

Community Participation of the “Kampung KB” Program: Study in Malang City Year 2020

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ARTICLE INFO	ABSTRACT
ORCID ID Author 1: https://orcid.org/0000-0003-2883-1191 Author 2: https://orcid.org/0000-0003-4217-5661 Author 3: https://orcid.org/0000-0003-2663-8232 Author 5: https://orcid.org/0009-0001-9562-7134 Author 6: https://orcid.org/0000-0001-9472-2415	Indonesia has a significant population problem. The national population grows by a staggering 4.5 million people annually, and Malang is one example of a city experiencing this rapid growth. The government is implementing a program called "Kampung KB" to address this issue. The purpose of this research is to provide an overview of the participation of the people of "Kampung KB" Malang City. This study uses qualitative research with in-depth interviews, then analyzed using data triangulation. This research was conducted from September to December 2020. The research location was six "Kampung KB" in Malang City. The result of this research is that the implementation of "Kampung KB" in Malang City is carried out at the village level. In the "Kampung KB" there are fields, namely education, culture, social, economy, religion, environment, reproduction, protection, and love. Routine activities include service work, "Tri Bina", long-term contraceptive methods, counseling, training and mentoring. Participation and enthusiasm of the community, which is quite good, is one of the benchmarks in developing these activities. But there is still less support from the government, especially regarding the budget for organizing "Kampung KB" activities, facilities and infrastructure such as places to hold activities in the "Kampung KB".
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1. Introduction

The Maternal Mortality Rate (MMR) in Indonesia year 2012 was estimated to be between 126 and 359 deaths per 100,000 live births. This figure is higher than neighboring countries such as MMR in Thailand at 20 deaths per 100,000 births, MMR in Malaysia at 40 deaths per 100,000 births, and MMR in Vietnam at 54 deaths per 100,000 births (Spagnoletti et al., 2018). The main causes of maternal and child mortality in Indonesia are postpartum hemorrhage, preeclampsia, and eclampsia. Data related to maternal and child mortality during pregnancy and childbirth that often occur are the basis for supporting public health to promote postpartum family planning (Spagnoletti et al., 2018).

Improve maternal health, efforts are needed in the form of expanding access to effective contraceptive methods, reproductive information and services, as well as providing family planning counseling (Achyut et al., 2016). The Family Planning Program is an ambitious

transformation of ideas to reconstruct the family in a uniform manner on a national scale in Indonesia (Utomo et al., 2021). The transformation of these ideas includes the roles of gender, sexuality, and reproduction as well as modern medical views related to the human body. The Family Planning Program initiated and promoted by the government in the era of President Soeharto has been a great success in changing people's reproductive behavior during the 30 years of the New Order government (Al Farauqi & Al Syahrin, 2021; Spagnoletti et al., 2018).

Indonesia as one of the pioneers for developing countries to form a comprehensive family planning program. The Family Planning Program which was launched in the 1970s was able to reduce MMR and be able to control births. However, after 2000, the Family Planning program experienced a decline in performance (Hatton et al., 2018). According to Angle, (2005) in (Hatton et al., 2018) states that the Family Planning program in Indonesia reduces fertility by 20 percent or almost one child per woman (Hatton et al., 2018). For developing countries, there is a close relationship between the total fertility rate and the number of children a woman wants. However, fertility and the number of children desired decreases and the gap between the two decreases so that family planning has several independent effects (Bongaarts, 2014; Günther & Harttgen, 2016).

Family planning is estimated to be able to reduce the risk of maternal death by up to 37.5–43.1% (Utomo et al., 2021). The study suggests that family planning significantly reduced maternal deaths between year 1970 to 2017. Increasing access to contraception could save even more lives. If family planning use increased by 0.68% annually, the number of pregnancies would reduce from 1.3 million in 2014 to one million in 2030. Unintended pregnancies, abortions and births decrease by approximately 20% (Chola et al., 2015). If the contraceptive prevalence rate (CPR) were to rise from 63% in 2017 to 70% in 2030, maternal deaths would be averted, an 18.9–20.0% reduction (Utomo et al., 2021).

The Family Planning Program is in accordance with the government's goal in the Nawacita program, namely developing Indonesia's development program starting from the village to strengthen population development and family planning at the central level (Idris et al., 2021). According to Law Number 5 of 2009 concerning Population Development and Family Development, it is stated that family planning is an effort to regulate the birth of children, the ideal distance and age of childbirth, regulate pregnancy, through promotion, protection, and assistance according to reproductive rights to create a quality family. The Family Planning Program is a program to control the birth rate issued by the Indonesian government as a tactical step to respond to an increasing population (Idris et al., 2021). Family Planning Programs must provide information, quality services, and access to modern contraceptives that are affordable, safe, and effective by providing the preferred method for couples of childbearing age (Mbizvo & Phillips, 2014). There are three objectives of the Family Planning program according to Sani, (2017) in (Idris et al., 2021) including overcoming population growth, improving health and preventing maternal and child mortality, and finally providing knowledge and access to safe contraception as a form of human rights.

Providing access to effective contraception is not only to improve the community's reproductive health but also has a positive impact on health, education, and the economy (Achyut et al., 2016). The increase in contraceptive access globally and in developing countries slowed significantly from 2000 to 2010 when compared to 1990 (Alkema et al., 2013). The World Health Organization (WHO) recommends several contraceptive options for postpartum

women such as postpartum implants, family planning pills, family planning injections, and intrauterine devices (IUDs) (Spagnoletti et al., 2018).

The implementation of family planning in the field experiences ups and downs of acceptance and even rejection, so that policy makers apply a persuasive approach in providing understanding to the community which in the end the family planning policy can be implemented by the community (Idris et al., 2021). The implementation of family planning today is no longer focused on the family but also focuses on health, education, and the economy (Idris et al., 2021). There are differences in the level of program success in various regions due to socio-demographic and cultural characteristics (Mbizvo & Phillips, 2014). The Family Planning Program involves the lowest structure in community welfare, namely the development of family welfare. In addition, interpersonal relationships such as women with their husbands, families, and communities influence decisions in choosing women's reproductive health in South Asia and Africa (Ganle et al., 2015; Kibira et al., 2015; Raman et al., 2016).

In Indonesia, “Kampung KB” have been implemented in several areas. Kampung KB aims to improve the quality of life of the community at the village level or equivalent through the Population, Family Planning, Family Development (KKBPK) program to create quality small families. Meanwhile, specifically, this “Kampung KB” was formed in addition to increasing the participation of government, non-government and private institutions in facilitating, assisting, and fostering the community to implement the KKBPK program and increase public awareness of population-oriented development. Kampung KB is a family and community-based community empowerment activity (Aji & Yudianto, 2020). So that, community participation in supporting “Kampung KB” activities needs to be observed.

Malang city population growth is increasing every year, this can be seen from BPS data for the last five years, 2015 the population of Malang City was 851,298 people, in 2016 the population was 856,410 people, in 2017 the population was 861,414 people. people, in 2018 there were 866,118 people, and in 2019 the population was 870,682 people (BPS Malang City) . Increasing population growth causes various problems, such as crime and lack of fulfillment of health needs. With the existence of several problems that exist in Malang City, it can be concluded that the priority problem in Malang City is population growth which is increasing from time to time. The hope is that by suppressing population growth, other problems can be overcome; For example, health problems will improve the health status of the population of Malang City with suppressed population growth. The purpose of this research is to provide an overview of the participation of the people of “Kampung KB” Malang City.

2. Method

This research was conducted from September to December 2020. The research location was six “Kampung KB” in Malang City, namely Bunulrejo, Bareng, Lowokwaru, Kota Lama, Tanjungrejo, and Tlogowaru. The respondents of this research were the “Kampung KB” Coordinator and the “Kampung KB” Field Assistant. The total number of respondents was 30 people. The criteria for respondents were respondents who served as assistants in “Kampung KB”. The method used in carrying out the research in “Kampung KB” Malang City uses qualitative methods with in-depth interviews. In-depth interviews were conducted with the organizing committee of “Kampung KB”. The interview used a questionnaire with structured questions for each informant. The questions in the questionnaire discussing about community

participation, activities in “Kampung KB”, officer participation, facilitation, fund, and evaluation. The method in this research uses triangulation, the results of interviews from “Kampung KB” assistants, cross-checked with the “Kampung KB” coordinator.

This study obtained permission from the Department of Women's Empowerment, Child Protection, Population Control, and Family Planning Malang City (DP3AP2KB Malang City). Interviews of respondents were conducted in coordination with the coordinator of “Kampung KB” online. Each respondent was selected by the “Kampung KB” Coordinator and had filled out an online informed consent form. Several respondents were met directly with strict health protocols. This study received the ethics number 015/LE.003/XII/02/2020 from the Health Research Ethics Committee of the Islamic University of Malang.

3. Result and Discussion

Malang City has six “Kampung KB”. They are Tanjungrejo, Bunulrejo, Tlogowaru, Bareng, Lowokwaru, and Kota Lama. The implementation of the Bunulrejo “Kampung KB” has been going well. Several programs were implemented, such as a program to change contraceptive methods from short-term methods of using condoms, pills, injections, and long-term contraceptive methods using an Intrauterine Device (IUD) or implant placement. The “Tri Bina” program (families of toddlers, youth, elderly, and youth) in collaboration with the Education Office. Forms of program activities include counseling by inviting sources from outside or collaborating with relevant agencies. Table 1 showed about summary of interview.

Table 1. Summary of Interview Results

No	Activity	Location Kampung KB (Urban Village)					
		Bunulrejo	Bareng	Lowokwaru	Kota Lama	Tanjungrejo	Tlogowaru
1	Community participation	Enthusiastic, actively ask questions, always want to know the progress of activities, and always support each activity program being held	In the beginning, there was resistance, then over time they feel the benefits, especially in economics sector	very enthusiastic about participating in all the activities	enthusiastic, cooperative, and happy with the activities held	almost everyone joins in the activity	Many residents participated in the activities
2	Long-term contraceptive use	there is a program to change contraceptive methods from short-term methods to long-term contraceptive methods	Coverage is increasing, but there are still some residents who do not carry out family planning because	Local people generally use contraceptives such as pills, injections and IUDs.	Increase, but the exact numbers are still not available	On average, people choose to use short-term contraceptives	Most use injections, pills, and some use IUDs

			they are afraid of the installation process.				
3	“Tri Bina” Program	Counselling and competence speakers	face to face by implementing health protocols	cadres went to residents' homes.	direction, counselling, coaching and training	Counselling and training	Counselling, competence speakers, and training
4	Facilities and infrastructure	enough but there is still no own place in the village, teaching aids are still limited and inadequate.	The place is adequate, example in the sub-district, in the field, or in a local area according to the needs and type of activity. The data house procurement is in a corner room of the sub-district office.	it is still inadequate because there is no place for a secretariat so there is still no fixed room, For activities, use the village hall or Muslimat building	There were 2 sources who stated that the place was adequate, and there were 2 sources who said that the place was not adequate	still inadequate	sufficient for carrying out activities
5	Management involvement	Usually it takes turns, but overall progress of activities can be reached by all administrators via Whatsapp Group, more tailored to the field or site to the problem or theme of the activity being raised	adapted to the problem or theme being discussed, but sometimes there are representatives from all working groups who participate	Come, usually they all come	adapted to the problem or theme being discussed	sometimes there are some who are still difficult to get together, bookkeeping and recording are also not in accordance with actual procedures	usually they all come

6	Fund	budget from government	community self-sufficiency contributions, submission of proposals to other sectors, and budget from government	Special allocation funds, community, and budget from government	budget from government	community, and budget from government	community, and budget from government
7	Evaluation	periodic routines carried out at meetings once a month, once every 2-3 months, or once every 6 months through the presentation of figures and narratives	Every month	Every end of activity and end of year	Every month	Every end of activity	Every end of activity, half year, end of year

Source: Primary Data, 2020

In carrying out activities in the “Kampung KB”, Bunulrejo Village, not all of the administrators participated in the activities held. Usually they take turns, but all administrators can develop activity through WhatsApp Groups. Because there are some interests elsewhere that cannot be abandoned. More adjusted between fields or sections with the problem or theme of the activities raised and limited budget funds. During the implementation of activities in the Family Planning Village of Bunulrejo Village, the manager has not found any significant obstacles or complaints. Management can resolve problems or complaints through sharing between management.

In terms of participants or residents, or the community in Bunulrejo Village, they are very involved and enthusiastic in every activity held by the “Kampung KB” manager. Good response and enthusiasm from the community, and many are supportive. They are very friendly. Although initially there was resistance, residents still accepted the program because of the many benefits they felt from the program. In addition, because the activities carried out involve cross-sectoral. There were still some residents who became representatives, then started to comprehensively. When the activity took place, residents were very enthusiastic, such as actively asking questions, always wanting to know the progress of activities, and always supporting every activity program held. Indeed, at first, they were only passive and just joined in, but over time they became active because they already felt the benefits. Moreover, if the presenters are good, they will actively ask a question.

The “Kampung KB” in Bareng Village was formed in November 2017. Initially there was only one RW in RW 8, then in 2019, finally from the Provincial BKKBN office, there was an instruction to create a “Kampung KB” within the village area. So that the existing “Kampung KB” from RW 8 developed into a “Kampung KB” in Bareng Village. This family planning village is called Kampung Melati, which means Serving Wholeheartedly. The implementation is divided into 8 groups or working groups, namely education, religion, reproduction, social, culture, protection, love, and the environment. Funding for the program to be implemented consists of self-sufficiency from the community, submission of proposals to other sectors, and a budget from the BKKBN Office.

The implementation of this activity was attended by several administrators according to the problem or theme being discussed, but sometimes representatives from all working groups participated. Then the results of the activities will be reported orally and in writing at regular meetings in the neighborhood, which are then forwarded to the Social Service. In its implementation, there are no significant obstacles from the management side. If there are obstacles, management can overcome them through togetherness.

Initially there was a rejection of “Kampung KB” because the community thought that the average person did not have KB, so that the village FP procurement was meaningless. Then gradually they realized that when the “Kampung KB” was formed, eight working groups, for example from the economics working group, were actively registering MSMEs in the community. From here, they only feel the benefits when there is a product title event in the village, so anyone who has a business can bring the product. So that the invitees who come will definitely buy. Then from these activities slowly feel the benefits. In addition, the enthusiasm and participation of the community towards the activities organized by the “Kampung KB” manager is good. Their response was also good by welcoming the existing activities because all the activities carried out involved the community and were beneficial for the residents of Kampung KB, Bareng Village.

Kampung KB Kota Lama stated that not all administrators participated in the activity. Sort and adjust according to the problems discussed. For example, if the activity is from the economic sector, then the activities related to the Family Welfare Service Center means that the economic officer will carry it out. For example, the activities in the religious section. In this case, it means that the management comes from the religious section, so not all administrators are required to take part in the activities carried out in the “Kampung KB”. This activity is adjusted to the existing sections, but sometimes the core committee and working groups or other groups are already represented before the pandemic. Administrators work together and help each other in each program. In addition, there is quite a lot of community participation in the implementation of Kampung KB activities in each of its activities.

The enthusiasm of the Lowokwaru residents for the “Kampung KB” activities can be said to be very enthusiastic, not only enthusiastic when there is socialization, but the residents also participate in fishing activities, plant cultivation, and other endeavors. The residents who participated also came from various age groups, such as mothers, fathers, students, and also high school teenagers in Lowokwaru sub-district.

Kampung KB Tanjungrejo stated that many “Kampung KB” officials participated, and almost all of them participated in the activity. However, not all local residents participated because here only 1 RW was placed and followed by each RT or its representative. However,

local youth are very active in participating in family planning village activities, such as counseling and other youth activities.

Due to the presence of the Tlogowaru villagers during the activity, many residents took part in family planning activities. However, due to time constraints, many residents work so they also arrive late. But even so, the enthusiasm of the residents to come can be said to have been a lot. Then for community activities, when there was counseling or activities were still lacking, only a few dared to ask questions, and there were also those who asked the village head after the activity was over to ask things they did not understand. From numbers 1-5 the average respondent answered 4 to assess the enthusiasm of the residents for the Kampung KB program.

Community participation in government programs is considered in implementing and maintaining these programs to develop skills, improve welfare, and be able to solve problems in the community. According to Macqueen, (2015) states that community involvement in research is a momentum approach to improve the quality of research, helps demonstrate the accuracy of public concern for a topic, and becomes reference information for ethical decision making. In fact, the involvement of the public and other members of the general public is essential in health emergencies (Bedson et al., 2020). So that if community involvement is still low in government programs or other emergencies it will hinder program implementation. Several factors can lead to low levels of community involvement in government programs. Among them are the lack of public trust in a program, limited access to run the program, lack of direct support from the government, different community burdens. Lack of relevance between community needs and program objectives, and lack of attention to opportunities for program success (Stewart et al., 2015). To overcome these obstacles, you can train and empower officers first, involve religious leaders, and use various promotional media (Bedson et al., 2020)

In line with the above discussion, research on the analysis of the implementation of the Malang City Family Planning Village in 2020 was successfully carried out from the initial stage to the final stage of research by involving the Malang City Family Planning Village community as the object of research. This research is qualitative research whose data is obtained from in-depth interviews with the research object. In this study, it was seen that the community was very cooperative in providing answers during in-depth interviews. They gave answers related to actual conditions in the field, such as the condition of the community in each “Kampung KB” who was enthusiastic about participating in a series of activities held by the village family planning apparatus. Likewise, officers who are enthusiastic about holding empowerment activities for the community in Kampung KB. With the existence of this “Kampung KB”, the community feels positive impacts, for example the environment around their residence becomes clean, increases knowledge by participating in counseling activities, education levels increase with the pursuit package program and collaboration programs with the Department of Education, understanding of contraceptive methods and tools is increasing, age early marriages are increasingly rare, and their economic activities are increasingly stable and improving.

4. Conclusion

The implementation of the Family Planning Village in Malang City is carried out at the village level. The participation and enthusiasm of the community which is quite good is one of

the benchmarks in developing activities of Kampung KB. The implementation of “Kampung KB” in Malang City, there is still a lack of support from the government, especially regarding the budget for the implementation of “Kampung KB” activities, facilities and infrastructure such as places to hold activities in the “Kampung KB. So, if this problem is not handled by the government, it will hamper the implementation of the “Kampung KB” program in the future.

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