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POLICY BRIEF

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Reforming Family Planning Communication in Indonesia: Integrating Community and Digital Approaches to Reduce Inequality

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Executive Summary

This policy brief examines persistent gaps in family planning access in Indonesia, highlighting that these disparities are driven not only by service limitations but also by fragmented communication systems. Despite relatively high contraceptive prevalence, unmet need remains concentrated among vulnerable populations, reflecting inequalities in access to information, understanding, and decision-making support.

The analysis shows that community-based communication plays a critical role in building trust and shaping social norms, while digital communication expands reach. However, the lack of integration between these approaches limits effectiveness and risks reinforcing existing inequalities.

To address this issue, the brief proposes an integrated, equity-oriented communication system that combines community engagement with inclusive digital innovation. This approach is expected to improve contraceptive uptake, reduce unmet need, and enhance equitable access to family planning information and services.

Introduction

Despite relatively high contraceptive prevalence in Indonesia (approximately 63–64%), unmet need for family planning remains around 10–11%, with significantly higher levels observed among adolescents, rural populations, and low-income groups (BPS et al., 2018). For instance, disparities between urban and rural areas, as well as across provinces, indicate uneven access not only to services but also to information and decision-making support. These patterns suggest that the issue extends beyond service availability and reflects a systemic weakness in how communication is designed and delivered within the family planning system.

Current FP strategies remain heavily oriented toward service provision and one-way information dissemination, while neglecting the role of communication as a core system function. As a result, communication efforts are fragmented across community-based

initiatives and digital platforms, operating without integration, coordination, or shared standards.

This fragmentation leads to inconsistent messaging, uneven reach, and limited effectiveness in addressing deeply embedded social, cultural, and gender-related barriers. In many contexts, individuals are exposed to information but are not supported to understand, discuss, or act on it within their social environment.

The persistence of unmet need for family planning and unequal service utilization reflects a deeper structural issue: the absence of a coherent, inclusive, and integrated communication system. Without addressing this systemic gap, further expansion of services alone will not reduce disparities and may continue to reproduce inequitable outcomes across population groups.

These persistent gaps reflect deeper institutional and structural constraints. Family planning communication in Indonesia remains fragmented across multiple actors, including the Ministry of Health and the Ministry of Population and Family Development, with overlapping mandates but limited coordination, undermining policy coherence and overall effectiveness. The effectiveness of an integrated approach lies in its ability to simultaneously address three key dimensions of communication inequality: access (who receives information), comprehension (how information is understood), and social negotiation (how decisions are discussed and legitimized within social contexts).

Why This Matters

These communication gaps directly contribute to low contraceptive use and persistent unmet need, particularly among vulnerable populations. This increases the risk of unintended pregnancies, closely spaced births, and adverse maternal and child health outcomes.

Beyond health impacts, these disparities undermine Indonesia's progress toward national development priorities and the Sustainable Development Goals (SDGs), particularly in health, gender equality, and inequality reduction.

Current communication approaches fail to reach those most in need. Vulnerable groups often face overlapping barriers, including limited health literacy, restricted access to services, and social norms that discourage open discussion of reproductive health. At the same time, digital expansion, while promising, risks reinforcing inequality due to unequal access and varying levels of digital literacy. Without a fundamental shift in how communication is designed and delivered, family planning policies will continue to produce uneven outcomes, limiting both effectiveness and equity.

What the Evidence Shows

Evidence from Indonesia and comparable contexts shows clearly that disparities in family planning utilization are closely linked to differences in communication access, social norms, and exposure to information across population groups. A growing body of evidence indicates that the utilization of family planning services is influenced not only by service availability but also by interrelated communication, social, and cultural factors. In many contexts, communication is key in shaping individual knowledge, attitudes, and decisions regarding contraceptive use.

a. The Role of Family and Interpersonal Communication

Communication within families, particularly between spouses and between parents and children, has a significant influence on increasing knowledge and awareness regarding family planning. Evidence consistently shows that individuals who engage in open communication about reproductive health tend to have a better understanding and greater awareness of access to family planning services (Sievwright et al., 2023).

Furthermore, interpersonal communication remains a crucial element in driving behavior change. Interpersonal communication enables trust-building and two-way engagement that supports behavior change. This makes interpersonal communication a crucial foundation in family planning communication strategies, especially in communities with strong social norms. Studies have shown that community-based communication interventions can significantly increase contraceptive use in certain populations (UNFPA, 2025).

b. The Dominance of Social and Cultural Barriers

Although information about family planning is increasingly available, various social and cultural barriers remain dominant factors influencing low service utilization. Misconceptions about contraception, restrictive social norms, and the influence of partners and the social environment have been shown to be major barriers to decision-making (Shumet et al., 2024).

These findings suggest that expanding access to information alone is insufficient. Without a communication approach that understands and responds to the social and cultural context, family planning interventions risk being ineffective or even rejected by the community.

c. The Role of Media and Digital Communication

Mass media and digital platforms play a crucial role in expanding the reach of family planning information. Exposure to information through various channels, such as radio, television, the internet, and mobile phones, has been shown to correlate with increased utilization of maternal health services, including antenatal and family planning services (Wang et al., 2021). Digital technologies (such as mobile apps and text messaging) also enable healthcare providers to stay connected with clients and maintain access to family planning services, especially during crises or epidemics when clinic services are limited (WHO, 2022).

Furthermore, digital technology-based interventions enable rapid and widespread dissemination of information, reaching previously inaccessible populations (Lorenzetti et al., 2022). However, their effectiveness is highly dependent on digital literacy levels, access to technology, and the relevance of the message to the user's context.

d. Implications for Equity

These findings indicate that there are inequalities in access to and utilization of family planning information. Groups with higher levels of education, better access to media, and more stable socioeconomic conditions tend to have greater opportunities to obtain and utilize health information (Wang et al., 2021).

Conversely, vulnerable groups, including women in remote areas, adolescents, and low-income families, often face limitations in accessing information and services.

These findings reinforce the need for an equity-oriented approach in designing family planning communication strategies.
A growing body of evidence indicates that community-based approaches (community engagement) can increase trust, strengthen positive social norms, and bridge information gaps that cannot be addressed by digital media alone. This approach is key to ensuring that communication interventions are inclusive and reach the groups most in need.

Policy Options

To address persistent gaps in family planning communication, three policy options are proposed, each reflecting a different level of intervention and system transformation.

Option 1: Incremental Strengthening of Existing Communication Approaches
This option focuses on improving current communication strategies without significant structural changes. Efforts include expanding community-based activities, increasing the frequency of campaigns, and enhancing the capacity of health cadres and communication materials.
Strengths:
- Relatively low cost and easy to implement
- Builds on existing systems and programs
- Politically feasible in the short term

Challenges:
- Does not address fragmentation between communication channels
- Limited impact on reducing structural inequities
- Risk of maintaining uneven access and effectiveness

Implication:
- This option offers gradual improvements but is unlikely to significantly reduce disparities in access to family planning information and services.

Option 2: Digital-First Communication Expansion
This option prioritizes digital platforms as the primary channel for family planning communication, including social media campaigns, mobile applications, SMS-based services, and chatbot systems.
Strengths:
- Broad and rapid reach
- Cost-efficient for large-scale dissemination
- Particularly effective for younger and urban populations

Challenges:
- Risk of widening digital inequalities
- Limited effectiveness for low-literacy and remote populations
- Lower levels of trust compared to interpersonal communication

Implication:
- While this approach can significantly expand reach, it may inadvertently exclude vulnerable groups without adequate access to technology or digital literacy.

Option 3: Integrated and Equity-Oriented Communication System Reform
This option proposes a systemic reform that integrates community-based and digital

communication into a unified, coordinated, and context-sensitive framework.

Strengths:

- Combines the trust-building strength of interpersonal communication with the scalability of digital platforms
- More inclusive and adaptable to diverse social and cultural contexts
- Strong potential to reduce disparities in access and utilization

Challenges:

- Requires cross-sectoral coordination
- Needs institutional alignment and initial investment
- More complex to design and implement

Implication:

- The government should adopt this option as the primary strategy, as it provides the most effective pathway to address both communication fragmentation and structural inequalities.

Among these options, an integrated communication system offers the most effective pathway to address both communication fragmentation and inequities in access.

Recommended Actions

Based on the analysis of policy options, this brief recommends adopting an integrated and equity-oriented communication system reform as a strategic priority for family planning programs in Indonesia. Among these actions, establishing a national integrated communication framework should be prioritized as the foundation for aligning all subsequent interventions. The following actions are proposed:

1. Establish a National Integrated Family Planning Communication Framework
   Develop a unified national framework that aligns community-based and digital communication strategies under a single policy direction. This framework should ensure consistency of messages while allowing adaptation to local social, cultural, and linguistic contexts.
2. Institutionalize Hybrid Communication within the Family Planning System
   Mandate the integration of interpersonal, group-based, and digital communication approaches across all family planning programs. Communication should be designed as a complementary system rather than separate interventions.
3. Transform the Role of Community Cadres into Communication Facilitators
   Redefine the role of health cadres and field counselors from information transmitters to facilitators of dialogue and social change. This includes integrating Social and Behavior Change Communication (SBCC) competencies and strengthening their capacity to address gender and cultural barriers.
4. Develop an Inclusive and Accessible National Digital Communication Ecosystem
   Establish a coordinated digital communication platform that integrates multiple channels (e.g., mobile messaging, social media, and interactive tools) while ensuring accessibility for low-literacy and underserved populations.
5. Embed Equity and Gender Responsiveness into Communication Policies
   Ensure that all communication strategies explicitly prioritize vulnerable groups and incorporate gender-sensitive approaches to support equitable decision-making in family planning.

These actions require clear institutional leadership, with national-level agencies

responsible for policy alignment and system design, while local governments and community actors play a central role in contextual adaptation and implementation.

Implementation Considerations

The successful implementation of an integrated family planning communication strategy depends heavily on key stakeholder engagement, system readiness, and the ability to address social and technical challenges in the field. Therefore, a collaborative, adaptive, and locally context-based implementation approach is required.

a. Key Stakeholders

The implementation of this policy requires cross-sectoral coordination involving various actors:

- Ministry of Health (MoH)
  Plays a role in integrating family planning communication programs with primary healthcare services, as well as strengthening information systems and the capacity of health workers.
- Ministry of Population and Family Development
  Plays a strategic role in planning and developing communication programs and strengthening the network of cadres and counselors at the field level.
- Community cadres and actors
  Serve at the forefront of implementing community-based communication, including building trust, facilitating group discussions, and reaching vulnerable groups.

Strong collaboration among stakeholders is key to ensuring the effectiveness, sustainability, and equitable distribution of program impacts. Effective implementation requires repositioning communication as a core component of the family planning system, rather than a supporting activity. This shift necessitates strong political commitment, institutional coordination, and sustained investment. Aligning institutional mandates and avoiding sectoral fragmentation will be essential to prevent overlap and ensure effective coordination across agencies.

b. Implementation Challenges

Some of the key challenges that need to be anticipated in implementing this policy include:

- Limited digital literacy
  Not all community groups have the ability or adequate access to optimally utilize digital platforms.
- Social and cultural resistance
  Social norms, stigma, and misconceptions related to family planning can hinder message acceptance, especially in communities with strong traditional values.
- Disparities in access between regions
  Differences in local infrastructure, resources, and capacity can impact the quality of program implementation across regions.

c. Mitigation Strategies and Solutions

To address these challenges, the following strategic steps are required:

- Training and capacity building
  - Improving digital literacy for health cadres and workers

  - Developing interpersonal and group-based communication skills
  - Equipping field actors with gender-sensitive and equity-based communication approaches
- Local context-based approaches
  - Adapting communication messages to local values, norms, and languages
  - Involving community leaders in message delivery
  - Using participatory approaches to increase community acceptance
- Integrating digital and community approaches
  - Using technology as a complement to, not a substitute for, direct communication
  - Ensuring that digital innovations remain accessible to vulnerable groups

d. Implementation Priorities

To ensure feasibility and impact, implementation should be sequenced based on strategic priority:

- Short-term (1–2 years):
  - Establish a national integrated communication framework to align policy direction and messaging standards
  - Strengthen the capacity of community cadres and field counselors in interpersonal and SBCC-based communication
- Medium-term (3–5 years):
  - Develop and scale an inclusive national digital communication ecosystem integrated with community-based approaches
  - Institutionalize hybrid communication models across all family planning programs
- Long-term (5+ years):
  - Fully embed communication as a core function within the family planning system, supported by sustained financing, cross-sectoral coordination, and adaptive policy mechanisms

Early wins can be achieved by strengthening existing community networks and aligning communication messages across platforms, which require relatively low investment but offer immediate impact.

This adaptive and inclusive implementation approach is crucial to ensuring that family planning communication strategies are effective across contexts while reducing access disparities and reaching those most in need. Ensuring coherence between national policy direction and local implementation will be critical to avoid fragmentation and maximize the effectiveness of integrated communication strategies.

This institutional fragmentation is reinforced by program-based planning and sectoral budgeting, where communication is treated as a supporting activity rather than a core system function. As a result, initiatives are implemented in parallel rather than as part of an integrated strategy.

In addition, existing monitoring and evaluation systems tend to prioritize service delivery indicators over communication effectiveness, further limiting incentives to invest in integrated communication approaches. Without addressing these structural constraints, efforts to improve family planning communication are likely to remain

fragmented and yield limited impact.

Expected Impact

The implementation of an integrated family planning communication strategy incorporating community-based and digital approaches will significantly improve access to and utilization of family planning services, while also driving changes in community behavior.

First, this policy is expected to increase contraceptive use by improving not only the availability of information, but also individuals' capacity to interpret, discuss, and act on that information within their social context. By combining interpersonal trust-building with scalable digital dissemination, the strategy strengthens both cognitive understanding and social acceptance of family planning.

Second, it will contribute to reducing unmet need by addressing both informational barriers and social constraints simultaneously. Individuals who previously lacked access to reliable information or faced social resistance will be supported through context-sensitive and dialogic communication approaches.

Third, this strategy can encourage changes in social norms that are more supportive of family planning, including increased openness in communication between couples and within the community. A community-based approach plays a crucial role in shaping collective perceptions and reducing stigma related to contraceptive use.

Furthermore, the implementation of this policy will lead to reduce disparities in access to family planning information and services, as well as increase equity in the use of reproductive health services across various community groups. This impact is crucial in ensuring that the program's benefits are not limited to specific groups but are distributed equitably across all levels of society.

Overall, this approach supports the creation of a more inclusive family planning communication system that is responsive to social contexts and contributes to the achievement of equitable development goals. If implemented effectively, this approach will contribute to increasing CPR and reducing unmet need nationally. To ensure accountability, the implementation of this policy should be accompanied by measurable indicators, including reductions in unmet need for family planning among vulnerable groups, increased equitable access to information, improved engagement across communication channels, and enhanced gender-equitable decision-making within households. These impacts are expected to emerge progressively in the short to medium term, with sustained improvements over time as system integration strengthens.

Key expected outcomes include:

- Increased contraceptive uptake among underserved populations
- Reduced unmet need for family planning
- Improved equity in access to information and services
- Strengthened gender-equitable decision-making

Conclusion

The gap in access to family planning information and services in Indonesia demonstrates that the primary challenge lies not only in the availability of services but also in the effectiveness of communication in reaching and empowering communities, particularly vulnerable groups. Social, cultural, and gender barriers, as well as unequal access to information, underscore the need for a more inclusive and context-based

approach.

The findings in this policy brief indicate that interpersonal and group communication remain fundamental in building trust and driving behavior change, while digital communication plays a crucial role in expanding the reach of information. Therefore, integrating the two needs to be a key direction in future family planning communication strategies.

Strengthening community-based communication, supported by inclusive digital innovation, needs to be a policy priority to increase access, reduce disparities, and ensure equitable utilization of family planning services. The integration of digital and community-based communication is not only crucial for increasing the effectiveness of family planning programs but also for ensuring that all community groups, including the most vulnerable, have equal access to information and services, in line with the sustainable development principle of leaving no one behind. Ultimately, the effectiveness of family planning policies in Indonesia will depend on the ability to transform communication into a cohesive, inclusive, and system-wide function that actively reaches and engages all segments of society. Without immediate policy action to integrate communication systems, Indonesia risks sustaining inequitable outcomes despite continued investment in family planning services.

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