

From Awareness to Action: Designing a Strategic and Inclusive Gender-Responsive Maternal Health Campaign for Rural Indonesia

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Keywords:

Gender-Transformative Advocacy; Maternal Health; Public Health Policy; Strategic Communication; TARES Framework.

Abstract

This article outlines a strategic maternal health campaign designed for rural Indonesia, addressing persistent gender-based barriers and inequalities in healthcare access. Based on Mahoney's strategic communication planning model and assessed using the Truthfulness, Authenticity, Respect, Equity, and Social Responsibility (TARES) ethical persuasion framework, the campaign incorporates culturally meaningful narratives and participatory advocacy to encourage safe maternal practices. It aims to address Indonesia's high maternal mortality rates, especially in remote areas, by connecting traditional birthing customs with modern medical care and fostering collaboration between midwives and traditional birth attendants. The campaign employs social movement framing theory to galvanise community support, utilising storytelling, local media, and interpersonal communication to engage various stakeholders, including religious leaders, village health workers, and family decision-makers. Based on gender and development theory, the study emphasises how decentralisation and strong social norms limit women's independence and access to skilled care. It employs strategic messaging and inclusive methods, such as mobile health clinics, community posters, and village discussions to address structural and cultural obstacles. Ethical issues related to informed consent and narrative influence are addressed through respectful and honest communication. The article also encourages higher service utilisation, greater trust in midwives, and increased community engagement. This campaign provides an approach that can be replicated for ethical, gender-focused maternal health advocacy in low-resource areas, aiding Indonesia in achieving Sustainable Development Goal 3.1.

Kata kunci:

Advokasi Transformasi Gender; Kesehatan Ibu; Kebijakan Kesehatan Publik; Komunikasi Strategis; Kerangka TARES.

Abstrak

Artikel ini menguraikan kampanye strategis yang dirancang khusus untuk kesehatan ibu yang berada di wilayah pedesaan Indonesia dengan fokus pada hambatan berbasis gender dan ketimpangan akses terhadap layanan kesehatan. Berdasarkan model perencanaan komunikasi strategis Mahoney dan dievaluasi menggunakan kerangka etika persuasi kejujuran, keaslian, hormat, kesetaraan, dan tanggung jawab sosial (TARES), kampanye ini mengintegrasikan narasi yang bermakna secara budaya serta pendekatan advokasi partisipatif untuk mendorong praktik persalinan yang aman. Kampanye ini bertujuan untuk mengatasi tingginya angka kematian ibu di Indonesia terutama di daerah terpencil dengan menghubungkan tradisi kelahiran lokal dengan perawatan medis modern, serta mendorong kolaborasi antara bidan dan dukun beranak. Teori pembersihan gerakan sosial digunakan untuk membangkitkan dukungan komunitas dengan memanfaatkan teknik bercerita, media lokal, dan komunikasi untuk melibatkan berbagai pemangku kepentingan termasuk tokoh agama, tenaga kesehatan desa, dan pengambil keputusan dalam keluarga. Mengacu pada teori gender dan pembangunan, studi ini menekankan bagaimana desentralisasi dan norma sosial yang kuat membatasi kemandirian perempuan serta akses mereka terhadap tenaga kesehatan yang terampil. Kampanye ini menerapkan penyampaian pesan strategis dan metode inklusif, seperti klinik kesehatan keliling, poster

komunitas, dan diskusi desa untuk mengatasi hambatan struktural dan budaya. Isu etika terkait persetujuan yang diinformasikan dan pengaruh naratif ditangani melalui komunikasi yang jujur dan penuh hormat. Artikel ini juga mendorong peningkatan pemanfaatan layanan, kepercayaan yang lebih besar terhadap bidan, dan keterlibatan komunitas yang lebih tinggi. Pendekatan kampanye ini dapat direplikasi untuk advokasi kesehatan ibu yang etis dan berfokus pada gender di wilayah dengan sumber daya terbatas, serta mendukung Indonesia mencapai Tujuan Pembangunan Berkelanjutan 3.1.

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Submitted on 25 August 2025; revisions on 29 August 2025; online publication on 31 August 2025

1. Introduction

Over the past 10 years, Indonesia's Maternal Mortality Ratio (MMR) has decreased by 45% (Indonesian Central Statistics Agency, 2024). However, this progress remains comparable to several countries in Africa (Indonesian Central Statistics Agency, 2024). The World Health Organization (WHO) even reported that Indonesia's MMR remains around 140 maternal deaths per 100,000 live births, making it one of the highest in Southeast Asia (World Health Organization, 2025b). The Ministry of Health projects that by 2030, Indonesia's MMR will decrease to 131 deaths per 100,000 live births (Indonesian Ministry of Health, 2020). However, this data is still far from the Sustainable Development Goals (SDGs) 3.1 target, which aims to reduce the MMR to less than 70 deaths per 100,000 live births by 2030 (Indonesian Central Statistics Agency, 2024). This urgent issue remains a substantial challenge for Indonesia in its efforts to reduce maternal mortality rates, particularly in rural areas (Indonesian Central Statistics Agency, 2023). A study by the United Nations Population Fund (UNFPA) Indonesia indicates that the lack of skilled healthcare workers and insufficient training for healthcare personnel remain significant contributors to the country's high mortality rates (UNFPA Indonesia, 2025).

In an effort to reduce MMR, the Indonesian government has initiated the Village Alert Program (*Siaga Desa*) since 1998 to encourage community participation in supporting pregnant women in their communities (Titaley et al., 2010). Previously, the Indonesian government implemented the village midwife program since 1989 to provide health services, childbirth support, and family planning in remote areas (Titaley et al., 2010). The Indonesian government regularly updates its policies related to maternal health issues. In 2022, the Indonesian Ministry of Health and UNFPA Indonesia also released guidelines on

Maternal and Perinatal Death Surveillance and Response (MPDSR), which aim to reduce maternal mortality rates (UNFPA Indonesia, 2022).

The issue of maternal mortality in Indonesia remains a significant public health problem, with wide-ranging impacts on health equity and systemic reform. This ongoing challenge reflects not only the uneven quality of maternal health services but also limited awareness and access, especially in rural Indonesia. Systematic reviews indicate that while deaths due to haemorrhage and sepsis have decreased, those caused by hypertensive disorders and non-obstetric conditions, which are often connected to chronic illness and delayed care, are increasing (Syairaji et al., 2024). This policy highlights the need for gender-sensitive, culturally appropriate, and geographically adjusted interventions that address structural and normative barriers beyond mere financial access. The holistic approach also needs to be realised through improving the skills of health workers, collaboration among stakeholders, strengthening health facilities, and empowering communities (Siagian, 2023).

Childbirth in rural Indonesia is significantly shaped by limited access to quality health facilities and enduring traditional practices. Unlike urban areas, these remote areas often lack sufficient maternal health infrastructure, causing many women to depend on traditional birth attendants instead of skilled health professionals. These customs, deeply embedded in cultural norms and supported by community trust, can hinder facility-based deliveries and delay emergency interventions. Aryastami and Mubasyiroh (2021) noted that the presence of traditional birth attendants and cultural beliefs significantly reduces the utilisation of formal maternal health services, underscoring the importance of culturally sensitive solutions that integrate traditional and modern healthcare. Consequently, trained midwives play a crucial role in Indonesia's maternal health system. There are around 400,000 registered midwives nationwide (Tempo.com, 2025). According to the 2022 UNFPA Report, this development reflects a significant achievement in improving the skills of Indonesian midwives through education and training, as well as collaborative partnerships. This initiative aims to decrease maternal mortality and establish strategic priorities through the 2025-2029 National Medium-Term Development Plan and the 2025-2045 National Long-Term Development Plan (UNFPA Indonesia, 2022). Nevertheless, a gap persists between childbirth experiences with traditional village birth attendants and those assisted by professionally trained midwives in Indonesia's rural areas.

Analen (2007) reported that traditional birth attendants in Obaikagopa village, Papua often take women to wooded areas to give birth, using non-sterile bamboo fibres to cut umbilical cords, which raises the risk of infection. Titaley et al.

(2010) note that some community members in villages across West Java prefer traditional birth attendants and home births, despite having access to qualified midwives. The study identifies financial constraints and geographical distance as significant barriers to accessing trained midwives. Agus et al. (2018) further explain that mothers in communities such as Parung Village believe in traditional childbirth practices, which are based on cultural and religious beliefs. The research also shows that maternal health decisions are often influenced by family members, particularly husbands and elders, which limits women's awareness of safe birthing practices (Agus et al., 2018). In Nusa Tenggara Timur, women choosing home births or traditional birth attendants face increased maternal mortality risks due to complications such as haemorrhage (Muhidin et al., 2022). Thus, the campaign design seeks to bridge traditional practices and modern maternal care by promoting safe childbirth practices and enhancing understanding of maternal health issues within local communities.

In rural Indonesia, social norms, decentralisation, and structural inequalities strongly reinforce gender-based obstacles to maternal health. These include limited autonomy, dependence on traditional birth attendants, and restricted mobility, which continue to affect maternal health outcomes (Yusran et al., 2019), especially in eastern provinces (Khumaira et al., 2024). Additionally, the differences between midwives (*bidan*) and traditional birth attendants (*dukun*) underscore systemic gaps in gender-responsive healthcare services (Leung, 2024). These issues are exacerbated by shortcomings within healthcare services and fragmented governance, such as in Papua, Nusa Tenggara, and Maluku (Yusran et al., 2019). Such conditions can pose significant risks to mothers and children, hindering progress toward achieving the SDGs.

Maternal health campaign is more than just raising awareness, rather it is an actionable framework for change. Given that maternal mortality rates are still unacceptably high in rural areas, the campaign design is based on the idea that informed, supported, and empowered mothers can have healthier pregnancies and safer childbirths. The initiative addresses the pressing need for culturally sensitive, ethically sound advocacy that bridges medical expertise with community-driven, accessible solutions. Through research-based recommendations and practical proposals, this study outlines a strategic maternal health campaign plan as a recommendation designed to address critical gaps in maternal healthcare methods, services, education, and community engagement in rural Indonesia.

This study aims to address the urgent need by integrating traditional practices with modern maternal care, promoting safe childbirth, and improving understanding of maternal health issues in rural settings. This campaign design

aims to raise awareness while equipping women with important health information and resources through the powerful impact of community-based narratives, local health service partnerships, and the use of traditional media technology and community participation. Through this involvement, the local community can work together to inform and educate others about the importance of providing inclusive maternal health support. It can foster a stronger community where maternal health is not only prioritised but also celebrated and cherished for generations to come.

2. Gender and Development Perspectives

Gender and development theory provides an essential framework for analysing disparities in maternal health in rural Indonesia. It emphasises how institutional structures and social norms shape women's access to resources, healthcare, and decision-making authority (Purba et al., 2025). This view on rural transformation suggests that achieving gender equality in education, health, and economic involvement is essential for improving maternal health outcomes (Purba et al., 2025) that significantly impact women in rural areas. These challenges are intensified by decentralisation, which has led to fragmented governance and inconsistent maternal health programmes across districts. Khumaira et al. (2024) note that, while the national health insurance has improved financial access, disparities in implementation still exist in rural regions.

Fragmented health governance results in inconsistent priorities in maternal health services across districts, and causes coordination challenges between sectors and confusion over responsibilities (Yusran et al., 2019). Effective campaigns should include male decision-makers, religious leaders, and community influencers to shift social norms. As proven by Leung (2024), collaboration between midwives and traditional birth attendants builds trust and improves health outcomes. Paired with strategies such as mobile clinics and village forums, this approach could address geographic and cultural barriers. These are called gender-sensitive approaches, which are crucial for achieving SDG 3.1. This proves that ethical communication should respect local narratives, promote informed consent, and support evidence-based care (Yusran et al., 2019).

Triratnawati and Izdiha (2018) conducted an ethnographic case study in Bima, West Nusa Tenggara, which revealed how gender-based symbolic violence in families and communities limits women's autonomy in accessing maternal care. Pregnant women often defer to family elders and local customs, internalising norms that discourage facility-based delivery or emergency referrals. This control is not overt coercion but is embedded in daily expectations, shaping maternal health behaviours and outcomes. Yusran et al. (2019) conducted qualitative

research across four provinces, including Papua and Maluku, using interviews and focus group discussions to identify barriers related to home-based, community-based, journey-based, and service-based aspects. These obstacles disproportionately impact rural women owing to gendered norms around mobility, decision-making, and trust in providers. The study emphasises how decentralisation has fragmented maternal health governance, demanding district-level, gender-responsive planning. Leung (2024) offers an overview at the national level, illustrating how spiritual beliefs and reliance on traditional birth attendants delay access to skilled care. In rural areas, women often regard birth outcomes as a matter of fate or divine will, and midwives must navigate local expectations and informal practices. This case highlights the need for culturally sensitive, gender-responsive service integration.

3. Maternal Health Campaign Best Practices

The maternal health campaign in rural Indonesia used the Truthfulness, Authenticity, Respect, Equity, and Social Responsibility (TARES) test to ensure ethical persuasion and employed social movement framing theory to build community support. The TARES framework guided the ethical integrity of messaging (Baker & Martinson, 2001), while social movement framing theory helped align campaign narratives with local values and mobilise collective action (Benford & Snow, 2000). By applying the principles of TARES, maternal health campaigns can empower communities with accurate and respectful information, rather than exploiting fear or misinformation.

United Nations International Children's Emergency Fund (UNICEF)'s maternal health programme in East Nusa Tenggara emphasises improving healthcare access, training midwives, and addressing harmful traditional practices, such as *naketi*, where families seek advice from village elders and delay medical treatment (UNICEF Indonesia, 2024). UNICEF's maternal health initiative in East Nusa Tenggara demonstrates a culturally sensitive and community-focused public health approach (UNICEF Indonesia, 2024). It addresses deeply rooted issues, such as geographic isolation, traditional health practices, and limited access to skilled healthcare, exemplified by local advocates like Midwife Petronela Banamtuan, commonly known as Inche (UNICEF Indonesia, 2024). This campaign can be ethically evaluated using the TARES test (Baker & Martinson, 2001) as follows:

- a. Truthfulness: Messages are based on verified data showing that early antenatal care reduces maternal mortality. The campaign avoids exaggerations and is supported by the Ministry of Health statistics (UNICEF Indonesia, 2024).

- b. Authenticity: Midwives such as Petronela Banamtuan (featured by UNICEF) share real community stories to build trust through lived experiences (UNICEF Indonesia, 2024).
- c. Respect: Educational materials honour local customs while gently challenging harmful practices. Community dialogues encourage mutual understanding (UNICEF Indonesia, 2024).
- d. Equity: Messages are translated into local languages and delivered through radio and village meetings, ensuring reach among low-literacy populations (UNICEF Indonesia, 2024).
- e. Social Responsibility: The campaign frames maternal health as a collective community duty, involving religious leaders and elders to foster behavioural change (UNICEF Indonesia, 2024).

4. Strategic Communication and Campaign Planning

Successful campaigns depend on clear objectives, a deep understanding of the target audience, and the development of effective messages (Mahoney, 2023). In rural Indonesia, strategic planning involves understanding local attitudes towards pregnancy, birth, and healthcare, and creating messages that align with community values. Campaigns must also account for decentralised governance and varying levels of health literacy. In authoritarian or semi-authoritarian contexts, activists need to integrate social movement framing into their issue management to mitigate backlash and maintain engagement (Duong et al., 2019). Given the sensitivity of health campaigns to religious and cultural concerns in Indonesia, strategic framing is vital for establishing legitimacy and trust.

Advocacy has diverse goals at different levels, one of which is to bring about social change (Mellinger, 2014). The campaign's primary goals align with the scholar's statement of bringing about change through education and information, aiming to raise awareness about the importance of maternal health in the rural community. The distinction between goals and objectives ultimately relates to enhancing the public's understanding of an issue (Mahoney, 2023, p. 128). The focus will be on promoting local communities' acceptance of proper knowledge for safer pregnancy and childbirth, as well as safer maternal health. Goals are broad statements, while objectives specify the particular steps needed to achieve these goals within a designated timeframe and involve target audiences (Mahoney, 2023). Goals and objectives are categorised into short-term and long-term phases (Mahoney, 2023, p. 133):

Table 1. Strategic Communication and Campaign Planning

	Short-term (immediate impact)	Longer-term (sustainable change)
Goals	To promote the importance of maternal health issues through campaigns in rural areas. To raise the local communities' awareness and understanding of maternal health during all stages of pregnancy, childbirth, and the postnatal period.	To demonstrate the advocacy value of the maternal health program in rural communities.
Objectives	To inform 50% of local communities about this maternal health campaign programme within three months. To educate the expectant mothers (pregnant women) and their support systems (spouse and family) about maternal care at every stage of the pregnancy and birth process in the first six months of the campaign period.	To increase the number of trained professional midwives and facilitate their collaboration with the local birth attendants (village birth helpers). To collaborate with community leaders, village community health centres (<i>Puskesmas</i>), professional midwives, and community groups (such as <i>Posyandu</i> and <i>Kader</i>) in rural areas by ensuring their commitment towards the maternal health priority.

Source: Author(s)

Target publics play a vital role in the success of the campaign program because they are central to the communication strategies. Defining the target audience is crucial, as they will receive the campaign message, increase their awareness and understanding of an issue, and ultimately engage in dialogue to encourage action (Mahoney, 2023, p. 108). Mahoney, (2023, p. 119) categorises the target publics into three groups: primary target publics, secondary target publics, and tertiary target publics. All three combinations of these target audiences to participate in the campaign process are as follows:

Table 2. Target Audience

Type of Target	Descriptions
Primary	The primary target publics is expecting mothers (pregnant women) who are relevant to this campaign. As Mahoney (2023, p. 119) states, the primary target publics are those who will be directly affected by this issue. Therefore, pregnant women will be the most important individuals to engage in the campaign's dialogue, receiving education on maternal healthcare.
Secondary	Mahoney (2023, p. 119) defines secondary target publics as those who will be indirectly affected. They include family members and support systems (e.g., spouses) who play a crucial role in providing information about maternal health to support the primary target publics childbirth, and the postnatal period.
Tertiary	As introduced by Mahoney (2023, p. 119), these target publics include people who can intervene on behalf of the primary and secondary target publics. They include professional midwives, local birth attendants (also

known as village birth helpers), community groups (such as *Posyandu* and *Kaders*), community leaders, and village community health centres (*Puskemas*). Mahoney (2023, p. 119) notes that not all tertiary groups may be directly affected by the situation; however, they can help inform the primary and secondary publics about the importance of this issue.

Source: Mahoney (2023)

5. Messages, Communication Pathways, and Tactics

In the fields of campaigning and advocacy, effective communication strategies are essential to achieving goals and objectives. Setting goals and objectives as directions, the communication pathways and tools are needed to reach the public and deliver messages (Mahoney, 2023, p. 118). Some scholars, such as Duong et al. (2019), emphasise the importance of effectively framing messages in campaigns and advocacy to mobilise collective action from the public, enabling them to feel a connection with the issue and want to act for change. Frames need to resonate with people's ideologies and values to achieve the campaign's goals successfully (Duong et al., 2019).

Through the Maternal Health campaign, the core message can be, for instance, 'Healthy Mothers, Stronger Communities', which emphasises that a healthy mother brings hope for stronger communities, inspiring and mobilising action that aligns with valued cultural traditions in rural areas. This framing highlights a motivational framing strategy suggested by Benford and Snow (2000) to encourage participation and eventually action from communities, which identify diagnostic, prognostic, and motivational framing as essential processes that drive social movements. In the context of maternal health, diagnostic framing involves identifying systemic barriers (e.g., lack of skilled birth attendants), prognostic framing proposes solutions (e.g., training midwives and improving clinic infrastructure), and motivational framing encourages action (e.g., community participation and policy advocacy). Martin (2015) highlights the importance of grassroots mobilisation in sustaining social movements. In rural Indonesia, involving local leaders, religious figures, and women's groups is essential to building momentum and ensuring campaign sustainability.

Adopting this community-based narrative concept can encourage shared responsibility in maternal health in rural areas. Moreover, by utilising community-based narratives that foster a shared responsibility for maternal health, it is important to highlight collective action, as these narratives are based on rural culture and language (Benford & Snow, 2000). Narratives aim to appeal to both the heart and the mind (Delporte et al., 2023). The authors underscore the impact of human advocacy narratives in changing public attitudes. Sharing stories of maternal health journeys, such as those of women with high-risk pregnancies or

overcoming care barriers, can inspire empathy and mobilise support across diverse audiences. In this context, Martin (2015) argues that narratives remind us of the importance of storytelling and emotion, highlighting the need to build a compelling narrative for a message to be conveyed effectively. The use of personal testimonies from mothers sharing their real-life pregnancy or labour journeys creates valuable emotional connections. Kim (2022) notes that one of the roles of advocacy is to give representation to the 'voice' of others. This concept from the scholar resonates inclusively with community values and traditions that we adopt in this campaign. Collaboration is essential among local birth attendants, midwives, village leaders, religious leaders, and respected community elders, who act as trusted representatives.

Mahoney (2023) explains that the selection of communication pathways should be based on issues and analysis emerging from the problem background, as well as the campaign's goals and strategies. He also emphasises that most campaigns will use a combination of pathways. Several communication tools are available for planning a campaign (Mahoney, 2023). The use of various media communication methods, including traditional media technology such as analogue radio broadcasts in local dialects, can significantly extend reach to communities with no internet access in rural areas. Additionally, interpersonal media, such as face-to-face interactions, support two-way dialogue and communication. For instance, maternal health consultations provide pregnant women with one-on-one support from professional midwives, enabling immediate screenings and helping to prevent complications.

Another relevant communication tool is distribution through non-digital media, such as culturally relevant promotional materials, including community-led posters, which can be displayed in public spaces (Mahoney, 2023). This approach fosters a sense of community ownership and encourages local participation, ultimately creating a sustainable impact. For example, cooperation with the Indonesian Ministry of Health, through the distribution of the Mother and Child Health Book, aims to help pregnant women monitor their health regularly (Indonesian Ministry of Health, 2023).

Utilising communication strategies, such as implementing special events and tactics, the organisation provides free maternal health screenings, consultations, and interactive information sessions held in village halls or other public facilities, as well as routine classes for pregnant women and door-to-door health visits (Mahoney, 2023). Another strategy is to facilitate a mobile unit that provides consultation and healthcare services in remote areas. This collaboration with traditional birth attendants facilitates training programmes where traditional

birth attendants (village birth helpers) learn modern maternal health techniques while preserving their cultural roles. Moreover, fostering strong engagement with local communities will boost the achievement of the campaign goals and objectives.

6. Strategic and Ethical Dilemmas

The potential ethical concerns may arise in the context of communication strategies or tactics used to achieve the campaign's goals and objectives. Public communicators must display ethical behaviours, emphasising the need for credible messaging (Plaisance, 2009). The TARES test highlights the principles of honest messaging and respect for the audience (Baker & Martinson, 2001). The importance of careful navigation in communication strategies lies in ensuring effectiveness, cultural sensitivity, and ethical integrity in truthfulness and respect.

The situational analysis underscores the importance of cultural sensitivity in medical practices for rural communities that rely on traditional birth methods, which frequently fall short of contemporary safety standards (Agus et al., 2018; Analen, 2007; Muhidin et al., 2018; Titaley et al., 2010). Trust in traditional birth attendants persists due to cultural beliefs (Agus et al., 2018). However, their practices may increase maternal health risks (Muhidin et al., 2018). Integrating traditional birth attendants with trained midwives to harmonise traditional and modern maternal care is important to promoting collaborative training programmes and community dialogues to foster trust.

Ethical dilemma of women's autonomy in maternal health decisions, which are often influenced by family members, especially husbands and elders (Agus et al., 2018). A family-inclusive approach to promoting acceptance of maternal health initiatives is recommended by involving family members in the decision-making process. Ethical communication and informed consent present strategic dilemmas. Narrative approaches can sometimes lead to coercion, pressuring women instead of genuinely informing them about healthcare options. To overcome this, it is essential to employ ethical communication frameworks that focus on truthfulness and respect, as outlined in the TARES test, to ensure inclusive dissemination of maternal health education (Baker & Martinson, 2001). Furthermore, obtaining informed consent in all maternal care interventions is necessary to facilitate informed decision-making for pregnant women.

7. Conclusion

A strategic and inclusive maternal health campaign can serve as an effective solution to address the primary challenges faced by pregnant women in rural Indonesia. Using a community-led approach, the aim is to raise awareness about the importance of maternal health issues through culturally sensitive and ethically

responsible advocacy. The healthcare services provided by professionally trained midwives include offering maternal education and actively engaging the community, which is another crucial element. The situation analysis underscores disparities in maternal healthcare practices, highlighting the need for integrated support systems that combine traditional birth methods used by village birth attendants with modern medical techniques provided by trained village midwives.

Gender related challenges in rural Indonesia go beyond cultural factors; they are embedded in structural and systemic issues, deeply integrated into governance and service delivery. Addressing these challenges necessitates gender transformative approaches that promote women's autonomy, include culturally appropriate care, and strengthen accountability at the district level. Utilising compelling stories, traditional communication channels, and persuasive narratives, this campaign aims to engage key stakeholders, including pregnant women, health workers, community leaders, and rural organisations. Ethical considerations are reviewed to ensure the initiatives maintain trust, demonstrate ethical responsibility, avoid coercive messaging, and promote sustainable healthcare practices. Through innovative communication strategies and an inclusive approach, the campaign design offers a roadmap for action, encouraging community-driven, long-term solutions to achieve safer pregnancies and healthier futures for mothers and children across rural Indonesia.

8. Policy Recommendation

To reduce maternal mortality and improve maternal health in rural Indonesia, health authorities should launch a community-based campaign grounded in strategic planning and gender-transformative principles. This effort should include training and deploying skilled midwives, working with traditional birth attendants as referral partners, and offering culturally sensitive health education that respects local beliefs and gender norms. Integrating this approach with the national health insurance is essential to ensure affordable access and ongoing care. Using Mahoney's strategic communication framework enables planners to systematically analyse organisational needs, identify target audiences, craft effective messages, and choose appropriate communication channels all while upholding ethical standards and cultural relevance (Mahoney, 2023). Evidence from East Nusa Tenggara shows that combining midwife training, referral systems, and maternal health education increases women's chances of accessing skilled care services (World Health Organization, 2025).

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