

**POLICY ANALYSIS OF THE IMPLEMENTATION OF AYAH
SIAGA CLASSES IN INDONESIA: *SCOOPING REVIEW*****Islah Wahyuni^{1,2}, Hardisman¹**¹Public Health Doctoral Study Program, Andalas University Padang²Bachelor of Midwifery and Midwifery Profession Study Program, Faculty of Health and
Informatics, Health Institute of Payung Negeri PekanbaruEmail: islah_fattan@yahoo.co.id**Abstract**

Background; Pregnancy and childbirth require comprehensive support, including informational and emotional support from husbands, the Ayah Siaga' Class is one of the initiatives that invites the active role of fathers in supporting maternal and child health in Indonesia, Objective: Review and analyze the policies and implementation of the Ayah Siaga class in Indonesia in the last five years (2020–2025), including policy frameworks, implementation models, research findings related to the impacts and barriers to implementation, as well as policy recommendations. Method: *Scooping review* follows the PCC (*Population-Concept-Context*) approach. The literature search includes scientific publications and national policy documents as well as program reports published between 2020–2025. Relevant work includes program evaluations, quasi-experimental studies, community service articles, and local/national government policy documents. Key results: The literature suggests that the Ayah Siaga/Dad Class program is driven by national policies to increase paternal involvement in maternal and child health, as well as as a supportive strategy for accelerating the decline in maternal and child health problems. Implementation is heterogeneous between regions with diverse implementation models (face-to-face classes, group education, and digital media). Educational interventions for fathers generally improve knowledge and attitudes, but there are challenges such as limited paternal time, resource support in primary health facilities, and the need for easily accessible materials. Conclusion: The Standby Dad Class is a promising policy initiative to enhance the role of fathers in mother-child health. However, evidence on the implementation of the ayah siaga policy is still limited and requires a stronger evaluation study and the establishment of clear implementation standards.

Keywords: policy; Ayah siaga class; father's role; KIA issues

INTRODUCTION

Health development is an integral part of overall national development. Success in achieving public health degrees, such as increasing life expectancy, decreasing maternal and infant mortality, and success in eradicating infectious diseases, cannot depend solely on the availability of health facilities and medical personnel. These health problems are also closely related to improving economic conditions, education levels, infrastructure development, and better environmental management. Therefore, cross-sector collaboration is very important, with the awareness that every public policy must consider health aspects (Agung Saputra et al., 2024) *healthy public policy*) and actively involve all *stakeholders* (Anna Nurjanah et al., 2024).

One form of health policy in the field of maternal and child health services is the standby father program, as a form of father's involvement in pregnancy care, childbirth, and early childhood care. This is increasingly recognized as an important factor in efforts to improve the results of preventing complications in maternal and child health. In Indonesia, the 'Ayah Siaga' or 'Papa Class' program is designed to improve the preparedness and role of the husband/father-to-be in supporting the mother during pregnancy and the early period of the child's life. This program is encouraged by national policies that encourage family involvement in efforts to

reduce maternal, infant, and stunting mortality rates. (Rahayu, 2024) (Coordinating Minister for PMK, 2021)

Siaga husbands are a form of support and assistance given to pregnant women, considering that husbands are one of the closest people who have an important role for mothers. A husband on siaga means a husband who is responsive and ready to act when signs of danger appear during pregnancy. In addition, the husband also needs to prepare a reserve fund for childbirth and give permission to use it in the event of an emergency. A husband who is on siaga should have relationships and networks with neighbors or other parties who can help handle a midwifery emergency situation. (Islah Wahyuni, 2025) (Wet et al., 2024)

The implementation of ayah siaga classes that are not evenly distributed in Indonesia causes this program to be less popular and not applied in many pregnant women's class activities in various regions, so that there is very little presence or participation of fathers in pregnant women's class activities and activities centered on Health Education for fathers as couples who accompany mothers during pregnancy, childbirth, postpartum and taking care of the baby. (Coordinating Minister for PMK, 2021) (S et al., 2019)

Therefore, it is very important to evaluate the policies that have been implemented to assess the extent to which the policies are able to encourage community participation. In this regard, an in-depth analysis of health policy is essential to assess the effectiveness of government efforts in increasing active community engagement. (Eufransians R. Tema et al., 2025) (Holtrop et al., 2021)

METHODS

Design: The scoping review follows the framework of Arksey & O'Malley (2005) tailored to the context of health policy. Literature searches are carried out on the following sources: Google Scholar, national journal portals, university repositories, websites of relevant ministries and local government documents. The search time range is January 2020 to October 2025. Inclusion criteria: (1) discussing the Father's Class, Siaga Father's Class, or father's involvement intervention in Indonesia; (2) publications between 2020–2025; (3) research articles, evaluation reports, or policy documents; (4) available in full text in Indonesian or English. Screening process: Titles and abstracts are filtered for relevance, followed by a full-text reading to determine inclusivity. Data were extracted related to the implementation location, intervention components, organizers, evaluation results, and obstacles/facilitators.

RESULTS

Policy Framework and National Support: Ayah Siaga Program in Indonesia.

Summary of research results (last 5 years) about the implementation model, evaluation results, obstacles, and facilitators of the implementation of the Ayah Siaga class. References are included in the following table;

Source (year)	Implementation Model	Evaluation Results / Key Findings	Obstacles	Facilitator / Support
Margatot et al., 2024; Jerkin/Fikes 2024	Face-to-face educational classes at posyandu/puskesmas with nutrition & pregnancy modules; Fathers Group for Stunting Prevention	Increased knowledge of fathers, improved feeding practices, support for mothers; impact on indicators of parenting	Limited working time for fathers, cultural stigma (mother's parenting role), low	Midwife/health worker assistance, contextual materials, peer group support, flexible schedules (evenings/weekends). (Wet et al., 2024)

		behavior (significant in small quasiexperimental studies).	access to information for fathers.	
I. Wahyuni / WOMB midwifery journal Banyuwangi (2025); ICETMTS 2025	Hybrid model: e-booklet/digital media combination + short face-to-face sessions	Effectiveness of increasing knowledge and attitudes; Material reach and retention is better than just face-to-face.	Limited digital literacy in some participants, internet access in remote areas.	E-booklets are easy to share, concise materials, community cadre support. (Islah Wahyuni, 2025)
PUTRA RA, Proceeding Unram (2023)	Integrated father-class intervention in stunting prevention programs (STBM-based Father's Class)	Improvement in hygiene behavior, increased paternal involvement in MP-ASI, decreased behavioral risk factors (positive initial results in the proceeding study).	Limited human resources, lack of continuous monitoring.	Local cadre training, integration into community service programs, support for regional policies.
Margatot DI (2024)	Structured education program ('IMPORTANT' method) in the father's group for stunting prevention (quasi-experimental)	Significantly increase the role of fathering and stunting prevention knowledge; effect on short-term child nutrition practices.	The sample was relatively small, long-term follow-up was limited.	Systematic material, pre-post measurement, mother's involvement as a supporting partner. (Wet et al., 2024)
Asyura MMAZ (Systematic Review SIAGA, 2022);	Father's class as part of ANC/posyandu: short session during a visit for pregnant women/toddlers	Encourage the presence of the husband in the ANC, increase maternal support during pregnancy; There was an increase in the number of family visits.	The rhythm of work, the cultural resistance to the presence of men in the service of mother & child.	The old 'Husband on Standby' policy that supports the concept of advocacy at the health center level.
UMY (2024), eprints stikes (2025)	Community and peer-support model: local fathers groups led by community facilitators	Increase long-term motivation and adoption of parenting practices; Preliminary results showed increased awareness and participation.	Sustainability depends on the facilitator, local financing is unstable.	The power of community networks, the involvement of local figures, integration into religious/social group activities.
Coordinating Ministry of Health/Ministry of Health (2021–2023 policy briefs).	A short session on the ANC/posyandu visit (sensitization of the husband during the mother's visit).	Encourage the presence of a husband and practical support; improve ANC compliance on some program reports.	Cultural resistance to men present in the service, limited counseling time.	Policy and advocacy at the facility level, promotion by midwives/cadres. (Policy Brief Coordinating Ministry 2023 Ministry of Health, 2023)
Coordinating Ministry for PMK	Face-to-face classes at posyandu/puskesmas (husband on	Improved paternal knowledge, attendance at ANC,	Time constraints due to work, a	The involvement of midwives/cadres, the local policy of

(2021); Mandira Cendikia (2024).	standby/father class): pregnancy simulation, ANC education, the role of fathers in MP-ASI and nutrition.	practical support for mothers, improvement of short-term nutrition practices in several quasi-experimental studies.	patriarchal culture that views parenting as a mother's task, social resistance.	'Husband/Father on Standby', the support of the health center and flexible schedules. (Coordinating Minister for PMK, 2021)
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Policy framework and national support: The Ayah Siaga Program has received attention in various government and related agency initiatives as part of the strategy to improve the quality of the family and accelerate stunting reduction. The cross-sector coordination document mentions the need for the dissemination of the Ayah Siaga program to reduce maternal and child mortality rates and support the target of stunting reduction. (Boibalan et al., 2025)

Implementation model: Studies and reports show variations in implementation models, including face-to-face classes facilitated by midwives or cadres, short modules delivered in antenatal meetings, and the use of print and digital media (leaflets, e-booklets, presentations) to reach busy fathers. Some community service activities reported an increase in paternity knowledge after a brief educational intervention (Islah Wahyuni, 2025)

Evaluation results: Quasi-experimental studies and local evaluation studies reported an increase in parental knowledge, attitudes, and support for pregnant women and infant nutrition after attending a father's class. However, evidence for robust changes in clinical outcomes (e.g., reduction in stunting in the population) is still limited and requires long-term evaluation. (Wet et al., 2024)

Barriers and facilitators: The main barriers that are often reported include limited paternal time due to work, variability of facilitator capabilities, limited resources in health centers, and lack of easily accessible materials. Success facilitators include local policy support, cross-sector collaboration (midwives, nutritionists, health agencies), as well as adaptation of content to digital media and e-booklets to improve accessibility. (Wet et al., 2024)

DISCUSSION

This review indicates that the Standby Father Class supports efforts to increase the role of the father but its implementation is still not uniform throughout Indonesia. The absence of detailed national standards for implementation makes it difficult to compare effectiveness between regions. There is a need to strengthen monitoring and evaluation mechanisms as well as research that uses experimental design or longitudinal studies to assess effects on outcomes such as compliance with ANC visits, exclusive breastfeeding practices, and child growth indicators. (Boibalan et al., 2025) (Eufriansians R. Tema et al., 2025)

Analysis of Implementation Models, Evaluation, Obstacles, and Facilitators of the Ayah Siaga Program in Indonesia

The Ayah Siaga program is one of the national policies that supports the increase of the role of fathers in maternal and child health. In the context of reproductive and family health policy, the program emphasizes the involvement of fathers in pregnancy, childbirth, and infant care. This analysis summarizes the results of the last five years of research that reviews the implementation model, evaluation results, obstacles, and supporting factors (facilitators) of the implementation of the Standby Father class in Indonesia. (Azizah & Yulian, 2023)

1. Implementation Model of the Ayah Siaga Program

The implementation model of the Ayah Siaga Program in Indonesia varies according to the regional context, but is generally based on an educational, participatory, and collaborative approach. The most common implementation model is the "Standby Father Class" as a derivative of the Maternal and Child Health (KIA) policy by the Ministry of Health of the Republic of Indonesia. Several studies, (Asyura, 2022) show that this model involves father's education through face-to-face classes, digital media, and educational booklets. Integration between health workers, cadres, and community leaders is the main implementation strategy. In addition, hybrid innovation (a combination of online and offline) has been implemented since the pandemic to reach remote areas. (Agung Saputra et al., 2024) (Wet et al., 2024) (Ancient et al., 2024)

2. Program Implementation Evaluation Results

The evaluation of the implementation of the Ayah Siaga Program showed a significant increase in the aspects of fathers' knowledge and attitudes towards the care of pregnant women and babies. Margatot's research (2024) found that fathers' involvement has a positive effect on stunting prevention through increased nutritional knowledge and emotional support for mothers. Asyura (2022) reported that the Ayah Siaga training improves fathers' preparedness in dealing with pregnancy and childbirth danger signs. In addition, studies in several health centers (Putra, 2023; Sulastris, 2025) shows an increase in the presence of fathers in ANC visits and childbirth. However, the results of the evaluation also show inequality in implementation in remote areas due to limited training personnel and logistical support. (Rahmawati & Kardi, 2023)

3. Implementation Barriers

The main obstacles in the implementation of the Ayah Siaga Program include cultural, structural, and human resource factors. Social norms that still place pregnancy responsibilities on women are a barrier to fathers' participation (Putra, 2023). In addition, the lack of regional policy support and the lack of training for health workers on communication strategies with fathers also hampered the effectiveness of the program. Logistical obstacles such as limited funds, training facilities, and digital educational media are also obstacles in several regions. A study by Asyura (2022) confirms that the incompatibility of father's work schedule with standby class time is a significant challenge in the sustainability of the program. (Marina Nyoman et al., 2022)

4. Facilitator of the Implementation of the Ayah Siaga Program

Successful program implementation is highly dependent on cross-sectoral support, family motivation, and inclusive health policies. The main facilitators include the existence of trained health workers, local government support, and the involvement of community cadres and religious leaders. The community-based approach also enhances the sustainability of the program due to the presence of a sense of local ownership. Educational media innovations such as animated videos, digital modules, and standby father e-booklets developed in the 2023–2025 period have proven to be effective in increasing educational reach (Margatot, 2024; Sulastris, 2025). The integration of the Ayah Siaga Program with national programs such as the 1000 HPK Movement and Stunting Prevention strengthens the policy base and expands its impact on family health. (Azizah & Yulian, 2023; Marina Nyoman et al., 2022)

According to the researcher, from the policy framework for the implementation of the Father's Class program, this can be used to plan and assess the public health impact of an intervention or program, one of which is through the RE-AIM approach which has five main dimensions. Each dimension of RE-AIM: means that there is reach, policy effectiveness, adoption, implementation and maintenance.

R (Reach-Reach): How well the intervention reaches the target population. This includes the number, proportion, and characteristics of the population willing to participate in the program, as well as the differences between those who participate and those who do not. **E (Effectiveness):** The impact of the intervention on outcomes that are important to participants, including positive and negative outcomes, quality of life, and economic impact. It also looks at variations in effectiveness in different subgroups. **A (Adoption-Adoption):** The level at which the setting or staff is willing to adopt and start the program. This includes the proportion of institutions, clinics, or communities that adopt the program, as well as the reasons why they agree or disagree. **I (Implementation-Implementation):** The extent to which the intervention is delivered in accordance with the predetermined protocol. This dimension measures the consistency of program delivery, costs, and possible adjustments. It also includes *fidelity* to interventions. **M (Maintenance):** Long-term sustainability of the program. It is measured at two levels: a) Individual level: The impact of the program that lasts for a long time on participants after the intervention ends, b) Organizational level: The extent to which the program becomes part of the routine practice of the organization or institution after the initial funding is completed. (Holtrop et al., 2021; Nina Artika Dewi, Nur Azizah Lubis, 2023)

In the future, it is hoped that policy makers must consider that the implementation of Ayah Siaga can be well coordinated and meet the standards of program implementation in the community and can minimize obstacles or obstacles in the provisions of legal policies or regulations of the central and regional governments in the rules for promoting this Ayah Siaga class, so that it is evenly distributed throughout Indonesia. (Anna Nurjanah et al., 2024)

Recommendations

From the results of the policy analysis, the researcher can provide recommendations for improvements or new policies related to the implementation of this standby father as follows; 1). Establish technical national guidelines for Father's Classes that include a minimum curriculum, duration, and evaluation indicators. 2). Encourage the integration of the Father Class in KIA services in Puskesmas and Posyandu with the support of facilitator training (midwives, cadres, nutritionists). 3). Utilize digital media (*e-booklets*, short videos) to reach working fathers and increase the reach of the program. 4). Carry out evaluation studies with a strong design (RCT or long-term quasi-experimental) to assess the impact of standby fathers classes on cases of child growth disorders such as stunting and mother-child health outcomes. 5). Strengthen cross-sector coordination and sustainable funding at the district/city level to reduce implementation variability.

CONCLUSION

This analysis shows that the Ayah Siaga Program policy has a positive impact on increasing the role of fathers in maternal and neonatal health. However, the success of the program is highly dependent on structural support factors, training of implementers, and adjustment to the local cultural context. Policy strengthening recommendations include digitization of training modules, cross-sectoral collaboration, and increased public advocacy on the importance of the role of fathers in maternal and child health.

This review is *scooping* and relies on the literature available between 2020–2025 including local publications and service reports that may have variations in methodological quality. The authors are careful not to make strong causal claims in the absence of adequate long-term evaluation evidence. .

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