

Implementation of the Family Planning Program at a Public Health Centre in a Rural Area

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Abstract

Short-term contraceptive methods are predominantly used by 79.2% of participants, while long-term methods account for only 1.0%, far below the RPJMN target of 28.39%. This study aims to assess the implementation of the family planning program at Health Center Rantau Panjang Kiri, focusing on contraceptive preferences and influencing factors. This study employed a qualitative method with a descriptive approach. Data were collected through in-depth interviews, observation, and documentation. Informants included the head of the health center, the person in charge of family planning services, family planning counseling, and reporting, as well as family planning participants and non-participant couples of reproductive ages. Analysis involved data reduction, presentation, and conclusion drawing. The results showed that the implementation of the family planning program at the Rantau Panjang Kiri Health Center went well. However, communication remains a challenge, as some residents lack understanding and counseling is not consistently provided across all villages. Resources including human resources, facilities, and funding are considered adequate. Implementers show positive attitudes, and the bureaucratic structure follows standard operating procedures. In conclusion, the family planning program has been implemented effectively. In terms of communication, some community members still lack a clear understanding of the program. Regarding resources, the program benefits from trained personnel, adequate facilities, and sufficient financial support. The disposition of the implementing staff is generally positive, as indicated by the minimal number of public complaints. From the bureaucratic perspective, the program is carried out in line with established Standard Operating procedures and fragmentation.

Keywords: Contraceptive Methods, Couples of Reproductive Age, Family Planning, Health Center, Rural Area.

1. Introduction

Rapid population growth poses a significant challenge for many countries worldwide. As the population increases, various issues arise, such as higher poverty rates, limited employment opportunities, and declining human resource quality due to the imbalance between population size and available resources. This issue has attracted global attention, including in Indonesia, where the population continues to grow by approximately 4.5 million people each year (Ninawati et al., 2024).

Developing countries, including Indonesia, face significant challenges due to population explosion. The excessively rapid growth rate has the potential to create various issues, particularly in social and economic aspects. If not properly managed, this condition may hinder the equitable distribution of welfare among the population (Setiati et al., 2021).

The third goal of the Sustainable Development Goals (SDGs) emphasizes the importance of ensuring healthy lives and promoting well-being for all at all ages. One of the efforts related to this goal is population growth control. To address the surge in population, the Family



Planning Program serves as an effective solution to reduce the rate of population growth (Khoiriyah & Mayasiana, 2022).

The government established the Family Planning Program as stipulated in the Law of the Republic of Indonesia Number 52 of 2009 concerning Population Development and Family Development. This program is designed to achieve a balanced population growth rate and improve family quality through efforts such as birth control, reduction of mortality rates, and management of population mobility (Kala & Jannah, 2023). In addition, the program includes initiatives to enhance human resource quality, family welfare, as well as marriage and pregnancy planning. Through well-directed strategies, it is expected that Indonesian society can develop into a high-quality, competitive human resource base that benefits equitably from national development (Takake & Tiza, 2024).

The National Population and Family Planning Board has reaffirmed the government's commitment to strengthening Family Planning and Reproductive Health services through the Family Planning 2030 initiative. This program serves as a global reference for Indonesia in its efforts to reduce the unmet need for family planning within the population (Kusmiati et al., 2024).

Indonesia is the fourth most populous country in the world, ranking after China, India, and the United States (Iandira & Trisnawati, 2024). With a population of 280,725,428 people, Indonesia faces major challenges in the fields of health, economy, and education. Population dynamics play a crucial role in determining the overall quality of public health. To manage population growth, Indonesia implements the Family Planning Program, which enables individuals to space or limit births through the use of contraceptives, both hormonal and non-hormonal. These contraceptive methods may be temporary or permanent, with varying levels of effectiveness that are generally comparable (Ninawati et al., 2024).

Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2021 governs the provision of health services covering the preconception period, pregnancy, childbirth, postpartum care, contraceptive services, and sexual health services as part of a comprehensive effort to improve maternal and child health (Abdi et al., 2023).

Pregnancy planning is part of an effort to raise public awareness regarding the importance of preparing for a first pregnancy at the ideal age, as well as managing the spacing between births. According to Government Regulation No. 87 of 2014 Article 26, delaying pregnancy is a form of conscious and voluntary planning by married couples regarding the number and spacing of children. This process is carried out through the use of contraceptive devices, drugs, and/or methods selected based on the couple's preferences, taking into account effectiveness, health risks, and prevailing religious and sociocultural values. Knowledge about pregnancy spacing is essential to be instilled in the community to foster awareness of the benefits of pregnancy planning. Closely spaced births may increase health risks for the mother, such as iron deficiency, which can lead to anemia in subsequent pregnancies. In addition, infants born within short intervals are at risk of receiving inadequate nutritional intake, and parents may face challenges in distributing attention proportionally among their children (Mauzana, 2020).

In rural areas, healthcare providers such as midwives play a crucial role in childbirth and serve as the frontline in delivering reproductive health services. In addition to assisting deliveries, midwives are authorized to provide education and counseling related to reproductive health and the Family Planning Program, as regulated by the Regulation of the Minister of Health No. 1464/Menkes/Per/X/2010 concerning the role of midwives in implementing the program. The implementation of the program significantly contributes to improving family quality of life by managing birth spacing, preventing unplanned

pregnancies, and safeguarding maternal and child health. This program also plays a key role in reducing the maternal mortality rate (MMR) and infant mortality rate (IMR), which remain critical challenges in Indonesia's health system (Khofifah & Meirinawati, 2024).

According to Statistics Indonesia, in 2024, approximately 56.26% of married women aged 15–49 in Indonesia were using contraceptive methods. Data from 2023 indicate that the most commonly chosen modern contraceptive method was injection (35.3%), followed by oral pills (13.2%). The number of contraceptive users continues to increase each year, with a tendency among family planning acceptors to prefer short-term methods over long-acting contraceptive methods. In terms of effectiveness, injections and pills are categorized as short-term methods, which are generally less effective compared to long-acting methods such as intrauterine devices (IUDs), implants, male sterilization (vasectomy), and female sterilization (tubectomy). Based on service delivery points, private midwife practices were the most frequently utilized facilities by family planning participants (37.0%), followed by auxiliary community health centers/mobile clinics/village midwives (22.6%), and public health centers or clinics (15.6%) (Kementrian Kesehatan, 2023).

According to Statistics Indonesia, Rokan Hilir Regency in Riau Province has experienced significant population growth. In 2023, the population reached 662,546 people and increased to 688,073 people in 2024 (BPS, 2025). To control population growth, the Department of Population Control, Family Planning, Women's Empowerment, and Child Protection of Rokan Hilir Regency targeted an increase in the number of active family planning participants in 2023. One of the key indicators was the percentage of couples of reproductive age participating in the family planning program, which reached 56.31% (LKJIP DP2KBP3A, 2023).

Rantau Panjang Kiri Public Health Center is located in Kubu Babussalam Subdistrict, Rokan Hilir Regency. Its service area covers 12 villages, supported by 5 auxiliary health centers, 9 village maternity posts, and 9 village midwives. Rantau Panjang Kiri Public Health Center serves as a primary healthcare facility for a population of 26,179 people. The area has an annual population growth rate of 4.67% and a population density of 42 people per square kilometer. These figures indicate a significant yearly increase in the population (BPS, 2025). According to the 2023 Health Center Profile, a total of 555 live births were recorded, reflecting the high demographic dynamics in the area.

The Family Planning policy at Rantau Panjang Kiri Public Health Center demonstrates active community participation in contraceptive use. In 2024, there were 3,521 active family planning participants, with contraceptive methods including condoms (27.2%), injections (21.7%), pills (30%), and implants (1.0%), resulting in a total active participation rate of 80.2%. Meanwhile, among postpartum family planning participants, out of 201 mothers who gave birth, contraceptive use included condoms (27.1%), injections (26.5%), pills (38.9%), and implants (1.0%), with a total coverage of 93.5%. These data reflect a relatively high level of public awareness regarding family planning, particularly in the use of short-term contraceptive methods.

Rantau Panjang Kiri Public Health Center has also implemented the Family Planning program using the implant method. Data show an increase in the number of couples of reproductive age actively participating in the program, from 2,856 in 2023 to 3,521 in 2024, representing a growth of 665 couples. In both years, the majority of active family planning participants preferred contraceptive methods such as pills, injections, and condoms. However, there was a notable increase in the number of participants using implants, rising from 3 couples in 2023 to 46 couples in 2024. This increase indicates a shift in contraceptive method preferences among couples of reproductive age.

The percentage of couples of reproductive age participating in the family planning program has shown notable changes. In 2023, active participation was recorded at 65.07%, which increased significantly to 80.2% in 2024. Conversely, the proportion of couples not participating in family planning declined from 34.93% in 2023 to 19.8% in 2024. These figures reflect dynamic changes in family planning participation, which may be influenced by various factors, including the effectiveness of program outreach and increased public awareness of the importance of family planning.

Interviews with relevant stakeholders at Rantau Panjang Kiri Public Health Center revealed that long-acting contraceptive methods such as IUDs, male sterilization (vasectomy), and female sterilization (tubectomy) have not yet been implemented. However, in 2024, the use of a single-rod implant began to be offered as one of the contraceptive options, typically used by women aged 30–40 years with more than two children. Despite this availability, many community members remain hesitant to use implants. Some express concerns about being unable to perform heavy labor, fear that the implant may shift or become lost, and worry about pain during insertion or removal. Nevertheless, there are also patients who have used the implant up to three times and report being satisfied with the method. In contrast, the most preferred contraceptive methods among family planning acceptors at Rantau Panjang Kiri are pills, injections, and condoms, generally used by women aged 25–30 years with 2–3 children. These methods are perceived as more practical by most couples of reproductive age. Interviews with both family planning participants and non-participants indicate limited knowledge about contraceptive methods, including their side effects, advantages, and disadvantages.

A study conducted by Saski Amalia Khairunnisa and Susilawati (2023) in Bagan Village, Percut Sei Tuan Subdistrict, Deli Serdang Regency, revealed that community participation remains one of the challenges in implementing the Family Planning program as an effort to improve quality of life. Although, in general, the community shows enthusiasm toward the Family Planning program, a portion of the population remains indifferent or not fully aware of the importance of family planning. This poses a challenge in enhancing the program's effectiveness and ensuring that its benefits are equitably distributed across all segments of society (Khairunnisa & Susilawati, 2023).

The aim of this study is to examine the implementation of the Family Planning program at Rantau Panjang Kiri Public Health Center by highlighting contraceptive use preferences and the influencing factors. This research is important because it gives information about how the Family Planning program is carried out at the Rantau Panjang Kiri Public Health Center. It specifically looks at what types of contraceptives people prefer to use and what factors influence their choices. The results can help health workers and policymakers understand what the community needs and come up with better ways to get people involved in family planning. Also, this study could be used as a guide for future research and help in creating more successful reproductive health programs that fit with the culture.

2. Methods

This study employs a qualitative method with a descriptive approach, which presents data in the form of narratives—whether spoken, written, or observed behaviors of the research subjects. The aim is to describe and detail various conditions, situations, and social phenomena occurring within the community as the object of study. Furthermore, this research seeks to uncover existing realities, including specific characteristics, patterns, models, or representations of the phenomena being investigated (Azizah et al., 2023).

This study was conducted at Rantau Panjang Kiri Public Health Center and focused on the implementation of the Family Planning program, particularly on contraceptive use preferences and the influencing factors, which include communication, resources, implementers' disposition or attitudes, and bureaucratic structure in the interactions between healthcare providers and family planning acceptors. The research was carried out from January to March 2025.

The research subjects consisted of informants who provided the necessary data and information for the study. Informants were selected using purposive sampling, which involves choosing individuals with in-depth understanding and the ability to provide accurate explanations related to the issues being studied (Rachmawati et al., 2022). The research subjects included the head of the health center, the person in charge of family planning services, the person responsible for family planning education, the officer in charge of family planning recording and reporting, two family planning participants, and two couples of reproductive age who are not participating in the program.

Table 1. Characteristics of informants

Initials	Education	Age	Position/Role	Participant Code
T.S.	Bachelor's	35 Years	Head of community health center	N-1
S.A.	Associate degree	54 Years	Person in charge of family planning services	N-2
A	Associate degree	36 Years	Person in charge of family planning counseling	N-3
E.P.	Associate degree	31 Years	Family planning data recording and reporting	N-4
N	Senior high school	29 Years	Family planning participant	N-5
N.P.	Bachelor's	42 Years	Family planning participant	N-6
E	Bachelor's	41 Years	Couples of reproductive age, not a participant	N-7
N.L.	Senior high school	32 Years	Couples of reproductive age, not a participant	N-8

Data collection in this study involved two types of data: primary and secondary. Primary data were obtained through in-depth interviews with eight key informants, field observations, and documentation (Nasution, 2023). Meanwhile, secondary data were obtained from the Health Profile or the Annual Report of Rantau Panjang Kiri Public Health Center. The tools used in the data collection process included field notes, recording devices, and interview guides developed based on the research focus.

Data analysis was conducted in three stages: data reduction, data display, and conclusion drawing. All collected information was validated using source and method triangulation. The validity test was carried out by comparing data from various types of information sources and employing multiple data collection techniques to ensure consistency and depth of the findings (Yusra et al., 2021).

3. Results and Discussion

3.1. Research Results

Table 2. Data on the Utilization of Contraceptive Methods

Year	Active Family Planning Participants				Reproductive-age couples actively participating in family planning	Achievement
	Condom	Injection	Pill	Implant		
2020	16,2%	34,8%	15,2%	2,1%	2616	68.2%
2021	11,77%	36,40%	12,64%	1,98%	2755	62.76%
2022	17,68%	30,09%	21,96%	1,66%	3132	71.34%
2023	6%	35,56%	23,48%	0%	2856	65.07%
2024	27,2%	21,7%	30%	1,0%	3521	80.2%

The table shows that the majority of family planning participants preferred short-term contraceptive methods (79.2%) compared to long-term methods (1.0%). This figure remains far below the 2024 National Medium-Term Development Plan, which sets the achievement for long-term contraceptive methods at 28.39% (Mulyani et al., 2024). At Rantau Panjang Kiri Public Health Center, there are 4,390 couples of reproductive age, with an active family planning participation rate of 80.2%. This figure exceeds the national target of 70% (Irdawati & Erlinawati, 2025).

Family Planning is an effort aimed at encouraging public participation and awareness in delaying the age of marriage, regulating the number and spacing of births, strengthening family resilience, and improving overall well-being, with the goal of establishing small, harmonious, and prosperous families (Febry et al., 2024).

The technical guidelines for the Family Planning program within the working area of Rantau Panjang Kiri Public Health Center are systematically designed as follows:

Family Planning services at Rantau Panjang Kiri Public Health Center are provided routinely on weekdays, from 08:00 to 12:00 local time. Service hours are adjusted based on the type of contraceptive method used and the individual needs of each patient. Registration is conducted directly at the health center's registration counter on the same day as the service schedule, requiring only an identity card and a family planning control book.

To reach communities beyond the health center, counseling activities are conducted annually in collaboration with village midwives and integrated health posts. These sessions focus on areas with low family planning participation rates, early marriages, families with more than 2–3 children, and women who lack knowledge about family planning or its side effects, as well as patient data from regions where awareness of family planning remains limited. Field officers are involved in supporting the implementation of these activities and monitoring active family planning participants within the community.

The Family Planning service procedure at Rantau Panjang Kiri Public Health Center is implemented based on a standard workflow that emphasizes safety and comfort for participants. The service begins with a registration process and data entry at the administration desk. Participants then undergo an initial examination, including blood pressure measurement, medical history review, and assessment of reproductive status. This

stage aims to ensure the suitability and eligibility of participants for their chosen contraceptive method. Next, individual counseling is provided by health personnel to explain the available contraceptive options and potential side effects. After the participant selects an appropriate method, the medical staff proceed with service delivery according to applicable procedures. For long-acting contraceptive methods, participants are required to sign a consent form after receiving a comprehensive explanation. All procedures are recorded manually in the service register.

In the technical implementation of family planning services, midwives provide counseling to patients using the Family Planning Decision-Making Aid module and the Roda Klop, a circular diagram based on medical eligibility criteria for contraceptive selection. During the counseling sessions, healthcare providers deliver information on various available contraceptive methods, such as pills, injections, condoms, and implants. The explanation includes each method's effectiveness, possible side effects, as well as its advantages and disadvantages. Participants are given the opportunity to consider their options based on their physical and psychological conditions, as well as personal preferences.

After participants select their preferred contraceptive method, healthcare providers deliver the service in accordance with applicable medical procedures. Methods such as injections, pills, and condoms are administered directly, as they are non-invasive and relatively simple. In contrast, long-acting contraceptive methods such as implants are performed by trained healthcare professionals, adhering to aseptic principles and using sterile equipment. Prior to the procedure, participants are required to sign a consent form as part of the informed consent process.

After the service is completed, participants are directed to the follow-up stage. Health workers provide an explanation of the return visit schedule, symptoms of side effects to watch for, and proper contraceptive use. Participants also receive a control book or family planning participant card as a personal monitoring tool. If participants experience side effects, have difficulties in using contraception, or wish to change methods, they are facilitated for further consultation at the health center. All service procedures are recorded in the family planning register. These data are used for evaluation and reporting to the health office, and also serve as a reference for policy decisions and future service development strategies.

Monitoring and evaluation are activities aimed at observing progress and assessing the implementation of a policy program. This process is conducted to ensure that activities are carried out as planned and to identify any issues that arise during implementation (BKKBN, 2024). Monitoring, evaluation, and reporting are carried out to assess the alignment of program implementation at the health center with the established plans and to identify various issues that arise during the program implementation process (Wartomo & Sari Harahap, 2022). The monitoring and evaluation process of the program at the health center is carried out by the program coordinator in collaboration with the head of the health center and the management team, with supervisory support from the District Health Office to ensure that the program is implemented in accordance with the established targets and objectives. The implementation of the family planning program can be examined through four main factors: communication, availability of resources, disposition, and bureaucratic structure. In terms of communication, three key elements are essential:

1) **Transmission**

The first element is effective transmission. Based on interview results conducted by the researcher with relevant informants, transmission is carried out directly to the community, both during patient visits to the health center and through counseling sessions. The implementers deliver messages and information in a way that is easy for the audience to

understand, enabling them to grasp the intended message and thereby facilitating proper implementation

“The transmission of the family planning program is carried out by directly conveying information to participants, both at the health center and during counseling sessions.” (N-1)

“First, we provide counseling by explaining the available contraceptive methods such as implants, injections, condoms, and pills. We describe the function of each method and their potential side effects. The patient decides which contraceptive method they wish to use. We also conduct a health examination to determine whether their body is suitable for the selected method or not.” (N-2)

“We conduct field visits for family planning counseling once a year, covering all 12 villages. During these sessions, we educate women about family planning. Often, there are pregnant women attending, and we take the opportunity to promote the family planning program. We recommend that postpartum women, especially those who are 40 days after delivery or have completed the puerperium period, start using contraceptives. The available methods include pills, injections, condoms, and implants. While the choice of contraceptive method is left to the patient, we usually recommend implants. However, the final decision depends on the patient's preference. The use of contraceptives during counseling sessions is carried out when possible, and for those who are unable to receive the service on-site, we advise them to visit the health center, village midwives, or local clinics.” (N-3)

The second element is clarity of communication. Clear communication plays a crucial role in preventing misunderstandings between policymakers, implementers, and the community. Midwives play a key role in educating individuals about the importance of using contraceptive methods. During field counseling sessions, midwives carry out several activities, including introducing various types of contraceptives to couples of reproductive age, conducting regular check-ups for family planning users, and providing counseling services related to family planning (Azizah et al., 2023). Based on the interview conducted by the researcher with the informant:

“In communication, I use language that is easy to understand, including the local dialect. I also follow the official guidelines provided by the health center to ensure that information is conveyed effectively to the community.” (N-2)

“For family planning counseling, we usually inform village midwives so they can notify the surrounding community about the upcoming session. The topic of family planning is always included. During the sessions, we coordinate with the integrated health post, so when mothers bring their children to the Integrated Health Post, they are invited to attend the counseling provided by the health center.” (N-3)

“I use injectable contraception. There are also pills and implants. As for the side effects of injections, menstruation becomes irregular, hair loss, and mood swings.” (N-5)

“I know that family planning is for delaying pregnancy, but I don't really know much about side effects or other information.” (N-8)

The third element is consistency. Consistent delivery of information from policy implementers to the target groups is essential. According to Edward III, this step ensures that policy implementation remains well-directed and does not cause confusion among either the implementers or the public. Stability in communication consistency also helps reduce the potential for errors in execution and facilitates a better understanding of the information provided by policy implementers (Ibad & Megawati, 2024). Based on the interview conducted by the researcher with the informant:

“Yes, consistency is maintained. Every year, family planning issues are discussed. However, in 2024, we only conducted counseling sessions in three villages, whereas last year, sessions were held in twelve villages throughout the year.” (N-1)

“Consistency is achieved by conducting counseling once a year.” (N-3)

2) Resources

According to Edward III, limitations in resources can lead to ineffective policy implementation. These resources include human resources, financial resources, and funding support (Laary et al., 2022).

First, human resources play a crucial role in the implementation of a policy program and are the most influential factor, as without competent personnel, program progress tends to be slow. In the implementation of the Family Planning Program, human resources (staff) include family planning service officers, program managers, and outreach workers. Based on interviews conducted by the researcher with informants:

“The number of staff for the implementation of the family planning program is sufficient. For patients visiting the health center for family planning services, our staff is adequate. However, during major events or counseling sessions, we involve all our midwives.” (N-1)

“The number of personnel in the service unit is adequate; in this room, there are three of us.” (N-2)

“The service is good and friendly. The midwife who served me was sufficient and was present during my visits to the health center.” (N-5)

Second, facility resources are prepared according to adequate standards to ensure easy access for the community, including the availability of contraceptive tools and appropriate educational materials. This also facilitates the smooth implementation of the family planning program. Based on interviews conducted by the researcher with informants:

“The facilities are adequate and meet the needs.” (N-2)

“Facilities for family planning are sufficient.” (N-3)

“When I used family planning services, the facilities were adequate.” (N-6)

The funding for the Family Planning Program at Community Health Center Rantau Panjang Kiri comes from the Health Operational Assistance Fund, which covers the costs of

contraceptive tools and medicines tailored to field needs. Each family planning outreach activity in the area receives an operational fund of IDR 600,000. Counseling activities are conducted in three villages, with the allocated funds adjusted according to the number of villages targeted for the outreach.

3) Disposition

Refers to the attitude and character of policy implementers, such as having strong commitment and a positive approach in carrying out their duties to ensure that policies are implemented in accordance with the intended goals and objectives. A friendly attitude and professionalism are important aspects that directly impact each patient receiving services (Azizah et al., 2023). The implementation of structured and evenly distributed counseling sessions contributes to increasing public awareness and participation in the family planning program (Tiwa et al., 2023). Based on interviews conducted by the researcher with informants:

“The family planning service at the health center is good and responsible. When I experienced complaints related to the implant I used, the service unit handled the problem by identifying the issue and finding a solution. Since the implant did not suit my body, the service team removed it.” (N-6)

“The health service officers are good and provide guidance. However, I have never attended any counseling sessions because I received little information about them, and maybe due to my work, I was unaware of the schedule” (N-7)

“I am not familiar with family planning counseling or services as I have never participated in family planning” (N-8)

4) The bureaucratic structure in policy implementation illustrates the division of tasks, authorities, and responsibilities (Tiwa et al., 2023).

There are two characteristics that can enhance bureaucratic structure performance, namely the existence of standard operating procedures (SOP) and fragmentation (Sutmasa, 2021).

Standard Operating Procedures (SOP). The services are carried out following established SOP, which ensure that each session of counseling, outreach, and provision of contraceptive tools is conducted according to proper and standardized procedures. The existence of SOP allows staff to perform their duties in a more organized and efficient manner, thereby maximizing the achieved outcomes. Based on interviews conducted by the researcher with informants:

“The SOP is developed by the health center and includes steps for socialization, counseling, provision of contraceptives, training, and reporting. The established standards ensure that each counseling session and service is performed according to the procedures.” (N-1)

Fragmentation refers to the effort to divide responsibilities for various tasks or employee activities according to their respective positions. Based on interviews conducted by the researcher with informants:

“Fragmentation aligns with the assigned duties.” (N-2)

“Fragmentation/responsibilities correspond to their roles, including program management, implementation/service delivery, counseling, recording, and reporting.” (N-3)

“Family planning officers are responsible; side effects of contraceptives used are explained, and if incompatibility occurs, the contraceptive method can be changed or removed.” (N-6)

Table 3. Implementation of the Family Planning Program at Public Health Centre Rantau Panjang Kiri, Rokan Hilir Regency

No.	Variable	Dimension	Indicator
1.	Communication	Transmission	a) Schedule b) Method c) Source of information d) In accordance SOP
		Clarity	Not yet clear, some community members still lack knowledge about family planning
		Consistency	Information delivered is appropriate and consistent through counseling activities
2.	Resources	Human resources	a) Quality b) Quantity
		facilities	a) Feasibility b) Availability
		funding	a) Sufficiency b) Source of funds c) Allocation
3.	Disposition	Tendency toward the program	Tendency to manage the program
		Commitment and responsibility	Responsibility reflected by minimal public complaints
4.	Bureaucratic Structure	SOP	Availability, implementation
		Fragmentation	In accordance with assigned responsibilities

3.2. Discussion

The implementation model by George C. Edward III assesses policy implementation success through four key factors: communication, resources, disposition of implementers, and bureaucratic structure

1) Communication

The success of policy implementation largely depends on the quality of communication. Policies must be conveyed clearly, accurately, and consistently to ensure proper understanding among relevant stakeholders. Accurate and well-delivered information is more likely to be accepted and understood by the intended target group. In contrast, unclear or misdirected messages may lead to rejection or resistance from the policy recipients (Azizah et al., 2023). There are three essential aspects that must be considered in the communication process.

First, effective transmission or message delivery. Based on interview findings, transmission was carried out directly to family planning clients through counseling sessions, providing information on contraceptive methods, and conducting health examinations. family planning education was conducted once a year in 12 villages; however, in 2024, it was limited to only 3 villages. According to Edward III, the quality of policy implementation is strongly influenced by how transmission is carried out; when the communication process is conducted effectively, the implementation outcomes are likely to be optimal (Azizah et al., 2023). Transmission or delivery of information regarding the Family Planning Program involves conveying messages to the community in a manner that is easy to understand, persuasive, and encourages participation. Based on interview findings, the transmission was conducted effectively using clear and accessible language.

The second aspect is clarity of communication. Interview results indicate that daily conversational language is typically used during interactions; however, the information conveyed often lacks clarity, as reflected in the limited knowledge among community members regarding family planning, including its side effects and benefits.

The third aspect is consistency. The implementation of the family planning program policy has been maintained through the regular provision of counseling sessions, which are conducted once a year.

2) Resources

Resources are a key factor that significantly influences the success of policy implementation. Every policy requires adequate resource support. These resources are generally categorized into two types: human resources and facility-based resources (Azizah et al., 2023).

Human Resources, based on interview findings, the number of staff assigned to implement the Family Planning Program is considered sufficient. According to Ministry of Health Regulation No. 43 of 2019, the standard number of midwives required is seven. Community Health Center Rantau Panjang Kiri currently employs 81 midwives, which significantly exceeds this standard. The availability of adequate human resources has facilitated the execution of the Family Planning Program. In addition, sufficient budget allocation enables program implementers at Community Health Center Rantau Panjang Kiri to more effectively achieve policy goals and targets.

Midwives play a crucial role as frontline healthcare providers who are closely connected to the community, particularly women, and hold a vital position in the success of the Family Planning Program. They are responsible for delivering Communication, Information, and Education related to family planning, assisting couples of reproductive age in selecting appropriate contraceptive methods based on their preferences, and encouraging postpartum mothers to participate in choosing postpartum contraceptive methods. Optimal counseling services provided by midwives contribute to increased use of long-term contraceptive methods among postpartum women and enhance the overall effectiveness of the family planning program (Sumarsih & Nur Rohmah, 2023).

Facility Resources: Based on the interview results, it was found that the Family Planning program at Rantau Panjang Kiri Public Health Center is supported by adequate facilities. These include equipment such as examination beds, sphygmomanometers, and sterilization tools, as well as supplies such as syringes, contraceptive methods (pills, injections, condoms, and implants), pregnancy test kits, and informed consent forms. All of these facilities are reported to be of good quality.

Facility resources include the infrastructure and equipment required and must be available to support the implementation of a policy (Sutmasa, 2021). Improving facilities and

ensuring the availability of adequate resources are key factors in enhancing the effectiveness of service delivery (Tiwa et al., 2023).

The funding was sourced from the Health Operational Assistance fund, amounting to IDR 600,000, which was allocated for conducting field-based family planning counseling activities.

3) Disposition

Based on the interview results, the Rantau Panjang Kiri Public Health Center provides quality and accountable family planning services. The quality of these services can be assessed through several aspects, including the availability of competent healthcare personnel, adequate facilities and infrastructure, and responsiveness to patients' needs and complaints.

Family planning services begin with a counseling process to assist patients in selecting contraceptive methods that align with their individual conditions and needs. Following this, healthcare personnel perform the insertion or removal procedures in accordance with established medical standards. In addition to technical aspects, ethics and communication are integral components of family planning services. Healthcare providers at the public health center ensure that information regarding the benefits and risks of each contraceptive method is clearly and thoroughly communicated.

For patients experiencing complaints or side effects from certain contraceptive methods, healthcare personnel conduct further assessments and provide appropriate solutions. If necessary, the contraceptive method may be replaced with one that is more suitable for the patient. This reflects the health center's commitment to delivering patient-centered services that prioritize safety and well-being.

4) Bureaucratic structure

Based on the interview results, Standard Operating Procedures (SOP) play a crucial role in the implementation of the Family Planning program, along with the presence of fragmentation or clearly defined responsibilities at Community Health Center Rantau Panjang Kiri. The existence of SOP and task fragmentation ensures that the program is carried out effectively and aligned with the targeted policy objectives.

The bureaucratic structure reflects the norms, characteristics, and recurring patterns of relationships that are either potentially or actually interconnected in the implementation of a policy. This structure consists of two main aspects: fragmentation and Standard Operating Procedures (SOP), which serve as guidelines for implementers in carrying out their tasks in the field. These elements help ensure that policy implementation remains aligned with the predetermined goals and objectives (Azizah et al., 2023).

The implementation of the Family Planning program through Edward III public communication approach involves a comprehensive strategy for delivering information and raising awareness among the public. Edward III emphasizes the importance of understanding policy targets, crafting effective messages, selecting appropriate communication channels, and evaluating the outcomes of communication campaigns. In the context of the family planning program, this approach entails the use of mass media, digital platforms, and direct interactions (socialization) to reach various segments of the community. By identifying different policy target groups, messages can be tailored to suit the specific needs and comprehension levels of each group (Ibad & Megawati, 2024).

Edward III public communication approach also highlights the importance of engaging multiple stakeholders, including government institutions, non-governmental organizations, and community leaders. Through such collaboration, the Family Planning program can gain broader support and enhance the credibility of the messages conveyed. Moreover, this

approach underscores the necessity of feedback and regular evaluations to assess the effectiveness of communication strategies and to make adjustments as needed. Consequently, the family planning program does not rely solely on one-way information dissemination but adopts a participatory approach that involves communities in dialogue and decision-making related to reproductive health and family planning (Ibad & Megawati, 2024).

This study encountered several challenges and limitations that should be acknowledged. One of the primary challenges was the limited time available for data collection, particularly in scheduling interviews with informants who had demanding schedules. Additionally, the limited number of informants interviewed may have influenced the breadth of perspectives obtained, although informants were selected purposively based on their relevance to the research.

Another limitation was related to access to secondary data, which was not fully digitized or well-documented, requiring the researcher to search for information manually. Furthermore, the geographical spread of the working area of Rantau Panjang Kiri Health Center posed a technical challenge in reaching all targeted villages for family planning outreach activities.

Another contributing limitation was the limited understanding among some community members regarding the importance of the family planning program, which affected their openness in providing information during the interview process. Nevertheless, efforts were made to ensure data validity through source and method triangulation.

4. Conclusion

The implementation of the Family Planning Program at Community Health Center Rantau Panjang Kiri demonstrates a high level of participation, with 80.2% of the 4,390 couples of reproductive age registered as active participants. This figure exceeds the national target of 70%. However, contraceptive use remains dominated by short-term methods at 79.2%, while the use of long-term methods only accounts for 1.0%. This outcome falls significantly short of the 2024 National Medium-Term Development Plan, which sets the proportion of long-term contraceptive methods at 28.39%. The limited effectiveness of the family planning program is primarily evident in communication challenges. A segment of the community still lacks understanding of the family planning program and tends to rely on information from individuals with personal experience, such as family members or neighbors. Additionally, family planning counseling has not been delivered consistently across all villages, and some residents are unaware of its occurrence. This is due to information dissemination that prioritizes pregnant women or those with toddlers attending Integrated Health Post or village midwives, resulting in counseling sessions being attended mainly by expectant mothers.

The second aspect of the program relates to the quality of human resources, availability of adequate facilities, and sufficient funding. Midwives play a key role in both delivering information and implementing the program. Of the 81 midwives at the facility, 61 are involved in implementation and outreach, while 20 are responsible for program management. Training organized annually by the district and provincial health offices further enhances the competence of healthcare personnel. Support from the head of the health center is also a crucial factor in the program's success. Facilities meet established standards, including examination beds, sphygmomanometers, sterilization tools, syringes, contraceptives (pills, injections, condoms, and implants), pregnancy test kits, and informed consent forms.

Counseling activities are funded by the Health Operational Assistance program, with an allocation of IDR 600,000.

The third aspect, disposition, refers to the attitudes of program implementers, including the program coordinators and the head of the Community Health Center, who demonstrate strong commitment and positive attitudes. Consistency and professionalism among healthcare providers are evident in the low rate of community complaints. From a bureaucratic standpoint, the family planning program at center health Rantau Panjang Kiri is implemented in accordance with Standard Operating Procedures (SOP) and a structured work plan. The application of clearly defined procedures ensures that the program is executed in a systematic and organized manner.

The findings of this study present several practical and policy implications for strengthening the implementation of the Family Planning Program. First, effective communication particularly in terms of clarity and cultural relevance is crucial in promoting contraceptive use among couples of reproductive age. Second, adequate human resources, medical infrastructure, and logistical support, especially in underserved areas, should be prioritized to ensure program accessibility and the provision of quality services. Third, the findings highlight the central role of community health workers, particularly midwives, in counseling and service delivery, underscoring the need for continuous capacity building and support mechanisms. Lastly, the study emphasizes the importance of collaborative efforts between local health institutions and community leaders to address resistance, increase acceptance of long-term contraceptive methods, and support informed decision-making. These implications can inform future program development, guide evidence based policy making, and foster more inclusive and sustainable family planning initiatives in similar regional contexts.

Based on the findings of this study, it is recommended that the implementation of the Family Planning Program at Community Health Center Rantau Panjang Kiri be further enhanced through strengthened communication between healthcare providers and the community, particularly in educating individuals about the types of contraceptives, potential side effects, and the benefits of long-term contraceptive use. Counseling activities should be conducted regularly and evenly across all target villages, involving health cadres and community leaders to improve message reach and effectiveness. Moreover, the utilization of information technology, such as the development of a digital recording system, is essential to support a more efficient and accurate process of program reporting and evaluation.

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