not addressed a success yet due to the TFR number in Southeast Sulawesi was over national average rate.

II. LITERATURE REVIEW

Decentralization is seen as an important avenue for efficiency gains by enabling a direct link between local provision of services and local tastes (Oates 1972, 1993). It is then expected that decentralization help promote economic growth. Numerous studies examined empirically the relationship between fiscal decentralization and economic growth using data for countries and states. However, after reviewing a variety of past studies on fiscal decentralization and economic growth, Martinez-Vazquez and McNab (2003) concluded that there is no empirical consensus on this relationship. The focus on countries (or states within countries) makes sense, in that a state that delegates more power to local governments may grow faster than a state, which retains power centrally. However, this does not capture all dimensions of fiscal decentralization, which may also occur at the local level.

Fertility can mean many things depending on the situation. Those trying for a family are interested in their chances of conceiving, and those in sociology may be interested for statistics. When we talk about fertility rate, we mean the number of live births in women over a specific length of time.

III. METHODOLOGY

1. Research Material

Material or object of the study derived from a case study about a family planning management in South Konawe, Southeast Sulawesi province for 7 months since October 2014 until April 2015 using 2 kinds of data that were primary and secondary data.

The primary data were determined through a questionnaire to 49 respondents, which accomplished by interview and direct observation on field. This technique was a combination method of both quantitative (through questionnaire) and qualitative method (interview and observation) which aimed to strengthen and re check data validity made by questionnaire. This method not addressed to combine two different study methods (quantitative and qualitative) since they have different paradigm, yet it only combined the data collecting method (Sugiyono, 2012: 27).

The secondary data related to KB program management that gained through data published officially by Family Planning and Women Empowerment Affair Board in South Konawe. Meanwhile, data about population growth collected from BPS of South Konawe regency.

2. Population and Sample

Populations of this study are all KB program management staffs in South Konawe regency, which were 49. The population consists of: 1) a head of SKPD-KB, 2) 4 echelon III officials of SKPD-KB, 3) 8 echelon IV officials of SKPD-KB, 4) 14 office staffs of SKPD-KB, 5) the head of district UPT and field officers of Family Planning (PLKB) which were 22 civil servants. As the population number was under 100, the data collected through census method (total sampling).

3. Research Variables

Independent variables were Policy decentralization Variable (X1) and Implementation of demography policy and Family Planning variable (X2). Variable X1 was policy decentralization of KKB that concerned to respondents attitude and opinion, conformity with county development policy, authority transfer, and its implementation. Meanwhile, variable X2 included: policy legitimacy of Demography Development and Family Planning Laws; Constituent development, Source Accumulation, organization design of KB and PP affair, sources mobilization, monitoring. Dependent variable of the study was (Y) fertility rate.

4. Technique of Data analysis

In this study, quantitative analysis was used a major method that analyzed relationship between decentralization and implementation of demography and family planning program toward fertility rate in South Konawe regency. Analysis made through likert scale, validity and reliability test, assumption and hypothesis tests.

Questionnaire with likert scale mode filled by respondents tested by validity and reliability tests previously to understand whether the data processed were valid and reliable. After knowing the validity and reliability of the data, following the method, respondent's answers distributed to understand the average and category of the answer.

Assumption test made toward the research results through several steps below:

- a. Normality test made through Kolmogorov-Smirnov Test criteria.
- b. Linearity Test made through a curve fit.
- c. Multikolinierity test made through variance inflation factor (VIF) criteria.
- d. Heteroskedastisity test made through scatter plot criteria.

Following these assumption tests, double-linier regression test made, and at the end, hypothesis test made in this study.

Data gained from questionnaire, interview, and observation (document) were processed qualitatively through a data triangulation technique of both "data technique triangulation" (questionnaire, interview, and observation/document" and "data source triangulation" (regency officials, the head of district UPT and PLKB) in order to gain accurate and detail data.

IV. RESULT AND DISCUSSION

A. Assumption Test

A.1 Normality Test

Normality test in this study, made through a Kolmogorov-Smirnov Test criteria, showed probability value (sig.) in normality test through Kolmogorov-Smirnov criteria for decentralization variable, policy implementation and fertility rate variable was more than alpha (α) 0.05. Thus, the data distributed normally.

A.2 Linearity Test

Linearity test, made through a curve fit, showed that linearity between decentralization and fertility rate confirmed that linear model resulted was not significant, and so were other models. Linearity test of policy implementation and fertility rate showed that between policy implementation and fertility rate showed a significant linear model and so were the other models. According to Parsimony principle (Solimun, 2010: 118) if a significant linear model (without noticing other significant or not significant models) or all models are not significant, then the models are linier. Hence, data collected in this study were all met data linearity requirements.

A.3 Multikolinierity Test

Multikolinierity test in this study, made through variance inflation factor (VIF) factor, indicated that VIF value was less than 10, thus it confirmed that there was no correlation between decentralization variable and policy implementation (there was no multikolinearity).

A.4 Heteroskedastisity Test

Heteroskedastisity test in this study made through a scatter plot criteria, showed that data spread on graphic did not make a certain pattern, hence, it concluded that there was no heteroskedastisity.

B. Regression Analysis

Based on the double – linier regression on the table above, it noticed that regression equations in this study were:

1. Regression coefficient value of decentralization was -0.123, indicated negative relation between decentralization and fertility rate. It, then, demonstrated that higher decentralization of policy perceived by SKPD-KB officials of South Konawe regency would affect the increase of fertility rate and the viceversa.
2. Regression coefficient value of implementation was 0.979, indicated positive relation between implementation and fertility rate. It, then, demonstrated that higher decentralization of policy perceived by SKPD-KB officials of South Konawe regency would affect the decrease of fertility rate.

Based on partial correlation value, it known that policy implementation variable was a variable influenced dominantly over the fertility rate. The efficacy of independent variable influence can noticed through the determination coefficient value (R^2) which was between zero and one. A value, which close to figure one, means independent variables give almost all information needed to predict dependent variable variance (Ghozali, 2005). Multiple R value was 0.623 or 62.3 percent, indicated that relationship correlation between independent variables: decentralization and policy implementation toward the dependent variable of fertility rate was in moderate level, due to multiple R value was over 0,50. Determination coefficient value (R^2) was 0.789 showed that 78.9 percent of fertility rate variance explained by decentralization and implementation variables. In contrast, 0.211 or 21.1 percents others explained by other variables out of this model.

C. Hypothesis Test

Hypothesis test relied on significance value of t test as is shown on the table above.

c.1 Partial Test

Based on the analysis result value, t test significance of decentralization variable was 0.085, more than level of significant (α) which was 0.05. Thus, the hypothesis stated that decentralization significantly influenced the fertility rate was rejected. It, subsequently, showed that the lower perception of BPPKB officials of South Konawe regency over decentralization will increase fertility rate, however, the increase will not be too significant.

Based on the analysis result value, t test significance of policy implementation variable was 0.000, less than level of significant (α) which was 0.05. Thus, the hypothesis stated that policy implementation significantly influenced the fertility rate was accepted. It, subsequently, showed that the higher perception of BPPKB officials of South Konawe regency over policy implementation would increase fertility rate, with significant increase.

c.2 Simultaneous Test

Based on the analysis result value, F significance value was 0.000, less than level of significant (α) which was 0.05. Thus, hypothesis stated that decentralization and policy implementation significantly influence fertility rate was accepted. This result confirmed that the lower perception of BPPKB officials of South Konawe regency over decentralization and policy implementation would increase the fertility rate.

Discussion about the results of linearity test, linear regression analysis, and hypothesis test value (H1) explain that between decentralization and fertility rate was not significant which means that more decentralized of KKB program will increase fertility rate, should be detailed.

The increase of fertility rate due to low perception of BPPKB officials in South Konawe over decentralization was a failure of program purpose of Demography and Family Planning, because this KKB program considered successful when it can successfully decrease the fertility rate. In order to success this program, it should be "*decentralization of demography and family planning program in South Konawe regency should be reconnoitered*"

If there is no such re configuration, hence this program manager or BPPKB officials of South Konawe regency (from regency level to field officer) must adopt better perception about decentralization and implement decentralization principles truly and thoroughly. They also, somehow, must try to leave past successful hope when the program still managed by BKKBN vertically. Therefore, they should have a principle that is was not only this program noticed a successful when it was run by BKKBN vertically, however, through decentralization, this program will notice a more successful than it was in vertical period (centralization).

Discussion on policy implementation level, which explained that there was a positive correlation between policy implementation and the fertility rate, showed that higher implementation of policy perceived by BPPKB officials in South Konawe regency will decrease fertility rate, which was confirmed by partial correlation value of policy implementation that was dominant variable toward fertility rate. it is, likely, the same with the idea found by Sudibyo Alimuso (2009), that "*the effect KKB program (including fertility rate) depends on how decentralized policy is being implemented*, thus it can be concluded that KKB program implemented in South Konawe regency is a leading factor in decreasing fertility rate in that regency.

According to respondent perception, the fertility rate in South Konawe although was in hard condition of decentralization in managing KKB program, it still, somehow, was successfully suppressed the fertility rate as possible, even though the decrease was not significant. From the latest data about TFR in South Konawe, completed by susenas 2012, it was 3.1 and went down to 3.05 in 2013. There was a decrease for about 0,5. It indeed, was a slow rate of decrease but was true as their best effort in declining fertility rate. However, the kwadrant position of regency was still in the first kwadrant of both susenas results in 2012 and 2013, where in this position TFR in South Konawe was subsumed into a high category. In 2012, TFR in South Konawe was alike with Southeast Sulawesi, it was 3.1, over national TFR which was only 2.4. In contrast, in 2013, TFR of

South Konawe was higher than Southeast Sulawesi (2.92) and much higher than national TFR (2.37) as in South Konawe, the TFR pertained the figure of 3, 3.05. Due to susenas result in 2014, the TFR could not be confirmed yet since it had not been exposed yet.

Decentralization of demography and family planning policy basically is an “autonomy transfer” from central to county government, especially \regency/city government. The authority of central BKKBN was imparted to regency/city government in 2003/2004 for 87 authorities (based on decree number 045/560/otda on 24th of May 2002). To implement those 87 authorities, the government of South Konawe should have established a committee of Demography and Family Planning Affair Board independently and did not make merger with another field/institution. As the fact, the county government of South Konawe since in the very beginning (in 2003/2004), have merged BKKBN with another institution, and until today it is still merged with women empowerment affair. It has been addressed by Dirdjosanjoto dan Purwoko (2004: 8) as an autonomy transfer in a very narrow understanding.

This condition definitely enlarged workload of KB management officer, thus they could not work maximally. This condition, subsequently, affects the final purpose of demography and KB program to decrease the fertility rate. The survey result of demography and health of Indonesia (SDKI) in 2002/2003 noted TFR rate was 2.6, in 2007 was the same figure and it kept maintaining the figure until 2012, 2.6. This condition also indicates that during a-ten-year period, the implementation of decentralization of BKKBN regency/city (it was from 2002/2003 to 2012/2013) Indonesia’s TFR was stagnant and as a result, the number of population in Indonesia continuously grew about 4 million people or almost the same with the population of Singapore. This condition leads scholars to analogize that every decade our population growth number is the same with the population of a country.

Total Fertility Rate (TFR) of South Konawe also noticed stagnancy and the decrease was too slow. During the years 2009 – 2012, the TFR was 3.0 (Susenas, 2012) and in 2013 it decreased for 0.5 as in 2011, the TFR of South Konawe was on position of 3.05 (Susenas, 2013).

Chapter 18 verse (2) 1945 Constitutions stated that “*county government of province, regency, and city should organize and manage its own governmental affairs based on autonomy basis and supportive helping.*” This hint was not along with the implementation of decentralization of KKB policy in South Konawe as there was still specific budget allocation supply from APBN to support facilities and infrastructures of KKB program, for instances: contraception pills and devices, mobile service unit car, hall room, district UPT, etc.

Among 87 authorities available, only 73 of them, which related closely to fertility rate, could be implemented Women Empowerment and family Planning Affairs Board of South Konawe and it was only 49.3 %. This situation showed that “service level” on community was low, and was contrary with Shabbir Cheema dan Rondineli’ ideas (2007) that one of the advantages of decentralization is better and more effective service to the society.

The advantage of decentralization pleased by field officer of KB was like Joris In’t Veld (1929) who said that among several advantages of decentralization was great individual would continue go ahead. The PLKB, as they have been living for a long time in society and had joined many trainings from central and provincial BKKBN about how to become “agent of change”, once they come into decentralization, they are reckoned and placed higher position than PLKB subsequently. Some of them are true as the head of district, village, city council, even the head of agency in regency level. This condition may advantage successful PLKB, yet, it may leave a problem over the program since it is hard to find their substitute.

Abdul Haris (2002: 36) argued that fertility policy had 2 poles. They are pro natal, hence the regency of South Konawe, although during its implementation is not satisfied yet, is still subsumed into anti-natal initiated by the government. Many problems need to be overcome in implementing policy of KKB program in South Konawe which results a better service to the society later.

According to Kotler (Sinambela, 2006: 4-5), the implementation of public policy cannot be separated from public service, hence the autonomy of county government should be able to supply goods and public service. Contraception pills and devices are true as the example of an autonomy given by central government (BKKBN) to the county government. However, so far, the county government (especially South Konawe regency) has not been able to cost contraception pills and devices for public service. The Alokon used for public service in regency still dropped by central BKKBN through BKKBN representatives of Southeast Sulawesi Province. Annually, the Nation Demography and Family Planning Affairs Board, through provincial representative of BKKBN always supplies and drops contraception pills and devices almost in the whole regencies/cities in all over Indonesia, including South Konawe to satisfy the needs of KB service for PUS settled in regency/city area. This condition also may be a “portray” of incomplete decentralization. Does not central BKKBN want to supply Alokon only for those cities/regencies, which cannot afford to buy Alokon for their inhabitants? However, the most significant reason was, specially revealed by an informant in South Konawe that South Konawe regency perceived could not afford to cost Alokon need for its citizen.

V. CONCLUSION

Based on the study result and its discussion, briefly, it can conclude that:

1. Decentralization of Demography and family Planning program did not significantly influence and was negative over fertility rate. It demonstrates that more decentralized KKB program would increase the fertility rate.
2. Implementation of KKB policy program significantly influenced and was positive over the fertility rate, which shows that higher implementation of KKB program policy, will decrease the fertility rate.
3. Decentralization and policy implementation significantly influenced fertility rate. It reveals that more decreased decentralization of KKB program and more increased implementation of KKB policy would decrease the fertility rate.
4. The result of qualitative data analysis through triangulation technique, among 8 problems, there was only one problem addressed to positive direction, which was the fate of several old KB program officers ex BKKBN), some of them were better as they were successfully recruited by county government to hold a higher position. However, several others had no different fate even some of them were worsened (unpaid functional increment of PLKB by county government of South Konawe since January 2014 to present). However, the recruitment of KB officers to transfer to other instances (although they were hired better position) can decrease the management of KB program subsequently as the professional officers decreased.
5. There were other 7 items detailed through interview and generally was negative. They were: 1) KB program management after decentralization decreased. 2) Annual APBD for operational management of KB program is low. 3) KB program perceived not significant, as it could not produce domestic income (PAD). 4) Facilitation and infrastructure supplied through special budgeting allocation (DAK) from APBN not supported by maintenance or operational cost through APBD. 5) BPPKB of South Konawe (especially in KB and KS division), the fund source was dependent on the APBN; 6) in every planning and development meeting, KB program is rarely be discussed and perceived as not a prior program 7) among 87 authorities given by central BKKBN since 2003/2004, only 47.1% of the items could be afforded by BPPKB of South Konawe regency.

VI. SUGGESTION

Based in the study results and discussion, it suggested that:

1. Decentralization of demography and family planning program (KKB) should be reconsidered; or
2. There should be some seriousness for implemented the authority of demography and family planning program that transferred to the county government of South Konawe regency. The program are keeping attention and improving operational budget of KKB program management, minding fate, increasing and strengthening PLKB position as field officer, and fixing available organization structure in order to meet the need of KKB program management in South Konawe.
3. There should be some efforts to improve management of KN program intensively through implementation of completing legitimacy of demography and KB policy.
4. The government of South Konawe should increase the number of KB service facilities, KB educator and medical officer in every district wither in village, district and regency level as well as empowerment toward all medical and KB officers to guide them more in implementing a set policy of demography and KB, which will reduce the fertility rate subsequently.

For the interest party, who wish to do further study regarding to decentralization and policy implementation of Demography and Family Planning program, it is suggested to do detail research over its effect on mortality and migration rate.

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