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Bridging the Rural Contraceptive Divide: A Social Marketing and Counseling Approach in Geographically Isolated Communities

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Abstract

This qualitative study employs a descriptive phenomenological approach to examine counseling-based social marketing strategies aimed at enhancing family planning (KB) program access and adoption in West Poleang District, Bombana Regency. Operating within a geographically isolated rural setting characterized by infrastructure constraints, low health literacy, and persistent sociocultural barriers, the research investigates how frontline field workers (PLKB) navigate these challenges. Data were gathered through semi-structured, in-depth interviews with 18 key and supporting informants, including institutional leaders, field personnel, local figures, and active acceptors, alongside document review and field observations. The analytical process integrated Moustakas's phenomenological framework with Miles, Huberman, and Saldana's interactive model. The findings reveal that baseline conditions were severely hindered by geographical remoteness, human resource shortages, contraceptive myths, and patriarchal decision-making norms. To counter these obstacles, the Regional Technical Implementation Unit (UPTD) KB implemented a localized social marketing strategy centered on audience segmentation, behavioral focus, exchange theory, and value alignment. Crucially, the collaborative integration of religious and community leaders successfully dismantled religious hesitations and psychological risks associated with long-acting reversible contraceptives (LARCs). Post-intervention evaluations indicate substantial improvements in public health literacy, particularly regarding religious compatibility (+42%), which directly drove a significant surge in active contraceptive acceptors from 942 in 2023 to 1,876 in 2025. These results confirm that structured, face-to-face interpersonal counseling combined with multi-stakeholder collaboration serves as an effective mechanism for accelerating public health program adoption in resource-constrained rural environments.

Keywords:
family planning; interpersonal counseling; rural health disparities; social marketing

Abstrak

Studi kualitatif ini menggunakan pendekatan fenomenologis deskriptif untuk mengkaji strategi pemasaran sosial berbasis konseling yang bertujuan meningkatkan akses dan adopsi program Keluarga Berencana (KB) di Kecamatan Poleang Barat, Kabupaten Bombana. Penelitian ini mengeksplorasi bagaimana petugas lapangan (PLKB) menghadapi berbagai tantangan di wilayah perdesaan yang terisolasi secara geografis, dengan kendala infrastruktur, rendahnya literasi kesehatan, serta hambatan sosiokultural yang masih kuat. Data dikumpulkan melalui wawancara mendalam semi-terstruktur dengan 18 informan kunci dan pendukung—termasuk pimpinan kelembagaan, petugas lapangan, tokoh masyarakat, dan akseptor aktif—

serta melalui tinjauan dokumen dan observasi lapangan. Proses analisis mengintegrasikan kerangka kerja fenomenologis Moustakas dengan model interaktif dari Miles, Huberman, dan Saldana. Temuan menunjukkan bahwa kondisi awal sangat terkendala oleh keterpencilan geografis, kekurangan sumber daya manusia, mitos seputar kontrasepsi, dan norma pengambilan keputusan yang patriarkal. Untuk mengatasi hambatan tersebut, Unit Pelaksana Teknis Daerah (UPTD) KB menerapkan strategi pemasaran sosial yang disesuaikan dengan konteks lokal, dengan fokus pada segmentasi audiens, perubahan perilaku, teori pertukaran, dan penyelarasan nilai. Secara khusus, kolaborasi yang melibatkan tokoh agama dan tokoh masyarakat terbukti berhasil menepis keraguan yang didasari oleh alasan keagamaan serta kekhawatiran akan risiko psikologis terkait penggunaan metode kontrasepsi jangka panjang (MKJP). Evaluasi pasca-intervensi menunjukkan peningkatan signifikan dalam literasi kesehatan masyarakat, terutama terkait kesesuaian dengan nilai-nilai agama (+42%), yang secara langsung mendorong lonjakan jumlah akseptor KB aktif dari 942 orang pada tahun 2023 menjadi 1.876 orang pada tahun 2025. Hasil ini mengonfirmasi bahwa konseling interpersonal tatap muka yang terstruktur, dipadukan dengan kolaborasi multipihak, merupakan mekanisme yang efektif untuk mempercepat adopsi program kesehatan masyarakat di lingkungan perdesaan dengan keterbatasan sumber daya.

Kata Kunci:
keluarga berencana; kesenjangan kesehatan perdesaan;konseling interpersonal; pemasaran sosial

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Introduction

The Family Planning (Keluarga Berencana/KB) program in Indonesia possesses a long historical track record dating back to the New Order era in the late 1960s, when the government recognized rapid population growth as a critical bottleneck to national economic development and social stability (Hull, 2020). The establishment of the National Population and Family Planning Board (Badan Kependudukan dan Keluarga Berencana Nasional/BKKBN) in 1970, heavily supported by international agencies such as UNFPA and USAID, marked a pivotal institutional commitment to curbing total fertility rates (TFR) and managing demographic structures by ensuring equitable access to modern contraception for couples of childbearing age (BKKBN, 2026; Wilopo et al., 2021). Over the decades, the governance dynamics of the national KB program underwent structural shifts, particularly following the political reform and the execution of regional autonomy in the early 2000s. The decentralization of health administration transferred executive authority from the central government to municipal and regency-level administrations, triggering institutional realignments that presented persistent challenges regarding inter-agency coordination, budgetary commitments, and equity in resource distribution (Mizuno, 2021; Health of Ministry, 2022). These structural disparities are most pronounced in rural, archipelagic, and frontier areas, where healthcare infrastructure, logistics supply chains, and human capital remain structurally constrained (Arifi et al., 2023). Beyond reproductive health services,

effective population management serves as a fundamental macroeconomic catalyst for economic growth, human capital accumulation, and poverty alleviation—a critical prerequisite for Indonesia to optimize its ongoing demographic dividend (Kusumawardani et al., 2026; Utomo et al., 2022).

Nationally, macro-level indicators derived from the Indonesian Demographic and Health Survey (IDHS/SDKI) and official BKKBN performance reports reflect a positive trajectory in the Modern Contraceptive Prevalence Rate (mCPR), which recorded 58.0% in 2022 and marginally increased to 59.1% in 2023 (BKKBN, 2026). Nevertheless, these aggregate national metrics mask sharp spatial and socioeconomic inequalities across regions (Agus et al., 2021). Empirical data from BKKBN (2023) highlight a stark urban-rural divide: modern contraceptive prevalence reached 59.8% in urban centers, whereas rural areas lagged significantly at 41.2% (Satu Data Indonesia, 2026). This geographic divide underscores a critical barrier to program acceptance and service delivery at the grassroots level, as vividly illustrated in the operational context of the Regional Technical Implementation Unit (Unit Pelaksana Teknis Daerah/UPTD) for Family Planning in West Poleang District, Bombana Regency, Southeast Sulawesi. As an isolated rural district where the populace primarily relies on smallholder agriculture and artisanal fisheries, West Poleang exhibits low educational attainment, with only 40% of the productive-age population having completed upper secondary education (Badan Pusat Statistik Kabupaten Bombana, 2026; Rahayu et al., 2024).

Operational records indicate that active KB participation in West Poleang District remains critically suppressed, standing at only 1,261 active acceptors distributed across 12 rural villages and sub-districts. This suppressed participation rate stems from a complex confluence of physical, logistical, and sociocultural barriers. Physically, clients face difficult geographical terrain, long commuting distances to primary healthcare centers (Puskesmas), and frequent stock-outs of long-acting reversible contraceptives (LARCs) such as implants and intrauterine devices (IUDs) (Setyawan et al., 2023). Structurally, the district suffers from a acute shortage and uneven deployment of Family Planning Field Workers (Petugas Lapangan Keluarga Berencana/PLKB) and community health cadres, overburdening existing field personnel (Wulandari & Laksono, 2021). At the cognitive and sociocultural level, the region is characterized by low health literacy, persistent myths surrounding contraceptive side effects (such as permanent infertility, weight gain, or hormonal disruption), and socio-religious resistance rooted in patriarchal decision-making norms (Mahmudah et al., 2021; Darwin et al., 2022).

To dismantle these behavioral and structural bottlenecks, the Social Marketing Approach offers a powerful analytical and interventionist framework. Conceptualized by Kotler & Lee (2021), social marketing adapts commercial marketing principles—specifically the strategic manipulation of product, price, place, and promotion (the 4 Ps)—to influence voluntary behavior change that benefits individuals and society as a whole. In public health and reproductive healthcare, social marketing moves beyond basic product distribution or mass-media advertising; it integrates culturally sensitive education, minimizes perceived non-monetary costs (e.g., fear, social stigma, travel effort), and leverages local social structures (Lefebvre, 2023; Storey et al., 2020). Within this framework, structured health counseling functions as a core persuasive communication mechanism. While digital platforms and tele-health interventions have expanded rapidly in urban centers, face-to-face,

interpersonal counseling delivered by trusted local communicators remains the most potent strategy in resource-limited rural environments characterized by poor digital infrastructure and low digital literacy (Nutbeam & Lloyd, 2021; Masduki, 2022).

The academic discourse on health counseling and social marketing for reproductive health programs in Indonesia is extensive. Sukamto (2020) demonstrated that social marketing-based counseling engaging religious and customary leaders significantly altered community risk perceptions and improved contraceptive uptake in rural Java. Subiyanto and Hartono (2020, pp. 112–114) evaluated modern social marketing techniques, concluding that persistent non-participation in remote areas primarily stems from systemic knowledge deficits and the absence of continuous, interactive counseling. Furthermore, a comprehensive study by the Ministry of Health (2021, p. 39) analyzed the opportunities and structural limits of digital health information dissemination, noting that digital channels often fail to achieve meaningful behavioral adoption in underdeveloped rural communities without face-to-face intermediary support.

Despite these contributions, a prominent research gap remains in the existing literature. Most previous studies have either analyzed macro-level demographic datasets (e.g., IDHS) using quantitative regression models (Wulandari et al., 2022) or evaluated high-level mass media campaigns and digital interventions without investigating the micro-level implementation mechanics at the sub-district institutional level (UPTD) in geographically isolated settings. Furthermore, there is a lack of empirical research examining how frontline PLKB workers and cadres navigate limited institutional capacity, deep-seated cultural resistance, and logistical barriers through tailored counseling-based marketing strategies in the specific context of rural Southeast Sulawesi.

The novelty and distinctiveness of this study lie in the conceptualization and empirical evaluation of a contextual counseling-based social marketing model. This model uniquely synthesizes: (1) interpersonal counseling techniques tailored to low-literacy populations; (2) multi-stakeholder governance integrating village heads, customary leaders (tokoh adat), and religious figures (tokoh agama); and (3) hybrid, low-tech communication channels (such as localized social networking groups and community gathering sessions) adapted to the geographical constraints of West Poleang District.

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Addressing these empirical and theoretical issues, this study sets out three primary objectives (1) to analyze the baseline conditions regarding access, community perceptions, and modern contraceptive utilization at the UPTD KB in West Poleang District prior to structured counseling interventions; (2) to formulate and detail an effective, culturally grounded, and counseling-based social marketing strategy to enhance contraceptive access and demand; and (3) to evaluate the impact

of these structured counseling interventions on raising public awareness, dismantling health myths, and driving active family planning participation.

The urgency of this research is tied to Indonesia's imperative to reduce regional reproductive health disparities and achieve its national demographic targets (RPJMN and SDGs Goal 3.7). Academically, this study enriches the literature on social marketing in public administration and healthcare service delivery within underdeveloped regions. Practically, it provides evidence-based policy benchmarks for the UPTD KB of West Poleang District and the Regional Government of Bombana Regency to formulate targeted, resource-efficient, and sustainable health communication strategies.

Methods

This qualitative study adopts a descriptive phenomenological approach to explore and analyze counseling-based social marketing strategies aimed at increasing access to and adoption of family planning (KB) products at the Regional Technical Implementation Unit (UPTD) for Family Planning in West Poleang District, Bombana Regency. The phenomenological lens was specifically chosen to examine the lived experiences, shared perceptions, and behavioral adaptations of both frontline family planning field workers (PLKB), as agents of change and community members as service recipients during the delivery and reception of structured health counseling. grounded in the theoretical frameworks of social marketing and persuasive communication, this study interprets how interpersonal interactions, local social structures, and contextual health messaging influence community attitudes and behavioral choices in a geographically isolated setting with relatively low health literacy.

Research data were derived from both primary and secondary sources. Primary data were gathered through semi-structured, in-depth interviews with 18 purposively selected informants until data saturation was achieved. Key informants comprised 1 Head of UPTD KB, 7 PLKB field workers, and 2 Village Heads, who provided structural insights into strategic implementation and institutional challenges. Supporting informants included 5 housewives (active contraceptive acceptors), 1 Village Midwife, 1 Religious Leader, and 1 Village KB Cadre, who elucidated grassroots sociocultural reception, community health myths, and interpersonal counseling dynamics. Secondary data were retrieved from UPTD active acceptor achievement reports, regional demographic profile documents, and relevant scholarly literature, which were utilized for data source triangulation.

Data analysis synthesized the phenomenological procedures of Moustakas with the interactive data analysis model of Miles, Huberman, and Saldana. The analytical process commenced with the epoché phase (bracketing researcher biases and assumptions) and horizonalization to extract significant statements and core meaning units from the informants' experiences without imposing unequal thematic weights. Subsequently, these meaning units were clustered into primary themes representing both textural experiences (what was experienced) and structural experiences (how it was experienced within the local cultural context of West Poleang). In the final stage, data reduction, descriptive-narrative display, and conclusion drawing were executed to articulate the underlying essence of how counseling-based social marketing strategies effectively shift public perceptions and drive active participation.

Results and Discussion

Baseline Conditions of Access to and Usage of KB Products at UPTD KB West Poleang District Prior to Counseling Interventions

An analysis of the baseline conditions in the operational area of the Regional Technical Implementation Unit (UPTD) for Family Planning in West Poleang District revealed significant structural, geographical, and psychosocial barriers prior to the implementation of structured counseling interventions. Based on internal documentation and field observations, these baseline conditions were characterized by three primary aspects:resource availability, contraceptive usage patterns, and community knowledge and perceptions.

1. Facility Limitations, Human Resource Shortages, and Geographical Challenges

West Poleang District spans an area of approximately 312.46 km² with varying topography ranging from lowlands to hilly terrain. Inadequate road infrastructure, particularly in northern villages such as Rakadua and Analere, poses a tangible physical barrier for residents attempting to access healthcare facilities. These geographical hurdles are compounded by a critical shortage of Family Planning Field Workers (PLKB). Serving a coverage area of 12 villages with 3,218 Couples of Childbearing Age (PUS), the district relies on only two active PLKB personnel.

As articulated by the Head of the UPTD KB West Poleang District: "We lack field personnel. Ideally, there should be at least one PLKB worker for every two villages, but here two personnel must cover twelve villages. Consequently, we must prioritize villages that already have a higher number of acceptors." (Interview with Mustapa, July 8, 2025).

This limited outreach was corroborated by local administrative officials. La Ode Karim, Head of Rakadua Village, stated:

> "A major obstacle to the KB program in Rakadua Village is distance and limited transportation. Residents frequently delay visiting the health center or the UPTD KB office because it is far away—especially during the rainy season when roads become slippery and difficult to pass." (Interview with La Ode Karim, July 14, 2025).

Regarding service delivery, contraceptive care relied heavily on monthly Posyandu activities or periodic visits to the main public health center (Puskesmas). Midwife Fitriani from Lameong-Meong Village highlighted:

> "Most KB services are provided during monthly immunization or Posyandu sessions. We typically provide injections or distribute pills when Posyandu is scheduled. Outside of those schedules, residents rarely visit because of the distance to the main health center." (Interview with Fitriani, July 14, 2025).

These findings align with Arifi et al. (2023) regarding healthcare accessibility, who noted that geographic distance and inadequate transport infrastructure in rural areas remain primary determinants of low preventive healthcare utilization. Within the framework of Notoatmodjo (2018), physical

environment and service accessibility represent critical predisposing factors governing health behavior.

2. Community Knowledge, Perceptions, and Sociocultural Barriers

Prior to structured counseling interventions, public awareness regarding the diversity of modern contraceptive methods was severely limited. Most couples were familiar only with short-acting methods, such as injections and pills, while long-acting reversible contraceptives (LARCs) like IUDs and implants were underutilized due to circulating myths and fear of side effects.

This knowledge deficit is illustrated by the experience of Nur Aini, an active acceptor from Balasari Village:

> "I used to think injections were the only option. After the counselor explained it, I learned about pills, IUDs, and implants. I previously believed that using an IUD would cause permanent infertility, so I refused to use it." (Interview with Nur Aini, July 12, 2025).

In addition to information scarcity, cultural norms and gender dynamics significantly influenced KB participation. Male dominance in household decision-making served as a distinct psychosocial barrier for women. Wati, a village KB cadre in Pabiring, explained: "Many wives want to join the KB program but are hesitant because their husbands do not consent. Husbands often object out of fear that their wives will not be able to bear children again." (Interview with Wati, July 13, 2025).

These empirical findings reinforce the observations of Darwin et al. (2022) and Budiarto (2019), who emphasized that patriarchal structures and traditional community norms play a decisive role in reproductive decision-making in rural households. Without targeted educational outreach engaging husbands and local figures, these sociocultural barriers persistently depress participation rates.

Formulating a Counseling-Based Social Marketing Strategy to Enhance Access to KB Products

To overcome geographical barriers and low community participation in West Poleang District, the UPTD KB designed and implemented a counseling-based social marketing strategy. This approach adapts the social marketing mix to the rural sociocultural context across key strategic dimensions:

1. Audience Segmentation

Audience segmentation was executed to ensure messaging was tailored and relevant to specific sub-groups.The UPTD KB categorized the target population into four primary segments: (1) non-acceptor Couples of Childbearing Age (PUS); (2) drop-out acceptors; (3) pre-marital youth; and (4) community leaders, religious figures, and village cadres acting as change intermediaries.

Field worker Aswar Efendi highlighted the effectiveness of this segmented approach:

> "Couples of childbearing age can be grouped into distinct segments: young couples, mature couples, and those with lower educational attainment. Younger couples require explanations regarding health benefits, whereas those with multiple children focus more on maternal health." (Interview with Aswar Efendi, July 15, 2025).

This strategy accords with core social marketing principles outlined by Kotler & Lee (2021) and Hurriyati (2018), asserting that behavioral intervention efficacy depends on recognizing audience heterogeneity and customizing messaging accordingly.

2. Behavioral Focus

The behavioral focus extended beyond increasing cognitive knowledge toward driving tangible attitudinal shifts, specifically mitigating fears surrounding contraceptive side effects and encouraging spousal involvement. PLKB Sukmawati explained:

> "The primary behavior we aimed to alter was the low adoption of modern contraceptives, particularly Long-Acting Reversible Contraceptives (LARCs). Many residents hesitated due to rumored side effects. Therefore, our initial focus was dispelling those fears." (Interview with Sukmawati, July 14, 2025).

3. Exchange Theory and Value Alignment in Health Counseling

Grounded in exchange theory within social marketing, individuals adopt new behaviors when perceived benefits outweigh perceived costs or risks. In West Poleang District, psychological costs—such as fears regarding religious prohibitions and health side effects—were minimized through persuasive counseling conducted in collaboration with religious leaders.

Ustaz Baharuddin, a religious leader in Matabundu Village, stated:

> "I explain to the community that KB does not restrict divine blessings, but serves as an effort to manage family welfare and health. After framing it this way, many community members became interested in joining the program." (Interview with Ustaz Baharuddin, July 16, 2025).

This collaborative approach supports the findings of Sukamto (2020), demonstrating that integrating religious and community leaders into counseling-based social marketing effectively dismantles cultural and religious resistance in rural populations.

Evaluating the Impact of Counseling-Based Marketing Strategies on KB Participation

The execution of structured counseling-based marketing strategies yielded measurable improvements in community health literacy and active KB participation across West Poleang District.

1. Improvements in Public Knowledge

Post-intervention evaluations revealed substantial knowledge gains across all reproductive health indicators,as summarized below:

Table 1. Comparison of Community Knowledge Levels Pre- and Post-Intervention

Knowledge Indicator	Pre-Intervention (%)	Post-Intervention (%)	Absolute Increase (%)
Awareness of modern contraceptive types	43	81	+38
Understanding KB health benefits	46	84	+38
Knowledge of contraceptive correct usage	38	76	+38
Awareness of nearest service locations	52	88	+36
Perception that KB aligns with religious values	31	73	+42

Source: Research Data, 2026

The data indicate that the highest knowledge gain occurred in religious alignment (+42%), demonstrating that involving faith-based leaders successfully dismantled significant psychosocial barriers.

2. Increase in Active KB Acceptors

The empirical success of the intervention is reflected in the steady increase of active contraceptive acceptors in West Poleang District over time:

Table 2. Growth of Active KB Acceptors in West Poleang District

Year	Number of Villages	Total Active Acceptors
2023	12	942
2024	12	1,261
2025	12	1,876

Source: Official Documentation of UPTD KB West Poleang District, 2026

Active participation grew substantially from 942 acceptors in 2023 to 1,876 acceptors in 2025. This surge demonstrates that an adaptable, segment-focused social marketing strategy leveraging local stakeholders can effectively overcome geographical and psychological constraints in rural communities. These results align with empirical studies by Subiyanto & Hartono (2020) and Masduki (2022), confirming that structured interpersonal counseling and localized social marketing significantly accelerate public health program adoption in resource-constrained rural environments.

Conclusion

This study demonstrates that the implementation of a structured, counseling-based social marketing strategy effectively addresses the complex geographical, structural, and sosiocultural barriers hindering the Family Planning (Keluarga Berencana/KB) program in West Poleang District, Bombana Regency. Initially, baseline conditions revealed low participation driven by severe infrastructure limitations, acute shortages of frontline field workers (PLKB), pervasive health myths, and patriarchal household decision-making. By adapting core social marketing principles—specifically audience segmentation, behavioral focus, exchange theory, and value alignment—the Regional Technical Implementation Unit (UPTD) KB successfully altered public perceptions and minimized the perceived psychological and religious risks of modern contraception. The strategic

integration of local stakeholders, particularly faith-based and community leaders, played a pivotal role in dispelling misconceptions regarding long-acting reversible contraceptives (LARCs) and aligning family planning with local socio-religious values. Consequently, post-intervention outcomes showed substantial gains in community health literacy across all indicators, with the most notable increase observed in the perception that family planning aligns with religious teachings (+42%). Empirically, this shift translated into a significant growth in active contraceptive acceptors, rising from 942 in 2023 to 1,876 in 2025. These findings confirm that localized, face-to-face interpersonal counseling remains the most powerful instrument for accelerating public health program adoption in resource-constrained rural environments.

Based on these findings, several strategic recommendations are offered to ensure the long-term sustainability and expansion of the program. Institutionally, the Regional Government of Bombana Regency and the Department of Population Control and Family Planning (DPPKB) must address frontline human resource deficits by increasing the recruitment and equitable deployment of PLKB workers and community cadres across remote villages, alongside securing continuous logistics supply chains for contraceptive products to eliminate stock-outs. Operationally, the UPTD KB of West Poleang District should institutionalize the collaborative counseling framework by formally embedding local religious leaders, village heads, and midwives into routine mobile health visits (Posyandu) and outreach programs. Furthermore, future counseling initiatives should expand their behavioral focus to design male-targeted educational campaigns, thereby transforming male partners from passive gatekeepers into active advocates for family planning. Academically, future researchers are encouraged to conduct longitudinal and comparative studies across diverse archipelagic and rural regions to evaluate the sustained behavioral impact of social marketing interventions over longer operational timeframes.

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