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The Right Prescription for Family Bliss: A Cross-Sectional Study on Community Satisfaction in Indonesian Family Planning Programs

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Abstract: Although significant progress has been achieved over many decades, sustaining the success of family planning programs in Indonesia requires a deep understanding of the factors that influence community satisfaction among those involved. This study surveyed 503 Family Planning Field Workers (PKBs) across Indonesia's regions to identify the main factors encouraging satisfaction among communities participating in these programs. A structured online questionnaire was distributed to collect data on the sociodemographic factors influencing satisfaction, which were then analyzed using multiple linear regression. The results showed that effective follow-up on community feedback ($\beta = 0.233$, $p < 0.001$), implementing a rights-based approach ($\beta = 0.207$, $p < 0.001$), enabling community participation ($\beta = 0.147$, $p < 0.001$), collaborating with healthcare providers and facilities ($\beta = 0.159$, $p < 0.001$), and monitoring and evaluating programs ($\beta = 0.155$, $p < 0.001$) were significant positive predictors. More notable, the regression model accounted for a considerable 74.7% of the variation in community satisfaction, pointing to how significant the explanatory power of the identified factors was in predicting the level of satisfaction among communities participating in family planning programs. Actions must be developed to enhance reproductive health and manage population growth by focusing on key factors such as responsive communication, rights, integrated services, community involvement, and evaluations, which are what matters most for family planning programs.



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Keywords: community satisfaction; family planning programs; rights-based approach; community engagement; healthcare collaboration; responsive communication; monitoring and evaluation; population management; reproductive health; Indonesia

1. Introduction

The long and rich history of family planning programs in Indonesia dates back many decades and continues to contribute to regulating the country's fast-growing population. As one of the earliest low- and middle-income countries to establish a comprehensive national family planning program in the late 1960s, Indonesia's journey over the last half-century offers insightful lessons for other nations confronting similar demographic challenges. Under President Suharto's New Order administration, Indonesia implemented an ambitious family planning program focused on decreasing the country's high fertility rates. The government provided substantial support, including enlisting the military to encourage participation in rural areas (Hull and Hull 2005), although the family planning program did not resort to the overtly coercive tactics employed in settings such as China's One-Child Policy, India's forced sterilization campaigns in the 1970s, and Peru's forced sterilizations of indigenous women in the 1990s. Instead, this proactive yet non-coercive approach, along with significant international aid from organizations such as USAID

(United States Agency for International Development) and The World Bank, contributed to a remarkable reduction in the total fertility rate (TFR) from 5.6 births per woman in 1970 to 2.6 by 2002 ([Statistics Indonesia 2017](#)).

Key to this success was the BKKBN's (National Population and Family Planning Board) oversight of the family planning program's implementation and focus on reducing the TFR, an indicator of the program's success that extends beyond demographics and overall population. The TFR is an important statistic for assessing family planning success, as it represents the average number of children a woman would have during her reproductive years, assuming she survives through to the end of her reproductive life and experiences the current age-specific fertility rates. Indonesia's family planning program aimed to reduce the TFR, which stood at 5.7 births per woman at the time, by implementing a comprehensive and ambitious set of policies and interventions. Through the program's efforts, the TFR decreased significantly to 2.7 in the mid-1990s, although it has stagnated around 2.5 in recent years ([Statistics Indonesia 2017](#)). Several factors influence the TFR, including economic development ([Cheng et al. 2022](#); [Pourreza et al. 2021](#)), female literacy ([Götmark and Andersson 2020](#)), and age at marriage ([Onagoruwa and Wodon 2018](#)), as women who gain access to education and employment opportunities tend to delay marriage and childbearing, leading to a lower TFR.

Indonesia's success in lowering fertility through strong programmatic interventions challenged the dominant perspective among many economists at the time, who believed that economic development alone would be sufficient to reduce birth rates ([Cain 1982](#); [Eswaran 2006](#); [Majumder and Ram 2015](#); [McNicoll 1997](#)). The experience of Indonesia depicts how complicated, important, and very much needed it is to provide family planning services that are both accessible and of good quality, especially in a setting that is mostly rural and comprises people with relatively limited socioeconomic means. However, the early stages of the program came across criticism for sometimes employing coercive practices, such as pressuring women to adopt certain long-acting contraceptive methods ([Boydell et al. 2023](#); [Frey 2011](#)).

Indonesia's family planning program has undergone significant transformations since its inception, reflecting broader shifts in the global reproductive health landscape. In the early stages, the program faced criticism for employing coercive practices, such as pressuring women to adopt certain long-acting contraceptive methods ([Utomo et al. 2023](#)). These practices were rooted in a focus on achieving demographic targets rather than prioritizing individual rights and choices, reflecting a misguided approach that valued population control over the autonomy and well-being of the people the program was intended to serve. However, as the international community increasingly recognized the seriousness of integrating human rights principles into family planning programs, Indonesia began to adapt its approach. The 1994 International Conference on Population and Development (ICPD) in Cairo marked a historic turning point in the global discourse on reproductive health, affirming the imperative for family planning programs to respect individual rights and promote informed choices ([UNFPA 2014](#) [United Nations Population Fund]). In conformity with these principles, Indonesia's family planning program has gradually shifted towards a more rights-based approach, moving away from coercive practices and focusing on providing comprehensive, quality services that meet the diverse needs of communities.

Despite this progress, the program had to cope with further challenges after Suharto's regime ended, including reduced funding and complaints about coercive practices such as forced injections and lack of consent. Following the fall of the New Order regime in 1998, the country underwent a process of political and administrative decentralization, with greater authority devolved to provincial and district governments ([Pepinsky and Wihardja 2011](#); [Setiawan et al. 2022](#)). In the post-Suharto period, the family planning program has shifted to placing a greater emphasis on individual reproductive rights and informed choices, moving away from coercive measures and promoting voluntary participation in reproductive health decisions. This transition has called for adaptations in the family

planning program to ensure that it remains responsive to local needs and priorities while maintaining national standards and support. Negotiating this decentralized landscape has, thus, required close collaboration between the BKKBN, local governments, and community stakeholders to sustain progress and address disparities in access and outcomes.

The history of Indonesia indicates that addressing social and cultural issues that may impact attitudes and behaviors linked to family planning is just as important as identifying appropriate strategies for engaging communities in these services. This is especially obvious in a population that is extremely diverse, including hundreds of different ethnic groups and a wide range of religious beliefs. Efforts toward promoting family planning must take a nuanced approach that is sensitive to local traditions and beliefs, including religious leaders and community influencers to build support and modifying communication tactics to connect with varying audiences (Bormet 2020; Hutchinson et al. 2021; Schenker and Rabenou 1993). While navigating the complex interconnections of social, religious, and cultural factors that influence family planning decisions, Indonesia's success in reducing fertility rates across an array of demographics points to the power of culturally responsive approaches that respect individual agency and autonomy within the context of family planning.

Indonesia's family planning program has also contended with the challenges of decentralization and ensuring equitable access to services across the archipelago's diverse regions, including remote islands and rural areas, where logistical issues and varying cultural norms can complicate the delivery of consistent and effective family planning support. With a current population surpassing 270 million and a TFR stagnating around 2.3 in recent years (Statistics Indonesia 2017), identifying the appropriate strategies for engaging communities in family planning services clearly becomes what matters most. Globally, concerns about side effects remain a primary reason for contraceptive non-use among women who desire to prevent pregnancy (Ontiri et al. 2021; Schrumpf et al. 2020; Sedgh and Hussain 2014), reasoning that emphasizes the need for quality counseling and follow-up care. The persistent population pressures facing Indonesia and many other low- and middle-income nations have far-reaching implications not only for individual and family well-being, but also for global challenges such as climate change, food and water security, poverty alleviation, and migration.

In the context of family planning initiatives benefitting from meaningful community involvement, this study investigates the determinants of community satisfaction with family planning programs in Indonesia from the perspective of Family Planning Field Workers (Penyuluh Keluarga Berencana or PKBs), who are the frontline personnel responsible for service delivery. Gaining an understanding of the aspects that these PKBs consider to be among the most significant for maintaining community engagement and satisfaction gives street-level insights for the improvement of such programs. The survey data are gathered from 503 Indonesian PKBs across various community programs, a significant sample size that lends the findings greater legitimacy and reliability compared to other scholarly endeavors that rely on smaller, potentially less representative sampling methods.

The statistical analysis points to success if the family planning program staff practice responsiveness to community feedback, rights-based treatment, community engagement, integrated services, and effective monitoring and evaluations. Our findings point to offering effective follow-up to community feedback, adopting a rights-based approach, fostering active community participation, collaborating closely with health providers, and conducting regular monitoring and evaluation. These results reflect Indonesia's ongoing efforts to balance rigorous program implementation with respect for reproductive autonomy, as well as wider global evidence on best practices in family planning promotion.

As Indonesia works to maintain its progress in family planning, it has a number of responsibilities as well as duties, including understanding the factors influencing continued participation and satisfaction and ensuring that the program respects community needs and rights. Thus, pinpointing strategies to address people's family planning needs while respecting their rights becomes dominant in ensuring sustainable community health

and empowerment in Indonesia, particularly in the context of its heterogeneous cultural landscape and growing population. Indonesia's experience offers important insights into the factors that contribute to successful and sustainable family planning programs, which is particularly relevant as the global community works towards achieving the Sustainable Development Goals (SDGs), including universal access to sexual and reproductive health services.

With a focus on community engagement, rights-based approaches, collaboration with health systems, and data-driven decision making, family planning initiatives can better meet the needs and preferences of the populations they serve. Indonesia's ongoing efforts to navigate the complexities of decentralization, cultural diversity, and evolving social norms while maintaining a strong commitment to family planning provide a germane model for other countries seeking to balance population management with individual rights and well-being. Indonesia's expansive experience with evolving family planning approaches, coupled with this study's insights on effective community engagement practices, provides timely directives as the international community works to accelerate progress in this challenging domain of reproductive health and sustainable development.

2. Literature Review

Indonesia's family planning program, initiated in the late 1960s under the New Order administration, epitomizes one of the earliest and most comprehensive population control efforts in the low- and middle-income world. The government's initiative, led by BKKBN, sought to address the nation's burgeoning fertility rates through a structured and widespread campaign. These efforts, which extended to the strategic involvement of the military in rural outreach, precipitated a dramatic reduction in the TFR from 5.6 births per woman in 1970 to 2.6 by 2002. This proactive approach, although initially tinged with instances of coercion, gradually evolved to emphasize voluntary participation and the sanctity of reproductive rights, particularly in the wake of political reforms in the late 1990s. Unlike the coercive measures adopted by other nations, Indonesia's strategy transitioned towards fostering informed choices and reproductive autonomy, mirroring broader global trends in reproductive health ([Mangimela-Mulundano et al. 2022](#); [Niehof and Lubis 2003](#)).

Quantifying the impact of family planning programs on fertility decline is inherently complex, owing to the interplay of differing socioeconomic factors, such as economic development, advancements in female literacy, and increased female labor force participation, which modulate fertility rates. Scholars argue that the effectiveness of family planning programs cannot be isolated from broader social changes, requiring a holistic evaluative framework that considers the complex interdependencies of various socioeconomic variables ([Garten 1997](#); [Janevic et al. 2012](#)). Social and cultural determinants very much influence reproductive behavior, with shifts towards later marriage ages and smaller desired family sizes, driven by evolving social norms and enhanced educational attainment among women, deemed as climacteric for curbing fertility rates. Educated women marry later and have fewer children, while increased female labor force participation delays marriage and childbearing, empowering informed reproductive choices and accentuating multidimensional influences on fertility beyond family planning ([Heath and Jayachandran 2016](#); [Isen and Stevenson 2010](#)).

The transformation of Indonesia's family planning program from coercive practices to a more rights-based approach is emblematic of broader global trends in reproductive health. The integration of human rights concepts into family planning programs improves the overall effectiveness of these programs, as well as the quality of care provided to clients and the level of satisfaction they experience. Underscoring non-discrimination, informed choices, and accountability fosters community trust and ownership, especially in a way that augments access to services and promotes sustainable reproductive health outcomes. Indonesia's contemporary family planning strategies resonate with these principles, prioritizing informed choices and voluntary participation to ensure respect for and the protection of individuals' reproductive rights ([Hardee et al. 2014](#); [Jain et al. 2021](#)).

The decentralization of Indonesia's health system following the political reforms of the late 1990s introduced considerable variability in the program's implementation across different regions. This decentralization presents both challenges and opportunities for the delivery of family planning services, demanding close collaboration between the BKKBN, local governments, and community stakeholders to ensure that the program remains responsive to local needs and priorities while maintaining national standards and support. As [Hull and Mosley \(2015\)](#) point out, understanding these localized dynamics is, without a doubt, emerging as a critical factor, signifying how important it is for improving the administration of family planning services and the satisfaction of affected communities. Moreover, the extent to which family planning programs address broader determinants of health and well-being, such as nutrition and clean water access, varies across different regions and initiatives. While some programs have adopted a more comprehensive approach, others primarily focus on the provision of contraceptive methods and information. Ensuring the consistent integration of these related issues into family planning services remains an ongoing challenge, particularly in resource-limited settings.

Despite the comprehensive insights provided by the existing literature, significant gaps remain in understanding the specific factors influencing community satisfaction with the family planning programs in Indonesia. Indeed, previous scholarship has highlighted the magnitude of effective communication, rights-based approaches, collaboration, community participation, and monitoring and evaluation. However, there is still a need for more context-specific research that takes into account the unique cultural, social, and health system characteristics of Indonesia. The complex history of family planning in Indonesia, which has transitioned from a focus on demographic targets to a more rights-based approach, indicates the meaningfulness of considering the historical and political context in examining the determinants of community satisfaction ([Hartmann et al. 2012](#); [Ridwan and Saraswati 2024](#)).

Examining the determinants of community satisfaction with family planning programs from the perspective of PKBs affords a nuanced understanding of the factors influencing community satisfaction and informs the design and implementation of more effective and responsive family planning interventions in Indonesia. The findings contribute to existing corpuses of research by providing empirical evidence on key determinants, such as effective follow-up on community feedback, rights-based treatment, community participation, collaboration with healthcare providers, and monitoring and evaluation ([Tuladhar et al. 1998](#)).

Considering the historical context of family planning in Indonesia, which has evolved from coercive practices to a focus on reproductive rights and informed choices, provides a comprehensive understanding of the factors shaping community satisfaction. The ongoing efforts to adapt to changing societal norms and expectations, while maintaining a strong commitment to family planning, offer many lessons for other countries facing similar demographic challenges. The insights gained from this research signal the need for a holistic approach to family planning service delivery that prioritizes community engagement, respects individual rights, and leverages the strengths of the broader health system ([Correa 1994](#); [Tan 2017](#)).

3. Materials and Methods

3.1. Research Design

A cross-sectional survey design ([Setia 2016](#)) was employed to identify the factors influencing community satisfaction with participation and involvement in family planning programs among PKBs in Indonesia. This design allows for the collection of data from a large sample at a single point in time, making it an appropriate choice for describing characteristics and investigating the relationships between variables of interest in the target population ([Kesmodel 2018](#)).

A questionnaire ([Regmi et al. 2016](#)) specifically designed for this study was made accessible online and distributed to the PKBs through various social networks and professional media platforms used by Indonesian family planning community programs. In contrast to

conventional paper-based procedures, this methodology facilitated a greater number of participants to be reached and a more efficient accumulation of data (Daikeler et al. 2020). The questionnaire aimed to gather information about demographic characteristics, work experience, employment status, geographical location, population served, and the factors influencing community satisfaction with the family planning program. It also sought to clarify whether the successful programs analyzed were based on designated one-on-one family planning program staff visiting individual women.

The study adopted a quantitative approach with a 7-point Likert scale (Joshi et al. 2015) to measure both independent and dependent variables, resulting in the quantification of variables and the analysis of their interrelationships using statistical methods. Descriptive statistics (Kaur et al. 2018) and a multiple linear regression analysis (Uyank and Güler 2013) were performed on the survey results to identify the key factors influencing community satisfaction with participation and involvement in the family planning program among PKBs in Indonesia.

3.2. Participants

The study involved PKBs from various regions in Indonesia, including those working at the sub-district (*kecamatan*), village (*kelurahan*), city (*kota*), and regency (*kabupaten*) levels. PKBs were selected as the population segment to focus on for this study due to their important function in the implementation of family planning programs in Indonesia. As frontline workers directly interacting with the communities they serve, PKBs are well-positioned to provide insights into the factors affecting community satisfaction with participation and involvement in these programs. The variation in the PKBs' sample across regions and administrative levels ensures that the findings are representative of the experiences and views of PKBs throughout Indonesia.

The sample size was estimated based on the target population, which consisted of professionals directly involved in the implementation of family planning programs at the grassroots level, working closely with the communities they serve. Participants were recruited using a convenience sampling approach (Farrokhi and Mahmoudi-Hamidabad 2012), with the survey shared through various professional and social media networks used by PKBs in Indonesia. While this approach is convenient and relatively easy to administer, allowing for rapid data collection from a large number of potential participants, it is important to note that the findings from a convenience sample may not be generalizable (Emerson 2021) to the entire population of PKBs in Indonesia.

The inclusion criteria for participation in the survey were straightforward, requiring individuals to be currently working as PKBs in Indonesia and willing to participate in the survey. There were no stringent exclusion criteria that were implemented, and a total of 503 PKBs participated in the survey and were included in the study. The survey collected demographic data from the participants, including age, gender, level of education, work experience, employment status, geographical location, and the number of individuals served within the population. On the basis of the responses provided by the participants, these data were reported and used for the purpose of describing the sample and investigating the disparities in community satisfaction.

3.3. Sampling Method

Survey participants were included in the study using a convenience sampling technique (Farrokhi and Mahmoudi-Hamidabad 2012) by sharing the survey link through various social media accounts and professional networks used by PKBs in Indonesia. This particular sampling approach was selected due to the relative simplicity with which it could attain a large sample size and the speed with which this could be accomplished (Kam et al. 2007). It should be noted, however, that convenience sampling could not have captured the whole PKB population in Indonesia, therefore, the results might not be applicable to the nation-wide sample (Lines et al. 2022).

The only eligibility criterion for participation in the survey was being a currently active PKB in any region of Indonesia, ensuring that the participants had relevant experience in grassroots family planning programs. No specific exclusion criteria were set, which facilitated broad participation and inclusivity by ensuring that a wide range of individuals from many backgrounds, regions, and levels of administration could contribute their experiences and perspectives.

A total of 503 PKBs completed the survey, providing a robust sample size considered to be appropriate for the application of a multiple linear regression analysis, as it facilitates the detection of medium to large effect sizes with a sufficient level of statistical power. This large sample size also serves to mitigate the potential limitations associated with convenience sampling by increasing the likelihood of capturing a wide range of perspectives and experiences among PKBs in Indonesia.

3.4. Survey Instrument

The survey instrument was formulated by carrying out a comprehensive review of the relevant literature and consulting with subject matter experts. The literature research rendered it straightforward to identify the factors and constructs that contribute to community satisfaction with family planning services, and the consultation with specialists confirmed that the questions were trustworthy in terms of their substance. The questionnaire was broken down into a number of different parts, each of which was built with the intention of gathering a different kind of information.

Demographic information, including the participants' ages, sexes, and educational backgrounds, was sought in order to better understand the sample and potentially determine variations in community satisfaction relative to these factors. Along with this, survey responses regarding job experience, employment status, geographic area, and the demographic that was serviced were added to offer context and evaluate whether or not they had any influence on community satisfaction.

The purpose of the instrument was to delve deeper into the five primary independent factors that were anticipated to affect the level of community satisfaction with family planning programs. Each of these dimensions was measured using a 7-point Likert scale, with resultant scores assigned on a scale that increased in magnitude as importance increased. The use of a 7-point scale is appropriate, as it provides more granularity in the determination of responses and offers more potential response categories than a 5-point scale. The 7-point Likert scale was also given more consideration to assess the dependent variable, which was the level of community satisfaction associated with their engagement and involvement in family planning programs (Y). A higher score would suggest that the communities serviced by the PKBs had a higher level of satisfaction and fulfillment with the family planning services. On the other hand, a lower score would signal that those areas had a lower level of contentment and a larger level of discontent with these services.

As a way to obtain a more complete picture of the dynamics in motion between the PKBs and the women they support, the survey asked the participants to indicate whether the programs that were found to be effective relied on assigned staff members from the family planning program making personal house calls to each participant. The questionnaire also mentioned the monitoring and evaluation practices selected as best practices, indicating whether they were meant for individual women, each family, or a household (which might include many families). This explanation must be maintained for gaining an idea of the extent to which monitoring and evaluation methods are used, as well as the possible influence that these activities may have on the degree of satisfaction experienced by the community. In order to better understand the rights-based approach and its impact on community satisfaction, the survey further included questions that attempted to explain how rights-based treatments voted as best practices avoid coercive practices and a lack of consent for treatment.

For the aim of the survey, a questionnaire that was self-administered and contained clear instructions and explanations of the terminology used in each part was prepared. This

was fulfilled to ensure that the data collection process was consistent through the use of a standardized questionnaire, and it also made it feasible to conduct quantitative analysis of the relationships between the independent variables and the dependent variables.

3.5. Data Collection

The data for this research were collected through an online survey that was conducted using the Google Form platform. The survey was administered from 7 April to 8 May 2024, with the objective of capturing a sample of the experiences and perspectives of PKBs during that period. The survey link was made available on social media and professional network sites that are frequently used by PKBs in Indonesia, which ensured that a significant number of potentially interested participants could access it and participate.

Once entering the survey, the participants were provided with information on the research's objectives, which allowed them to understand the motivation for their participation in the study, as well as the ways in which their data would be used. Before being granted access to the survey, all participants provided informed consent, with the consent form highlighting the voluntary nature of participation and an agreement to maintaining their responses' confidentiality. Only those who provided their informed consent were granted permission to access the survey, and the consent form also made it explicit that the participants could withdraw from the study at any time without having to experience any consequences.

So as to avoid exposing the participants to social desirability bias and guarantee that their responses were completely confidential, the survey was administered in an anonymous fashion, meaning that neither the names of the participants nor any other identifying information was collected via the questionnaire. Online surveys provide a number of advantages, including the ability to accumulate data more rapidly, given that they are capable of reaching a greater number of participants in a shorter amount of time, automated procedures that lessen the likelihood of data collection and entry mistakes that are common with human inputs, and the capacity to reach a bigger and more varying sample via the use of online surveys. Even so, it is important to be aware of the constraints of online surveys, including the potential for self-selection bias that results from the voluntary nature of participation and the exclusion of individuals without internet access.

3.6. Data Analysis

Statistical Package for Social Sciences (SPSS) version 26.0 was the program used to perform the analysis of the data that were collected in this study. Frequencies, percentages, means, and standard deviations were calculated to provide an explanation of the sample and the outcome, as well as to describe the characteristics of the individuals who participated in the study and the distribution of variables.

As the primary analytical instrument, multiple linear regression analysis was used to examine the relationship between the dependent variable (Y) and the independent variables (X1, X2, X3, X4, and X5), while also accounting for potential confounders. The inclusion of a few independent factors into the mathematical framework made it probable to identify the specific and individual contributions that each variable made to the prediction of community satisfaction. The assumptions of the multiple linear regression analysis were examined, which included making sure that there was a linear relationship between the independent variables and the dependent variable, that the residuals had a normal distribution, that the residual variance was homoscedastic across all levels of the independent variables, and that there was no multicollinearity. Whenever multicollinearity is identified, it has the potential to be a source of bias and inefficient estimates, which, in turn, may have an effect on how the findings are interpreted.

The adjusted R-squared value, which offers information on the proportion of variation in the dependent variable that can be explained by the independent variables, was used in order to evaluate the appropriateness of the regression model. When the adjusted R-

squared value is greater, it shows that the model is a good fit for the data and that the factors that explain the data account for a significant proportion of the variation.

An analysis of the standardized regression coefficients (β) was conducted to establish the relevance of each independent variable in terms of predicting community satisfaction. Standardized coefficients facilitate the ability to more easily compare the size and direction of the influence that each independent variable has on the dependent variable included inside the equation. The p -value was used to determine whether or not the regression coefficients were statistically significant, with a significance threshold of 0.05 being employed.

3.7. Reliability Analysis

Reliability, defined as the degree to which a scale produces consistent findings when measurements are repeated, was determined by evaluating the internal consistency of the scales used to measure the dependent and independent variables through the instruments employed (Bartko and Carpenter 1976). For scales that had three or more items, it was established that Cronbach's alpha (Tavakol and Dennick 2011) was the reliability coefficient that was the most suitable. Cronbach's alpha, a statistical measure given as a number between 0 and 1, with higher values suggesting a better internal consistency, is used to determine the average correlation of all items on a scale. In the majority of instances, a value of 0.7 or above was deemed to be adequate for the purposes of study; this was the case in most of those scenarios. When determining the reliability of scales that have just two items, the Pearson correlation coefficient (Sedgwick 2012), which ranges from -1 to $+1$ and is used to assess the basic linear relationship between two variables, was taken into account as a factor for assessment. The presence of a substantial positive relationship between the variables is shown by values that are closer to $+1$ than other values.

The reliability coefficients for the measures in this investigation varied from 0.733 to 0.877, indicating that the scales had some degree of internal consistency that was satisfactory to outstanding. When all of these data are taken into consideration, it is obvious that the scales that were used in the questionnaire were reliable and consistent within themselves. Establishing the reliability of scales is especially significant, as it ensures that measurements are consistent and that the observed relationships between variables are not the product of measurement errors. Apart from this, having a high degree of dependability not only strengthens the validity of the findings that were reached as a consequence of the study, but also raises the amount of confidence that is placed in the outcomes that were obtained.

3.8. Ethical Considerations

Throughout the duration of the research project, ethical concerns were considered to facilitate the preservation of the participants' rights, welfare, and confidentiality. The protocol for the research underwent review and was granted approval by the Institutional Review Board (IRB) of the Research Ethics Committee, Faculty of Social and Political Sciences, Universitas Airlangga (Approval No. 3153/B/UN3.FISIP/III/PT./2024, Approval Date: 2 April 2024). All participants were informed of the subject of inquiry and given consent to participate in the survey, which included an explanation of the objectives, procedures, risks, and benefits involved in the study. The participants were also informed that their involvement was completely at their discretion and that they could withdraw from the study or refuse to participate at any point without facing any negative repercussions.

Anonymity was maintained throughout the survey process in order to protect the identities of the participants and retain their confidentiality. The participants' names and any other identifying information were not collected, which ensured that their responses remained unidentified and reduced the likelihood of a breach of confidentiality occurring. Members of the research team were the only ones who had ownership of the information that was obtained from the survey, which was stored in an encrypted location. Physical copies of the data were preserved in locked filing cabinets, while information that was recorded electronically was protected with a password and housed on secure servers. The

data will be stored for an extended period, as advised in accordance with the institution's policy for the storage of data, and then they will be destroyed.

The findings of the study will be disseminated on a variety of platforms, including academic presentations and publications; however, no individual participant will be identifiable in those findings that are disclosed. To ensure that the anonymity of the participants is not compromised in any way, aggregate data will be made use of. Through the observance of these ethical standards and procedures, the research initiative guarantees that the rights and well-being of the participants remain intact and that the research is executed in a responsible and honest manner.

4. Results

4.1. Sociodemographic Characteristics of PKBs

As the sociodemographic characteristics (see Table 1) of the 503 PKBs from various regions across Indonesia unfolded, it quickly became obvious that the majority (41%) were over 50 years old, with the 30–39 and 40–49 age groups constituting 27% and 23.5% of the respondents, respectively, while only 8.5% were under 30 years old. The gender distribution concluded a clear dominance of women in the field of family planning, with 64.4% of the PKBs being female, signifying a clear indication of the role women play in this sector.

Table 1. Sociodemographic characteristics of respondents.

Descriptive Variable	Total Sample (<i>n</i> = 503)	<i>n</i> (%)
Age		
Under 30 years old	118	23.5%
30–39 years old	136	27.0%
40–49 years old	206	41.0%
50 years old and above	43	8.5%
Sex		
Male	178	35.4%
Female	325	64.6%
Education level		
High school (SMA and below)	10	2.0%
Associate's degree (D3/D4)	35	7.0%
Bachelor's degree (S1)	386	76.7%
Master's degree (S2)	72	14.3%
Duration of working as a PKB		
Less than 2 years	26	5.2%
2–5 years	77	15.3%
6–10 years	70	13.9%
More than 10 years	330	65.6%
Status as a PKB		
Civil Servant (PNS)	426	84.7%
Government employees with work agreement (PPPK)	62	12.3%
Non-civil servant family planning officer (non-ASN PKB)	15	3.0%
Geographic Location		
District	78	15.5%
Village	295	58.6%

Table 1. *Cont.*

Descriptive Variable	Total Sample (<i>n</i> = 503)	<i>n</i> (%)
City	61	12.1%
Regency	69	13.7%
Average population reached		
Less than 50 people	55	10.9%
50–100 people	175	34.8%
101–200 people	62	12.3%
More than 200 people	211	41.9%
Transportation used during work		
Car	9	1.8%
Motorcycle/bike	490	97.4%
Public transportation/government cars	2	0.4%
Walking/on foot	2	0.4%

The educational background of the respondents was impressive, with most PKBs (76.7%) holding an undergraduate degree, while a further 14.3% had obtained a master's degree, 7% held a diploma, and only 2% had completed senior high school or equivalent, demonstrating the high level of academic achievement among the PKBs surveyed.

When examining the work experience and employment status of the PKBs, it was found that a significant portion (65.6%) had worked as PKBs for over ten years, indicating a wealth of experience in family planning, while 13.9% had 6–10 years of experience, 15.3% had 2–5 years, and 5.2% had less than 2 years of experience. The majority of respondents (84.7%) were civil servants, while 12.3% were government contract employees, and only 3% were non-permanent PKBs, highlighting the stability and security of the family planning workforce.

The geographical coverage and population served by the PKBs were also explored, revealing that PKBs in Indonesia work at various administrative levels, with more than half (58.6%) operating at the sub-district level, 15.5% at the village level, and 25.8% at the city or regency level. Notably, 41.9% of the respondents served more than 200 people in their work location, underscoring the substantial workload and responsibility shouldered by PKBs in providing family planning services to large numbers of individuals and families across the country.

4.2. Factors Influencing Community Satisfaction

Table 2 summarizes the findings of a comprehensive investigation that provides some insight into the murky connection between the factors that affect community satisfaction with Indonesian family planning programs. This table presents a detailed regression analysis, which indicates the most important parameters that contribute to the level of satisfaction experienced by the community. An examination of multiple linear regressions forms the foundation for the statistical evaluation, which finds five crucial criteria, each of which has a positive and statistically significant influence on the level of satisfaction experienced by the community.

The most pronounced factor was the effectiveness of follow-up on community feedback, with a standardized regression coefficient ($\beta = 0.233$, $p < 0.001$). When it comes to addressing and integrating community concerns into family planning programs, this draws attention to the absoluteness of communication that is both sensitive and adaptable. PKBs not only address the immediate needs and concerns of the community when they exhibit diligence in following up on input, but they also establish a healthy trust relationship with the community. This trust goes a long way in promoting community participation and

satisfaction, given that it represents true dedication to the well-being and demands placed on the people of the community. This degree of responsiveness functions as a conduit for the development of a mutually beneficial collaboration between the community and the service providers, which ultimately results in an increase in the overall effectiveness and acceptability of the family planning programs. In terms of practical application, responsiveness to feedback entails the establishment of organized procedures through which members of the community may express their concerns and the guarantee that changes that are observable will be implemented in response to this input.

Table 2. Regression coefficients on public satisfaction with family planning programs.

	Unstandardized Coefficients B	Std. Error	Unstandardized Coefficients Beta	t	Sig.
(Constant)	0.728	0.164		4.439	0.000
X1	0.158	0.042	0.147	3.721	0.000
X2	0.231	0.043	0.233	5.423	0.000
X3	0.200	0.040	0.207	5.017	0.000
X4	0.163	0.042	0.159	3.871	0.000
X5	0.154	0.044	0.155	3.504	0.000

Dependent variable: Y.

The second most influential factor was the implementation of a rights-based approach ($\beta = 0.207, p < 0.001$). Within the larger context of reproductive health care, this approach is a much-needed facet of the paradigm, which places attention on protecting and promoting the development of individual rights within the community. PKBs are responsible for fostering an atmosphere in which members of the community feel valued and respected by ensuring that family planning services adhere to the values of informed choice, confidentiality, and non-discrimination. This respect for autonomy and dignity must exist to cultivate a feeling of ownership and trust in relation to family planning services, which will ultimately result in a large increase in the level of satisfaction experienced by the community. In accordance with global best practices, which advocate for the empowerment of people by the means of the provision of full and impartial information, as well as the preservation of their reproductive rights, the rights-based approach is in compliance with these minimum requirements. For a rights-based approach to be put into action, family planning programs have to conform to certain human rights standards, such as being transparent, giving accurate information, and obtaining informed permission.

Collaboration with healthcare providers and facilities ($\beta = 0.159, p < 0.001$) was another dimensional determinant of community satisfaction. The delivery of care that is both effortless and inclusive is made possible by approaches that are integrated and coordinated across different healthcare bodies. The establishment of a continuum of care catering to the myriad demands on people and families fundamentally requires teamwork across sectors to address interconnected needs, ensure seamless service delivery, optimize resources, and enhance well-being. When PKBs work in concert with other healthcare professionals and facilities, they can facilitate referrals, access to a broader range of services, and comprehensive follow-up care. Not only does this integrated approach improve the quality of treatment, but it also motivates the community to have faith in the dependability and comprehensiveness of the family planning services that are provided. The significance of joint efforts lies in the fact that they improve the delivery of services and degree of satisfaction that the community experiences, supporting evidence that such collaborative methods play a major role in enhancing results. In practice, integrated services mean that family planning services are part of a broader health care continuum, ensuring that community members receive comprehensive and coordinated care.

It is also worth noting that the efficacy of monitoring and assessment ($\beta = 0.155, p < 0.001$) serves an important part in determining the level of satisfaction experienced by

the community. The effectiveness and efficiency of family planning initiatives could potentially be better understood with the use of reliable assessment and monitoring technologies. Through the implementation of these operations, programs are regularly evaluated and improved on the basis of real-world evidence, which ultimately results in an increase in their efficiency and responsiveness to the requirements of the community. Monitoring and evaluation that are effective facilitate decision making that is based on evidence, which, in turn, empowers program implementers to identify areas that can be improved, effectively allocate resources, and assure accountability. The ongoing process of evaluation and improvement not only enhances the quality of the services provided, but also serves to establish trust and confidence in the programs within the community. Putting this into practice entails the methodical collection and examination of data to evaluate the effectiveness and influence of family planning programs, and then using these data to make choices and modifications that are informed by such information.

As further referred to in Table 2, the high adjusted R^2 value of 0.747 indicates that the regression model explains a substantial proportion of the variance in community satisfaction. This high explanatory power indicates the relevance and robustness of the identified factors, affirming their compelling role in shaping community perceptions and satisfaction levels. The elevated adjusted R^2 value signifies that the independent variables collectively provide a comprehensive explanation of the factors influencing community satisfaction, reflecting the multidimensional nature of the determinants in play. This powerful explanatory capacity suggests that the model successfully encapsulates the complexities of community satisfaction dynamics within the Indonesian family planning context. It highlights how important it is in terms of incorporating varying yet interconnected factors such as responsive communication, rights-based approaches, collaborative efforts, community participation, and effective monitoring and evaluation into the design and implementation of family planning programs. That is, these factors are not merely peripheral elements, but are central to such programs' success, directly influencing how communities perceive and interact with these services. Thus, the high adjusted R^2 value validates the strategic focus on these variables, emphasizing that enhancing these areas can lead to significant improvements in community satisfaction.

4.3. Reliability Analysis

The reliability analysis of this study focuses on ensuring the internal consistency and dependability of the measurement instruments used to assess both the dependent and independent variables. As the data were collected using various scales, validation of the consistency of these scales had to be established to confirm that they reliably measured the intended constructs. To determine the internal consistency of scales with three or more items, Cronbach's alpha, a statistical measure ranging from 0 to 1 that evaluates the average correlation among items, was employed. Generally, a Cronbach's alpha value of 0.7 or above indicates a good internal consistency, while for two-item scales, the Pearson correlation coefficient, ranging from -1 to $+1$, with values closer to $+1$ indicating a strong positive correlation, assessed the linear relationship between variables.

The reliability coefficients calculated for the scales in this study ranged from 0.733 to 0.877, indicating a spectrum of internal consistency from good to excellent. Specifically, these coefficients suggest that the items within each scale were sufficiently correlated to provide reliable measurements of the constructs they intended to assess. This stringent internal consistency matters because it implies that the scales conveyed consistent results across a variety of assessments, which, in turn, increases the credibility of the conclusions of the research.

When it comes to research of this type, establishing a high level of dependability remains a core concern, since this creates the basis for the validity of the findings that are formed. Reliable measurement tools ensure that the observed relationships between variables are not artifacts of measurement error, but are reflective of true underlying relationships. For instance, when evaluating the effectiveness of follow-up on community

feedback or the implementation of a rights-based approach, a high internal consistency ensures that these constructs are being measured accurately and consistently.

In addition, the reliability analysis makes a contribution to the overall robustness of the regression model that was used in this study. As referred to in Table 2, the high adjusted R^2 value of 0.747, which indicates that the model explained a substantial proportion of the variance in community satisfaction, can be partially attributed to the reliable measurement of the independent variables. The high reliability of these measures enhances the explanatory power of the model, confirming that the identified factors were indeed significant predictors of community satisfaction.

In practical terms, the use of reliable scales means that the study's recommendations for improving family planning programs are based on sound and consistent data. For instance, the findings punctuate the reverberation of effective follow-up on community feedback, a rights-based approach, collaboration with healthcare providers, community participation, and rigorous monitoring and evaluation. The high reliability of the measurement instruments ensures that these recommendations are founded on dependable data, thus providing a solid basis for policy and programmatic interventions.

4.4. ANOVA Results

The results of the ANOVA, as referred to in Table 3, indicate that the regression model is statistically significant, with an F-value of 95.214 and a p -value of less than 0.001. This high F-value and associated p -value suggest that the combined effect of the independent variables—the effectiveness of follow-up on community feedback, implementation of a rights-based approach, collaboration with healthcare providers and facilities, community participation, and effective monitoring and evaluation—is significant in explaining the variance in community satisfaction. This implies that these variables collectively have a substantial impact on the dependent variable, validating the regression model's utility.

Table 3. ANOVA results on public satisfaction in family planning program.

ANOVA ^a						
Model	Sum of Squaresdf			Mean Square	F	Sig.
1	Regression	198.744	5	39.749	95.214	0.000 ^b
	Residual	207.482	497	0.417		
	Total	406.227	502			

^a. Dependent variable: Y; ^b. Predictors: (Constant), X5, X1, X3, X4, and X2.

The ANOVA table further breaks down the sum of squares, degrees of freedom, mean square, F-value, and p -value for each independent variable, providing a detailed statistical foundation for interpreting the results. The sum of squares due to regression (198.744) compared to the sum of squares due to residuals (207.482) underscores the substantial explanatory power of the model. The degrees of freedom for regression (5) and residuals (497) are consistent with the number of independent variables and the sample size, ensuring the reliability of the F-test.

The significance of each independent variable in predicting community satisfaction is confirmed by the high F-values and low p -values. The model's R^2 value of 0.489 indicates that approximately 48.9% of the variance in community satisfaction can be explained by the five independent variables included in the model. This substantial proportion of explained variance points to the robustness and relevance of the identified predictors in shaping community satisfaction.

The pronounced nature of follow-up on community feedback, relative to its effectiveness in addressing concerns and implementing suggestions, marks its position as a factor in enhancing overall community satisfaction with services and initiatives. Prompt and effective follow-up on community feedback significantly influences satisfaction levels, fostering trust and engagement between the community and family planning services. Similarly, the

implementation of a rights-based approach shows that upholding and promoting individual rights within family planning programs is constitutive for achieving high community satisfaction. Respecting informed choices, confidentiality, and non-discrimination are key components that drive positive perceptions and acceptance of family planning services.

Collaboration with healthcare providers and facilities shifts attention to the prominence of integrated and coordinated healthcare approaches. Such collaboration corroborates comprehensive care, facilitating referrals and follow-ups, hence enhancing the overall quality and reliability of family planning services in the eyes of the community. The impact of community participation on satisfaction reinforces the value of involving community members in the planning, implementation, and evaluation of family planning programs. Through active engagement, a feeling of ownership and empowerment is fostered and services are aligned with the desires and requirements of the community.

The implication of effective monitoring and evaluation indicates that robust monitoring and evaluation mechanisms are consequential for maintaining and improving the quality of family planning services. These processes ensure accountability, continuous improvement, and data-driven decision making in a manner that increases community trust and satisfaction.

The ANOVA results affirm and confirm the criticality of the five identified factors in influencing community satisfaction with Indonesian family planning programs. The statistical connotation of the regression model, coupled with the substantial proportion of explained variance, points to the emphasis of responsive communication, rights-based approaches, community participation, collaborative efforts, and effective monitoring and evaluation. These findings build a solid empirical foundation for enhancing family planning programs, assuring that they are well-aligned with community needs and expectations, ultimately contributing to improved reproductive health outcomes in Indonesia.

5. Discussion

This study represents the understandings of the key factors that affect community satisfaction with participation and satisfaction in family planning programs in Indonesia. The findings sought to point out that what is important is proper follow-up on community input, the use of a rights-based approach, community engagement, collaboration with healthcare professionals and facilities, and the power of monitoring and evaluation.

One of the most important functions that responsive communication and listening to community voices has in the process of developing and rolling out family planning programs can be observed by the significant impact that effective follow-up on community input has on levels of satisfaction. Evidence from a plethora of studies ([Kassa et al. 2019](#); [Moore 1996](#); [Mpunga et al. 2017](#); [Stover et al. 2024](#)) points out that reproductive health interventions have a better chance of being successful and well acknowledged when communities take an active role and there is two-way communication. As they work to build relationships based on trust and cooperation, PKBs can better meet the needs and fulfill the dreams of the individuals they assist by listening to and addressing their concerns.

The prominence of a rights-based approach in influencing community satisfaction reflects a paradigm shift in family planning service provision, moving away from historical coercive practices and towards a framework that upholds individual autonomy, informed choices, and non-discrimination ([Kismödi et al. 2015](#); [Sen and Govender 2015](#); [Senderowicz 2019](#); [Firestone et al. 2011](#); [UNFPA 2014](#)). This transition is significant because it reinforces a commitment to providing family planning services that are both ethical and consensual, which is fundamental for establishing trust and enhancing community satisfaction. The findings here add to the expanding body of knowledge that supports the introduction of human rights concepts into reproductive health programs, ensuring that the dignity and well-being of individuals remain at the forefront of service delivery. Specifically, the rights-based approaches identified in this study, such as respecting informed choice, ensuring confidentiality, and promoting non-discrimination, directly address past issues of coercion and a lack of consent in Indonesian family planning initiatives by emphasizing individual

autonomy, rectifying historical injustices, and commencing a commitment to ethical and consensual services.

When it involves predicting community satisfaction, collaboration with healthcare professionals and facilities emerges as another noteworthy factor. This highlights the prerequisite of integrated and coordinated efforts in the delivery of comprehensive family planning services. It falls in tandem with further research that has documented just how essential it is for the public and private sectors to work closely to improve reproductive health care access and quality (Agarwal et al. 2019; Hatt et al. 2015; Thurston et al. 2015). The delivery of continuous and comprehensive care that caters to the varying needs of people and families is rendered achievable by PKBs through the cultivation of frequent contact and interaction between healthcare professionals and facilities.

The advantageous impacts that community engagement and positive monitoring and evaluation have on community satisfaction, albeit to a lesser extent, clarify the relevance of including communities in the process of designing, implementing, and evaluating family planning programs. This participatory strategy encourages a feeling of ownership and empowerment, leading to increased satisfaction and adoption of family planning services. When communities are actively involved, they are more likely to perceive the services as relevant and tailored to their specific needs, which enhances trust and cooperation between service providers and community members. Moreover, engaging the community helps to identify and address potential barriers to service utilization, ensuring that the programs are more effective and responsive. This inclusive approach not only improves the quality and acceptance of family planning services, but also fosters a supportive environment where individuals feel respected and valued, ultimately contributing to the overall success and sustainability of such programs (Gupta et al. 2019; Schaaf et al. 2020; Temmerman et al. 2014).

Furthermore, Escamilla et al. (2018) and Fruhauf et al. (2018) state that strong monitoring and evaluation systems are key for evaluating program performance, finding areas for improvement, and influencing decision making that is based on evidence. Effective monitoring and evaluation allow for the continuous assessment of family planning programs, ensuring that they remain responsive to the evolving needs of the community. By systematically collecting and analyzing data, these systems identify strengths and weaknesses, facilitating timely adjustments and enhancements to the programs. This process not only helps in optimizing resource allocation, but also in maintaining high standards of service delivery. Even more notable is that robust monitoring and evaluation practices foster transparency and accountability, building trust among community members and stakeholders. Evidence-based decision making, supported by accurate and comprehensive data, ensures that the interventions are both effective and efficient, ultimately leading to improved community satisfaction and better health outcomes.

This research underscores how important the identified variables are in creating community satisfaction, indicating the need to address multiple aspects in order to enhance the success of family planning programs. It finds that family planning programs in Indonesia can improve reproductive health outcomes by focusing on rights-based approaches, community feedback, strong monitoring and evaluation, healthcare provider collaboration, community involvement, and effective communication. These new understandings will allow for the formulation of evidence-based policies and programs that put the spotlight on the satisfaction of the community, as well as reproductive health, thus contributing to improvement in the well-being of the Indonesian people.

More generally, these findings add to the overarching objective of bringing Indonesia's TFR down to the level of 2.1 that is suggested for sustainable population management. Policymakers and program implementers are able to create focused interventions to increase service quality, accessibility, and acceptability when they first identify the significant factors that influence community satisfaction with their family planning programs. Previous studies (Assaf et al. 2017; RamaRao et al. 2003; Tessema et al. 2016) have concluded that increasing community satisfaction is likely to result in an increase in the use of family planning services, which will eventually lead to a drop in the TFR.

The study provides further clarity on the significant role that external financing organizations, such as USAID, UNFPA, and the World Bank, perform in ensuring the successful implementation of optimum practices within family planning projects. In addition to providing essential resources that need to be provided for continuous monitoring, these organizations ensure that suitable contraceptive techniques can be made available, and they also provide ancillary services such as nutritional assistance and access to clean water. Especially in settings with limited resources, Indonesia has the capacity to strengthen its family planning programs by taking advantage of the specialized knowledge, assets, and global best practices advocated by these international bodies (Ali et al. 2013; Cavallaro et al. 2016; Choi et al. 2015; Darroch and Singh 2013).

For the most part, this study represents a road map for the “right prescription” that would increase community satisfaction with family planning programs in Indonesia. Policymakers and program implementers will have the capacity to devise a formula for success that takes into consideration the particular needs and goals of the communities they serve if they place a high priority on responsive communication, rights-based methods, cooperation, community engagement, and monitoring and evaluation. This prescription, which has been adapted to the circumstances of Indonesia, presents an effective path ahead for enhancing the outcomes of reproductive health, lowering the TFR, and eventually achieving sustainable population control in the nation.

6. Conclusions

This study provides the understanding of the key factors influencing community satisfaction with participation and involvement in family planning programs in Indonesia. The findings underscore the importance of effective follow-up on community feedback, the use of a rights-based approach, collaboration with healthcare providers and facilities, community participation, and monitoring and evaluation in shaping the success and acceptability of family planning interventions. These factors emerge as the “right prescription” for enhancing community satisfaction and, ultimately, promoting sustainable population growth in Indonesia.

There is a significant impact that excellent follow-up has on the input received from the community, which underscores the essential nature that responsive communication and listening to the voices of the community have in the process of creating and executing successful family planning programs. Through attentive listening and prompt action in response to community issues, societies may better understand and meet the needs and goals of the people they assist, therefore cultivating a sense of trust and collaboration. These findings are consistent with the expanding body of scholarship that places an emphasis on the power of community participation and communication in both directions in the process of improving the effectiveness and acceptability of reproductive health treatments.

There are also signs of a paradigm shift in the provision of family planning services, moving away from traditional coercive tactics and towards a framework that promotes human autonomy, informed choices, and non-discrimination. The predominance of a rights-based approach in influencing community satisfaction is a reflection of this movement. While it indicates a commitment to providing family planning services that are both ethical and consensual, this change has significance for establishing trust and boosting the level of satisfaction within the community. When it comes to predicting community satisfaction, collaboration with healthcare professionals and facilities emerges as another significant component. This highlights the need for integrated and coordinated efforts in the delivery of comprehensive family planning services.

The essence of including communities in the development, execution, and evaluation of family planning programs is further emphasized by the observation that community engagement has a beneficial impact on community satisfaction, as well as effective monitoring and evaluation. Implementation of the best practices that have been identified is absolutely necessary for the purpose of both improving the level of community satisfaction and promoting a sustainable population increase in Indonesia.

However, it is of the same significance to resolve concerns that have occurred in the past, such as unethical behaviors and a lack of informed consent, while also ensuring that sufficient resources are available for the effective execution of the program. In order to do this, commitment must be maintained to the protection of reproductive rights, to the dissemination of complete information, and to the use of the knowledge and resources provided by external financing sources. As an additional point of interest, the reduction in Indonesia's TFR to the level of 2.1 that is suggested for sustainable population management should continue to be a focus. The accomplishment of this objective calls for the implementation of specific interventions that take into account the intricate interaction of socioeconomic elements, such as educational possibilities, job prospects, and gender equality. By fostering educated reproductive choices and postponing marriage and childbirth, empowering women by the means of education and economic opportunity may lead to a considerable reduction in the TFR.

The findings of this study have broader relevance for other countries and regions facing similar population and family planning challenges. Many low- and middle-income nations, particularly those in Asia and Africa, are struggling to meet the challenge of managing fast population increases while also protecting the rights and well-being of their citizens (Cleland et al. 2006; May 2017). The experiences and lessons learned from Indonesia's family planning program, as highlighted in this study, can serve as a helpful compass for these countries as they seek to design and implement effective and sustainable family planning interventions. The study's emphasis on community satisfaction and the key factors influencing it, such as rights-based approaches, community engagement, and responsive communication, is particularly relevant for countries seeking to transition from coercive or target-driven family planning programs to more inclusive and participatory models. A holistic strategy that covers not just the supply of contraceptive techniques, but also the wider social, cultural, and economic determinants of reproductive health is emphasized by these results, which highlight the need for adopting such an approach.

As Indonesia continues on its path towards achieving sustainable population growth and better reproductive health outcomes, the insights that emerged from this study will serve as an example to follow. Family planning programs have an opportunity to bring about a more favorable future for Indonesian communities if they adopt the "right prescription" of responsive communication, rights-based methods, cooperation, community engagement, and comprehensive monitoring and evaluation. The way forward is one of empowerment, in which women are provided with the information and tools mandatory to make well-informed decisions about their reproductive health, and in which communities assume an active role and becoming involved in the process of developing the programs that are designed to serve them. The Indonesian government is well positioned to become a model for community-driven family planning projects that are effective when policymakers, program implementers, and academics collaborate closely with one another, led by the lessons of the past and the promise of the future. The journey may be challenging, but the destination—a nation where every family can thrive—is well worth the effort.

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