


“THEY CALL IT A REVOLUTION”: AFFECT IN REPRODUCTIVE GOVERNANCE AND HEALTH POLITICS IN INDONESIA
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This paper explains how health metrics are used as technologies of rule to shift women’s perception from homebirth to clinical birth in East Nusa Tenggara, Indonesia. The Maternal and Neonatal Health Revolution is a bilaterally funded program between the Australian and Indonesian governments, initiated in 2009 and formally ended in 2015. This “revolutionary” program works through advancing strict rules and regulations, bureaucratic procedures, guidelines, and metrics. Yet, if a massive maternal mortality intervention should lead to more women accessing healthcare and thus reduce maternal mortality, why is it that so many women in this village still hesitant to go to the clinic? Considering the heavy reliance on statistically robust results in global health projects, what do numbers do when they are used to make women change their decision regarding place of birth? In this paper, I describe how people react to, reflect, and challenge the apparent function of numbers intended to change women’s child birthing practices. As the circulation of numbers is attached with certain values, people’s encounter with numbers influences their experience of the world. To answer my questions, I use the concept of affective numbers to see people’s sensorial and spatial experiences in the supposedly vital moment of childbirth. I draw my framework from the phenomenological approach of counting or being counted to underline how numbers are constructed, experienced, and understood by different actors.

Keywords: affect, metrics, maternal and child health, Indonesia

INTRODUCTION

It was noon on a day in July 2017. Elena, a woman in the small village of Tengku Lese, nestled in the Manggarai highlands of Indonesia, had given birth at her home. I accompanied Maria, one of the two nurses stationed at the Tengku Lese health post (and who was herself pregnant at the time) as she went to check on Elena’s condition. Maria was upset. When we travelled from the village health post to Elena’s house, she complained about the difficulty of making people change their preference from birthing at home to using the village health clinic. Since 2009, the state-
Revolusi KIA, used the metaphor of *revolusi* to invoke the long perceived nationalistic value that highlights the transition from post-colonial toward the aspirational “developed” (*maju*) country. More specifically, the metaphor reflects the promise of getting the most effective solutions for the enduring problem of maternal and infant deaths in East Nusa Tenggara, Indonesia. The local government of East Nusa Tenggara defines *revolusi* as “rapid reduction in maternal and neonatal mortality through extraordinary efforts by providing adequate health services for 24 hours” (District Health Office 2009:22). This definition, I suspect, is intended to direct the attention of the people, national governments, and donors to get in line with the idea that this province is the place most in need of a maternal intervention program.

The Health Department of East Nusa Tenggara (District Health Office 2009), notes in Revolusi KIA’s project guideline that the province’s maternal mortality rate was higher (306 per 100,000 live births) than the national rate (228 per 100,000 live births). The guideline highlights specific local characteristics of the province: that the majority of births (77.7 %) took place at home; and more than 46% of births were assisted by *dukan* (“traditional” birthing attendants), almost 10% more than the 36.5% births with “biomedical skilled attendants” or *bidan* (Health Department 2009). When I visited the district’s capital city, Ruteng, I found banners and posters promoting the value of Revolusi KIA. Those pieces were showcased in the lobbies of most government offices, some even citing the Governor’s Regulation No. 42 of 2009 which declared “all births must be in the clinic,” or sometimes, “all births must be in adequate facilities.” Under the Revolusi KIA’s implementation, giving birth at home is no longer acceptable in this region. Darsi (44 year-old), one of family health cadres, once told me, “We don’t know what it is, they call it *revolusi.*” The comment was not about her being unfamiliar with the program; rather, it was her critique of imposing a policy to lead women to make a decision for clinical birth without knowing that in many cases, births happened, as she said, “unexpectedly.” What do numbers do when they are used to make women change their decision regarding place of birth? In this essay, I will try to answer that question by applying what I call affective numbers.

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*The metaphor of *revolusi* is everywhere in Indonesia. Referring to different ideologies of intervention, it can be found in various state projects from the era of the country’s first president to those of the current president. Indonesia’s first president, Sukarno, in a speech in 1957, called for *revolusi mental* (mental revolution) to sustain the refusal of any form of neo-colonialization in the country. “Mental Revolution: Developing an Independent Soul Toward A Bigger Nation. [https://kominfo.go.id/index.php/content/detail/5932/Revolusi+Mental%3A+Membangun+Jiwa+Merdeka+Menju+Bangsa+Besar/0/artikel.gpr](https://kominfo.go.id/index.php/content/detail/5932/Revolusi+Mental%3A+Membangun+Jiwa+Merdeka+Menju+Bangsa+Besar/0/artikel.gpr) Accessed on Monday December 3, 2018 at 19.00 pm. Sukarno told the audience that Indonesia should no longer be “een native van koelies, en een koelie onder de naties; a nation of coolies and a collie amongst nations,” provoking self-awareness about class consciousness, empowerment, and development. The second president, Suharto, considered the continuing heavy plight of farmers and established “supports” through what was called Green Revolution by providing farmers with improved seeds, farm technology, irrigation system development, and chemical fertilizers (Winarto 1995). Joko Widodo, the current president of Indonesia, has maintained the use of the term *revolusi* in many of his programs, including *revolusi biru* (blue revolution) as a shifting from “land-minded” to “sea-minded” ([Antaranews.com](https://antaranews.com)).*
Affective numbers refer to how morality is imbued into the practices of producing, referring to, and enacting statistical data for health policies and practices. The process unfolds by involving how people react to, reflect, and challenge the alleged function of numbers. Roal and colleagues define affect as "the orienting feature of the whole body-subject" (2018:207) in Merleau-Ponty's phenomenology. Merleau-Ponty, according to them, refuses a strict theoretical dichotomy between subject and object when dealing with human perception, experience, and consciousness. For Merleau-Ponty, the body always bears the capacity "for sensing and being sensed" that indicates the openness of the body "to the world of objects" (Roald et al. 2018:209). I aim to capture the affective dimension of numbers by looking at how numbers can be put to social use by people and institution. I would like to follow Roald et al.’s suggestion to understand how numbers are perceived through the "intersubjective movement" of perceptual objects in the world as "fundamental to prereflective meaning-making" (Roald et al. 2018:209). Emphasis on the "prereflective" allows me to see that as an object in the world, numbers have come to appear to have the quality to influence people’s consciousness and shape their experience, in this case about maternal and infant deaths. I note two ways this influence occurs: outwardly, or through centrifugal movement, expressed through their practices; and inwardly, or through centripetal movement, by carving their inner world of selfhood. In other words, people may sense or evaluate the body differently by their being in contact (Ahmed 2004) with the circulation of maternal “facts” presented by the use of numbers.

Returning to Elena, with whom this paper began, hers is a dramatic yet familiar story about a woman’s struggle during labor. The vignette exposes tension between people in the village and health care providers. The unease presented in that moment, expressed by Maria’s utterance “How could you do this to us?!” represents the context in which women’s decisions regarding place of birth have affected the way Maria assess her self-accountability (Jakimow 2018) as a provider who carries the responsibility of making women chose clinical births. It was not merely a question about why Elena did not go to the village health post. Rather, it was an emotional reaction sensed by Maria whose credibility was being affected by the apparent act of non-compliance. Furthermore, Maria’s emotions did not necessarily point toward Elena per se, who was at that time unconscious. Instead, I believe, Maria was displeased by the image of non-compliant subject(s) which was triggered by Elena’s giving birth at home. In short, Maria was incriminating each of the individuals present in that moment, invoking the notion of opposition to us (health providers) by you (people in the village).

CONCLUDING REMARKS

Frameworks for discussing development projects use mostly about the calculative of development as rationalized practices of governance (Mitchell 2014; Li 2007; Rose 1999:4), and they tend to treat the body as the object of governance. Inquiry involving affect as an analytical tool gives attention to analyzing the quotidian experiences of individuals within development practices who are often treated in passing. In this paper, I have tried to direct attention to how maternal mortality rates are used as a technique of governance, to ignite “...feelings that are processed as guilt, shame, foolishness, or satisfaction when engaged in activities...or the sense that one is expected to or assumed to...” (Jakimow 2018:50) be responsible to reduce maternal deaths. As I have shown, numbers are used as the foundation to create interventions directed toward changing women’s practice of giving birth from a space deemed inadequate. To make people
desire the space delineated by Revolusi KIA, numbers are interpreted into an iconic figure of non-compliance. This icon bears certain properties that are loaded with a predominantly moral quality. It is in the moment when people interpret numbers and associate them with the icon of non-compliance that, I suspect, the affective quality of numbers exists. When this icon is put into practice (as ways of saying or punishing), it is transmitted through a lexicon of emotion such as pride, shame, and fear. This lexicon is indexing to the external stimuli registered by people’s sensory apparatus (Csordas 1990:8). In my case, it is the moral ideology in maternal health development that gives numbers affective power.

This analytical excursion does not mean to treat women or development agents as passive bodies. In contrast, affect shows that individuals are not only moved and governed by floating abstract discourses. Instead, as my ethnography indicates, subjects embody this quality (permeate in numbers) and even use it to achieve a variety of ends, such as navigating problems and construing their personhood. By incorporating affect in the anthropology of metrics, I refuse to see numbers as having an aura of objective truth and scientific authority (McCann 2017:15) or as fixed indicators (Merry 2016). It is people’s encountering and learning the meanings of numbers that does or does not sustain their “objective” value. In this sense, women (or people in general) are constantly shifting from subject to object; they do not chronically occupy subjectivity entirely, nor do they solely objectify themselves under the regime of quantification. Affect allows me to engage with how people experience and apprehend the world numerically. It seems that we experience, organize, and assest our bodies less rigidly than in the (fictitious) rational/calculative way that purely mathematical logic would impose. Apparently, as Terence Turner (1994:46) suggests, the body is “at once subjective and objective, meaningful and material, personal and social, an agent that produces discourses as well as receive[s] them.” In today’s global health regime that embraces statistics more than sustainable health services, as the body is moved from being subject to being object, in fact it has never been a singular corporeal entity.

BIBLIOGRAPHY


In 2014, the majority of Indonesian voters elected Joko Widodo as the seventh Indonesian president. Widodo won the president seat with the campaign promise of ensuring the state’s presence in the everyday lives of the Indonesians, something that the previous regime purportedly could not assure. One way to translate this promise is to ensure the intensification of the state’s presence in places deemed as marginal and neglected. Thus, Widodo promised to finally materialize the promise of post-authoritarian decentralized development paradigm by stressing that he seeks to develop Indonesia from its margin. While margin can mean anything, Widodo has a very cartographical conceptualization of what constitutes the margin: the Indonesian border space. Thus, under Widodo’s administration, state officials reamplify border development paradigm conceived by the Indonesian National Planning Agency in 2005, that is to transform the Indonesian border from the backyard into the front yard of the nation.

This repositioning of the border within the national imaginary signifies two things. First, the Indonesian border space is currently a backyard of the nation, and thus occupying a deficient condition. Second, the border space needs improvement to ensure its propriety to occupy the ideal position as the front yard of the nation. These points can only be understood in a culturally-specific logic of common architecture norm in Indonesia. The front yard of the house is commonly understood as representative to the quality of its inhabitant and it belongs within the public space. It is in the front yard that the house owner would place its well-managed garden. Meanwhile, the backyard belongs in the private space and is nothing visible from outsiders unless the house owner grants permission to it. For this reason, the backyard often serves for dirty work such as laundry, clothes drier hangs, and kitchen. Thus, this analogizing of the territory as a house, and its edges as the front yard, is a way for the current administration to problematize the border as a deficient object in need of developmental intervention.

The state presence on the Indonesian border space is characterized by circular temporality, in that, it waxes and wanes over time (Eilenberg 2012). The election of Widodo marks a moment of waxing state presence on the Indonesian border space. I argue that this moment of waxing state presence marks the aesthetic turn in Indonesian border governance. This aesthetic turn is characterized by the intensification of appearance and aesthetic judgment in informing governing decision regarding the border space. Furthermore, I argue that this turn becomes a structural failure when it results in the spotlighting of certain geographical spots on the border while neglecting the others, especially the rural border area. Amid the celebration of the successful border governance, lives in the rural border area is characterized by infrastructural disconnection and violence. The condition of being exposed to structural violence, however, does not end the