

Intergovernmental Relations between BKKBN and DP3APPKB in Strengthening Male Family Planning Participation through the Arjuna Mesra Group in Surabaya

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ABSTRACT

Male participation in Indonesia's Family Planning program through vasectomy remains very low, reaching 0.1% in 2024, indicating persistent structural and socio-cultural constraints in reproductive health governance. This study analyzes intergovernmental collaboration between the National Population and Family Planning Agency (BKKBN) and the Surabaya City DP3APPKB in optimizing the Arjuna Mesra male family planning group using Wright's (1988) Intergovernmental Relations framework. A qualitative literature review was conducted using 26 relevant sources published between 2014 and 2026, analyzed thematically based on five IGR dimensions. The findings show that collaboration operates through hierarchical coordination, PLKB-mediated field implementation, community-based mobilization, and fiscal support via the BOKB DAK scheme. However, program effectiveness is constrained by structural dependence on PLKB, limited adaptive feedback in intergovernmental coordination, and persistent socio-cultural resistance to male contraception. These constraints suggest that low male participation is shaped by both institutional design limitations and normative barriers rather than a single causal factor. The study recommends strengthening standardized yet adaptive community facilitation mechanisms, improving intergovernmental feedback systems, and integrating behavior change communication involving local leaders to support SDG 5.

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1. Introduction

Although Indonesia has achieved considerable success in implementing the Family Planning (FP) Program, contraceptive responsibility remains disproportionately borne by women. This condition reflects a persistent gender imbalance in reproductive health participation. According to data from the Central Statistics Agency (BPS), Indonesia's population reached 281.6 million in 2024 and continues to increase annually (BPS, 2024). Consequently, the Family Planning Program remains an important policy instrument for maintaining demographic balance and improving family welfare. However, despite decades of implementation, male participation in family planning remains significantly lower than female participation.

The low involvement of men in family planning is reflected in the utilization of Male Operative Methods (MOP), commonly known as vasectomy. Data from the National Population and Family Planning Agency (BKKBN) show that vasectomy accounted for only 0.1% of modern contraceptive use in Indonesia in 2024, making it the least utilized contraceptive method nationwide (BKKBN, 2024). As presented in Table 1, contraceptive use continues to be dominated by female-oriented methods such as injections, pills, implants, and intrauterine devices (IUDs).

The extremely low utilization of vasectomy is influenced by various sociocultural factors, including limited public knowledge, persistent social stigma, and the perception that family planning is primarily a woman's responsibility (Saputri et al., 2024). In addition, many men continue to associate vasectomy with a loss of masculinity, reduced sexual performance, or diminished reproductive identity (Saputri et al., 2024). These misconceptions create significant barriers to male participation and hinder efforts to achieve gender equality in reproductive health.

To address these challenges, the Surabaya City Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3APPKB) has collaborated with the National Population and Family Planning Agency (BKKBN) and local communities to promote male participation in family planning. One of the most notable initiatives is the establishment of the Arjuna Mesra Group in

Kenjeran District. The group consists of male family planning participants who act as community advocates, educators, and peer motivators in promoting vasectomy acceptance and reducing negative social perceptions within the community. Through direct interaction and experience-based communication, the group serves as an intermediary actor connecting government family planning policies with community acceptance.

Previous studies have examined various aspects of the vasectomy program in Surabaya. Ratnasari (2014) analyzed the internal role of the Arjuna Mesra Group in providing education and counseling but did not investigate its relationship with government institutions. Meanwhile, Wono et al. (2022) focused on the implementation of vasectomy program innovations by DP3APPKB Surabaya and found that although government outreach activities were relatively successful, vasectomy participation remained limited. These studies indicate that existing research has primarily examined community participation and program implementation separately. Limited attention has been given to how coordination between government institutions influences the effectiveness of community-based advocacy in promoting male family planning participation.

This study addresses that gap by examining the relationship between the National Population and Family Planning Agency (BKKBN) and DP3APPKB Surabaya in facilitating and strengthening the role of the Arjuna Mesra Group. Using Deil S. Wright's Intergovernmental Relations (IGR) theory, this research analyzes how intergovernmental coordination, communication, role distribution, and policy support contribute to the implementation of the vasectomy program at the local level. Unlike previous studies, this research positions the Arjuna Mesra Group as a community-based intermediary actor whose effectiveness is shaped by the quality of intergovernmental relations between central and local government institutions.

Therefore, this study aims to analyze the collaboration between BKKBN and DP3APPKB Surabaya in optimizing the role of the Arjuna Mesra Group through the five dimensions of Intergovernmental Relations proposed by Wright (1988). The findings are expected to contribute both theoretically and practically by

providing insights into how intergovernmental coordination can strengthen community-based participation and support the achievement of Sustainable Development Goal (SDG) 5 on gender equality.

2. Method

This study employs a qualitative literature review approach. According to Snyder (2019), a literature review is a research methodology that systematically identifies, evaluates, and synthesizes existing knowledge to provide a comprehensive understanding of a particular phenomenon. Literature reviews contribute to the development of theoretical understanding, policy recommendations, and future research directions (Nurislaminingsih et al., 2020). This approach was selected because the study aims to examine intergovernmental collaboration in the implementation of the vasectomy program through the synthesis of previous empirical findings, policy documents, and official government reports.

The literature search and selection process was conducted systematically in several stages. First, keywords were determined based on the research focus, including "Intergovernmental Relations," "BKKBN," "DP3APPKB," "Arjuna Mesra Group," "Male Family Planning," "Vasectomy," "Government Collaboration," and "Gender Equality." Second, literature searches were conducted through Google Scholar, SINTA (Science and Technology Index), and official government websites, including those of BKKBN, DP3APPKB Surabaya, and Statistics Indonesia (BPS). The search was limited to publications between 2014 and 2026 to ensure the relevance of policy developments related to family planning and the Sustainable Development Goals (SDGs). The initial search identified 47 documents, which were subsequently screened based on predetermined inclusion and exclusion criteria, resulting in 26 documents selected for analysis.

The inclusion criteria consisted of: (1) publications issued between 2014 and 2026; (2) literature discussing male family planning programs, vasectomy implementation, intergovernmental collaboration, or the relationship between BKKBN and local governments; (3) sources originating from peer-reviewed journals,

academic books, policy documents, official government reports, and regulations; and (4) literature available in Indonesian or English. The exclusion criteria included: (1) documents unrelated to the research objectives; (2) publications lacking clear authorship or institutional credibility; (3) literature published before 2014, except for foundational theoretical works such as Anderson (1960) and Wright (1988); and (4) non-academic opinion pieces and personal blogs.

The study relied exclusively on secondary data sources. These consisted of scientific journal articles, official reports issued by DP3APPKB Surabaya and BKKBN, statistical data on family planning participation, policy documents, regulations, and relevant academic publications. The collected documents provided information regarding institutional coordination, policy implementation, community participation, and vasectomy program development in Surabaya.

Data analysis was conducted using qualitative descriptive analysis. Following the framework proposed by Miles, Huberman, and Saldaña (2014), the analysis involved three stages: data reduction, data display, and conclusion drawing. During the data reduction stage, information relevant to intergovernmental collaboration and male family planning programs was identified and categorized. Subsequently, the selected data were organized according to the analytical dimensions of Intergovernmental Relations (IGR). Finally, conclusions were drawn by interpreting patterns of coordination, communication, role distribution, and policy implementation identified across the selected literature.

To enhance the credibility of the findings, source validation was conducted through cross-verification among multiple types of documents, including official statistical reports, government performance reports, policy documents, and peer-reviewed journal articles. Information was included in the analysis only when supported by more than one credible source. Furthermore, official government publications were verified based on publication dates and institutional authenticity to ensure the accuracy and relevance of the data.

This study adopts Deil S. Wright's (1988) Intergovernmental Relations (IGR) theory as its analytical framework. IGR refers to the

interactions and relationships that occur among governmental institutions operating at different levels and functions within a governmental system (Anderson, 1960; Wright, 1988). The framework is considered relevant because the implementation of male family planning programs involves coordination between BKKBN as the central government institution and DP3APPKB Surabaya as the local implementing agency. The effectiveness of the Arjuna Mesra Group is therefore examined as an outcome of intergovernmental coordination that facilitates community-based participation in family planning programs.

The analysis is structured around five dimensions of IGR proposed by Wright (1988): (1) All Units of Government, (2) Interaction of Public Officials, (3) Continuous Interaction, (4) The Role of All Actors, and (5) Policy Dimension. These dimensions are used to analyze how institutional coordination, communication patterns, role allocation, and policy support contribute to the implementation of the vasectomy program and the strengthening of community-based advocacy through the Arjuna Mesra Group.

3. Results And Discussion

This section critically analyzes the role of the National Population and Family Planning Agency (BKKBN) and the Surabaya City Office of Population Control, Women's Empowerment, and Child Protection (DP3APPKB) in optimizing the Arjuna Mesra Group within the male family planning program. The analysis is framed using Wright's (1988) Intergovernmental Relations (IGR) typology, complemented by Lipsky's (1980) Street-Level Bureaucracy and governance literature on multi-level policy implementation. Rather than merely describing coordination structures, this section emphasizes power distribution, implementation gaps, and institutional dependency patterns that shape program effectiveness.

3.1. All Units of Government: Structural Dependency and Vertical Governance Constraints

Wright's (1988) "All Units of Government" dimension assumes that policy implementation in complex governance systems requires interdependence across multiple levels of government rather than

isolated bureaucratic action. In the Arjuna Mesra program, governance involves a multi-layered structure consisting of the national BKKBN, provincial representation, the Surabaya DP3APPKB, field-level Family Planning Counselors (PLKB), and community-based groups.

However, empirical observations indicate that this interdependence is asymmetrical rather than balanced. The national BKKBN retains dominance in agenda-setting through regulatory frameworks, performance indicators, and fiscal allocation mechanisms such as the Special Allocation Fund (DAK). This reflects what Oates (1999) describes as “fiscal centralization bias,” where lower-level governments operate primarily as implementers rather than co-designers of policy.

The DP3APPKB functions as an executional extension of national priorities, translating macro-level policy into operational programs such as vasectomy outreach and community mobilization. While this structure ensures policy uniformity, it simultaneously constrains local discretion. The Arjuna Mesra Group, although framed as a community-based initiative, operates within tightly defined institutional boundaries, limiting its autonomy in adapting to socio-cultural resistance toward male contraception.

A critical issue emerging from this structure is *dependency on street-level intermediaries*, particularly PLKB officers. In line with Lipsky (1980), PLKBs function as street-level bureaucrats who mediate between policy intent and local reality. However, their role is not supported by sufficient institutional redundancy. When PLKB capacity is weakened—due to workload, rotation, or administrative constraints—the continuity of program implementation becomes fragile.

Thus, rather than a fully integrated “all units of government” model, the Arjuna Mesra program reflects a *hierarchical interdependence system*, where lower-level units are structurally dependent on upper-level directives. This creates a vulnerability in sustainability, particularly when community empowerment is rhetorically emphasized but operationally under-institutionalized.

3.2. Interaction of Public Officials: Formal Coordination vs

Substantive Problem-Solving

Wright (1988) emphasizes that intergovernmental relations are not only structural but also behavioral, shaped by interactions among public officials. In theory, effective governance emerges from continuous, problem-oriented interaction between actors across institutional boundaries.

In the Arjuna Mesra program, interaction between BKKBN and DP3APPKB occurs through formal coordination forums, technical meetings, and policy dissemination events. These interactions demonstrate institutional alignment at the level of planning and reporting. However, a critical gap emerges when these interactions are evaluated in terms of their *problem-solving capacity* rather than their frequency.

Empirical indicators, including declining male participation rates in vasectomy programs, suggest that formal coordination has not translated into behavioral change at the community level. This reflects a classic “implementation gap,” where policy communication exists but behavioral outcomes remain weak (Pressman & Wildavsky, 1973).

From a governance perspective, interactions among officials appear to be largely ceremonial and compliance-oriented rather than adaptive and feedback-driven. This aligns with critiques of bureaucratic coordination in developing governance systems, where meetings often function as legitimacy mechanisms rather than problem-solving platforms (Hill & Hupe, 2009).

Moreover, interaction patterns are characterized by vertical communication flows rather than horizontal learning. Local implementation challenges—such as cultural resistance to male contraception, misinformation, and limited community trust—are not consistently fed back into policy redesign processes. As a result, the interaction system lacks what Ansell and Gash (2008) describe as “collaborative governance feedback loops.”

Therefore, while interaction among public officials is institutionally present, its substantive quality remains limited. Without strengthening iterative feedback mechanisms and shared performance accountability, coordination risks remaining procedural rather than transformative.

3.3. Continuous Interaction: Institutionalization Without Adaptive Learning

The third dimension of Wright's (1988) framework emphasizes sustained interaction over time. In principle, continuous interaction should enable policy learning, adaptation, and incremental improvement across governance levels.

In the Arjuna Mesra program, continuity is evident through recurring coordination meetings, routine service delivery cycles, and integrated data reporting systems such as digital monitoring platforms. These mechanisms suggest institutional stability and ongoing engagement between BKKBN and DP3APPKB.

However, continuity in administrative terms does not necessarily equate to adaptive governance. Drawing from Ostrom's (1990) institutional analysis, effective systems require not only repeated interaction but also *rule modification capacity* based on local feedback. In this case, continuity is primarily procedural rather than evolutionary.

The reliance on standardized service schedules and centrally defined performance indicators limits the system's ability to respond to localized socio-cultural barriers. For instance, resistance to male participation in family planning is deeply embedded in gender norms, yet program adjustments remain largely uniform across districts.

Additionally, while digital systems such as population monitoring applications enhance data visibility, they do not automatically translate into adaptive policy shifts. Data flows remain largely descriptive rather than diagnostic, limiting their utility for strategic redesign.

Thus, continuity in the Arjuna Mesra program should be understood as *institutional repetition rather than institutional learning*. Without mechanisms that transform continuous interaction into policy innovation, the system risks stagnation despite high administrative activity.

3.4. The Role of All Actors: Asymmetric Agency and Weak Institutional Substitution

Wright's (1988) fourth dimension emphasizes that program

effectiveness depends on the active and coordinated roles of all participating actors. In the Arjuna Mesra program, actors include national policymakers, local government agencies, field officers, and community motivators.

At the formal level, roles are clearly defined: BKKBN provides policy direction, DP3APPKB manages implementation, PLKB serves as field facilitators, and community members act as peer motivators. However, this apparent clarity masks a deeper issue of *asymmetric agency distribution*.

PLKBs occupy a structurally overloaded position, functioning simultaneously as educators, mobilizers, administrators, and evaluators. This role accumulation reflects what Lipsky (1980) identifies as “coping mechanisms” in street-level bureaucracy, where frontline workers absorb systemic inefficiencies through informal adaptation.

Meanwhile, community-based motivators, particularly former vasectomy acceptors, play an important but informal role in peer influence. Their effectiveness is rooted in experiential legitimacy rather than institutional authority. However, this creates a dependency on individual agency rather than systemic capacity.

A major structural weakness is the absence of institutional substitution mechanisms. When key actors such as PLKBs are unavailable, the system lacks formal redundancy. Similarly, motivator regeneration is not institutionalized, making community engagement dependent on individual continuity rather than organizational design.

Furthermore, role interaction among actors is characterized by limited negotiation space. Local implementers have minimal authority to modify strategies beyond predefined policy frameworks. This reflects a tension between *centralized standardization* and *localized adaptability*, a common dilemma in multi-level governance systems (Hooghe & Marks, 2003).

Consequently, while all actors are formally involved, their roles are not equally empowered. The system demonstrates participation without full empowerment, leading to structural fragility in long-term sustainability.

3.5. Policy Dimension: Fiscal Incentives, Behavioral Constraints, and

Sustainability Limits

The final dimension in Wright's (1988) framework focuses on policy outputs as the culmination of intergovernmental relations. In the Arjuna Mesra program, policy outputs include free vasectomy services, operational funding through BOKB DAK, and limited financial incentives for acceptors.

These policies demonstrate strong fiscal commitment from the state and reflect a proactive approach to male inclusion in family planning. From a policy design perspective, such incentives align with behavioral economics principles, where financial compensation is used to reduce participation barriers.

However, the effectiveness of these incentives must be critically evaluated in relation to structural socio-cultural resistance. Male contraception remains a socially sensitive issue in many contexts, where masculinity norms shape reproductive decision-making. As Greene et al. (2021) note, male involvement in family planning requires not only service availability but also deep cultural transformation.

In this context, financial incentives alone are insufficient to address normative barriers. The persistence of low male participation rates suggests that policy instruments are underpowered relative to the complexity of behavioral constraints.

Another limitation lies in fiscal dependency. Since program financing relies heavily on centrally allocated funds, local governments have limited fiscal autonomy to innovate. This creates rigidity in implementation and reduces the capacity for context-specific interventions.

Moreover, policy outputs are not accompanied by clear long-term institutionalization mechanisms. There is limited evidence of structured strategies for scaling community groups such as Arjuna Mesra across districts in a standardized yet adaptable manner. This results in uneven program diffusion and inconsistent performance outcomes.

Therefore, while the policy dimension demonstrates strong administrative output, it remains weak in terms of transformative capacity. Effective policy should not only provide services but also reshape underlying behavioral and institutional structures.

Across the five dimensions of Wright's IGR framework, the Arjuna Mesra program demonstrates a hybrid governance structure characterized by strong vertical coordination but weak horizontal empowerment. While institutional arrangements are well-established, the system remains heavily dependent on hierarchical control, informal actor resilience, and procedural continuity.

The main analytical finding is that intergovernmental relations in this case are *administratively robust but institutionally fragile*. The gap between formal coordination and substantive behavioral change suggests the need for governance reform that prioritizes adaptive learning, actor empowerment, and decentralized innovation.

Without addressing these structural limitations, improvements in coordination alone are unlikely to produce significant increases in male family planning participation.

4. Conclusion

This study analyzed intergovernmental collaboration between the National Population and Family Planning Agency (BKKBN) and the Surabaya City Office of Population Control, Women's Empowerment, and Child Protection (DP3APPKB) in optimizing the Arjuna Mesra Group using Wright's (1988) Intergovernmental Relations framework. The analysis shows that male family planning governance operates through a multi-level institutional structure characterized by formal coordination, hierarchical implementation, and community-based engagement. However, these arrangements remain uneven in terms of institutional capacity, actor autonomy, and adaptive governance mechanisms.

Theoretically, the study confirms that intergovernmental relations effectiveness is not determined solely by structural coordination, but also by the strength of institutional learning processes and the distribution of implementation authority across governance levels. The persistence of dependency on frontline implementers and limited feedback integration indicates that collaboration remains procedural rather than fully adaptive.

Despite its contributions, this study has several limitations. First, the use of a qualitative literature review restricts the analysis to secondary data, limiting the ability to capture real-time behavioral

dynamics at the community and implementation levels. Second, the absence of primary field data may reduce the depth of understanding regarding actor motivations, informal practices, and context-specific barriers in male participation. Third, the study focuses on a single case (Arjuna Mesra Group in Surabaya), which limits the generalizability of findings to other regional contexts with different socio-cultural and institutional configurations.

Future research is recommended to employ primary qualitative approaches such as in-depth interviews and field observations involving PLKB, policy actors, and community members to capture micro-level governance dynamics. Comparative studies across districts or provinces are also needed to examine variation in intergovernmental coordination effectiveness. Additionally, mixed-method approaches could strengthen causal inference by linking governance structures with measurable behavioral outcomes in male family planning participatio

Declaration of Conflicting Interest

The authors declare no conflict of interest related to the research, authorship, or publication of this article. The study was conducted independently for academic purposes, without external financial or institutional influence affecting the analysis or findings

References

- Anderson, J. E. (1960). *Public policy-making*. Holt, Rinehart and Winston.
- Ansell, C., & Gash, A. (2008). Collaborative governance in theory and practice. *Journal of Public Administration Research and Theory*, 18(4), 543–571. <https://doi.org/10.1093/jopart/mum032>
- Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN). (2024). *Laporan kinerja program keluarga berencana nasional*. BKKBN.
- Badan Pusat Statistik (BPS). (2024). *Statistik Indonesia 2024*. <https://www.bps.go.id>
- DP3APPKB Surabaya. (2024, 26 Juli). MOP (Metode Operatif Pria) atau vasektomi di Pusyan Gatra Airlangga. <https://dp3appkb.surabaya.go.id/mop-metode-operatif-pria-atau-vasektomi-di-pusyan-gatra-airlangga/>
- DP3APPKB Surabaya. (2026, 27 Januari). Vasektomi, wujud kepedulian suami untuk istri dan buah hati.

<https://dp3appkb.surabaya.go.id/vasektomi-wujud-kepedulian-suami-untuk-istri-dan-buah-hati/>

- Greene, M. E., et al. (2021). Men's engagement in family planning and gender equality outcomes. *Global Health Research and Policy*. <https://doi.org/10.1186/s41256-021-00209-4>
- Hill, M., & Hupe, P. (2009). *Implementing public policy: An introduction to the study of operational governance* (2nd ed.). Sage.
- Hooghe, L., & Marks, G. (2003). Unraveling the central state, but how? Types of multi-level governance. *American Political Science Review*, 97(2), 233–243. <https://doi.org/10.1017/S0003055403000649>
- Lipsky, M. (1980). *Street-level bureaucracy: Dilemmas of the individual in public services*. Russell Sage Foundation.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Sage.
- Nurislaminingsih, R., et al. (2020). Literature review as a research method. *Jurnal Ilmu Perpustakaan dan Informasi*, 5(2), 1–10.
- Oates, W. E. (1999). An essay on fiscal federalism. *Journal of Economic Literature*, 37(3), 1120–1149. <https://doi.org/10.1257/jel.37.3.1120>
- Ostrom, E. (1990). *Governing the commons: The evolution of institutions for collective action*. Cambridge University Press.
- Pressman, J. L., & Wildavsky, A. (1973). *Implementation*. University of California Press.
- Saputri, D., et al. (2024). Persepsi masyarakat terhadap vasectomy dan peran gender dalam keluarga berencana. *Jurnal Kesehatan Reproduksi*, 15(1), 45–58.
- Snyder, H. (2019). Literature review as a research methodology. *Journal of Business Research*, 104, 333–339. <https://doi.org/10.1016/j.jbusres.2019.07.039>
- Wright, D. S. (1988). *Understanding intergovernmental relations* (3rd ed.). Brooks/Cole.