

# Community Participation In The Tegal Jambu Family Planning Village In The Family Planning Program In Lembursitu District, Sukabumi City

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## ABSTRACT

This study examines community participation in the Family Planning (FP) Program in Tegal Jambu Family Planning Village, Lembursitu District, Sukabumi City. Among the problems are a lack of knowledge and understanding of the importance of the program, low human resources, and cultural factors in the village. The increasing population growth rate has not been matched by active community involvement in the program. The purpose of this study is to describe the extent to which four dimensions of participation are implemented: planning, implementation, utilization of results, and evaluation. This is in accordance with the theory of Cohen & Uphoff (1980). The method used is a qualitative descriptive approach. Data collection is carried out through observation, interviews, and documentation. The aim of this study is to increase community participation in understanding family planning, to realize prosperous families through good planning, in line with government programs and existing laws and regulations.



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## 1. INTRODUCTION

Indonesia, as a developing country, faces significant challenges from rapid population growth, which can strain vital sectors like education, healthcare, and the environment. While this growth presents an opportunity for a "demographic bonus" (a large working-age population), it can become a burden without adequate infrastructure and quality human resources. Similar challenges exist in Lembursitu District, Sukabumi City, where the population

increased significantly between 2023 and 2024. In response, the Indonesian government implemented the national Family Planning (KB) Program to control birth rates and improve family well-being. The program is implemented at various government levels, with a key strategy being the establishment of Family Planning Villages. These villages aim to strengthen the program at a local level through a community-based approach. However, a significant obstacle is low community participation, as evidenced in the Tegal Jambu Family Planning Village. This lack of participation stems from various factors, including limited information, cultural influences, and suboptimal outreach by field officers. This research will use the Cohen & Uphoff (1980) theory of participation to analyze community involvement in the planning, implementation, utilization, and evaluation of the program. The goal is to understand how to effectively empower communities to become active drivers of the program, rather than just beneficiaries.

## **2. LITERATURE REVIEW**

### **a. Public Administration**

Public Administration is a field of study that examines how the government manages and implements programs and services for the public. Etymologically, the word "administration" comes from the English word "administration," which means to serve, assist, and fulfill needs. In practice, public administration covers all activities related to planning, implementing, supervising, and evaluating government programs to achieve national goals effectively and efficiently. Scholars like Pfiffner and Presthus define it as the coordinated collective effort to implement public policy, while Gordon and Milakovich view it as a process involving individuals and organizations that officially execute laws. Indonesia's National Institute of Public Administration (LAN RI) defines it as a system that includes institutions, public management, and public policy, all interconnected to serve the community. Essentially, public administration is the heart of government activity, managing all systems to serve the public interest through systematic, professional, and organized policies and programs.

### **b. Participation**

Participation is the active involvement of individuals or groups in an activity, process, or decision-making. In the context of public administration and development, it refers to the community's active role in a program's cycle, from planning to evaluation. According to Cohen and Uphoff's theory (1980), participation has four main dimensions:

- 1) Participation in Decision-Making: Community involvement in planning and policy determination.
- 2) Participation in Implementation: Direct involvement in carrying out a program by contributing labor, time, or resources. Cohen and Uphoff emphasize that this includes not just physical contributions but also influencing how services are delivered.
- 3) Participation in Utilization of Results: The community directly benefits from the program.
- 4) Participation in Evaluation: The community provides feedback and assesses the program's effectiveness.

Indonesian academics also highlight the importance of participation. Slamet (2003) views it as an active involvement aimed at improving the community's quality of life, while Soetomo (2011) points to the social and psychological dimensions where people feel a sense of ownership and responsibility for a program. The National Population and Family Planning Agency (BKKBN) also states that the active participation of the community, both as participants and implementers, is key to the success of the Family Planning (KB) program. In summary, ideal participation is meaningful and sustained involvement at all stages of a program, driven by a sense of community ownership.

### **c. Family Planning Program**

The Family Planning (KB) Program is an Indonesian government initiative to help couples of childbearing age manage the timing and number of their children, with the goal of creating happy and prosperous small families. This program is a key part of the national strategy to control population growth and improve the quality of life. The main objectives of the KB program are: To regulate the birth of children and the spacing between births. To improve the overall quality of families from a social, economic, and health perspective. To lower the birth rate to maintain a balance between population size and available resources. To enhance community welfare by promoting ideal family sizes. To guarantee individuals' reproductive rights to access safe information and contraceptive services. The program is backed by a solid legal foundation, including Law No. 10 of 1992, Law No. 52 of 2009 on Population Development, and Law No. 36 of 2009 on Health. The primary implementing body is the National Population and Family Planning Agency (BKKBN), established by Presidential Regulation No. 62 of 2010. One of the BKKBN's main strategies is the establishment of Family Planning Villages (Kampung KB). These villages

serve as a model for integrating cross-sectoral programs, focusing on empowering families in remote or densely populated areas. Key strategies include: Increasing access to contraceptive services through local health centers (posyandu) and community cadres. Empowering and encouraging participation from community leaders, religious figures, and youth. Providing ongoing education and counseling on reproductive health. Utilizing a cross-sectoral approach by collaborating with other government agencies to integrate KB with issues like stunting and small-to-medium enterprises (SMEs). Overall, the success of the KB program is highly dependent on active community participation and the support of various stakeholders.

### 3. METHODS

This research aims to understand community participation in the Family Planning program in Kampung KB Tegal Jambu, Lembursitu District, Sukabumi City. To achieve this, the study will use a qualitative research method. Qualitative Research Method: According to Creswell (2016), this method is suitable for exploring and understanding the meaning of social phenomena, in this case, community participation in the KB program. The researcher will collect data through open-ended questions, analyze it inductively, and present it descriptively rather than numerically. This method was chosen to allow the researcher to gain a deep and natural understanding of the social dynamics in the field. Research Location and Subjects: Locations: The Sukabumi City Population Control Office (DP2KB3A) and the Kampung KB Tegal Jambu. Subjects (Informants): Head of DP2KB3A (regional policy maker). Head of Implementation Section at DP2KB3A (program implementer). Family Planning Field Officer (PLKB) (implementer at the sub-district/village level). Posyandu Cadre (implementer at the RW level). Couples of productive age (the community being studied). Research Instruments: The researcher will be the primary instrument. To collect data, four techniques will be used: Observation: Direct observation of behaviors and activities at the research site. Interviews: Face-to-face or phone interviews with open-ended questions to gather in-depth perspectives from informants. Documentation: Collection of public and private documents, such as reports or letters, to support data validation. Triangulation: A data validation technique to compare information from various sources and collection methods (interviews, observation, documents) to ensure credibility. The researcher will use data source triangulation and data collection technique triangulation. Data Analysis: The data analysis will follow the interactive flow model by Miles & Huberman (2014), which consists of three stages: Data Reduction: Selecting, focusing, and organizing raw data from the field. Data Display: Grouping the reduced data into categories to facilitate drawing conclusions. Conclusion Drawing/Verification: Formulating

final conclusions from the displayed data, which will be continuously verified throughout the research to ensure its validity.

#### **4. RESULTS AND DISCUSSION**

This research analyzes community participation in the Tegal Jambu Family Planning Village (Kampung KB) in the Family Planning program, using the four dimensions of Cohen & Uphoff's theory (1980): planning, implementation, utilization of results, and evaluation.

##### **a. Participation in Planning (Low)**

Community participation, especially among Couples of Childbearing Age (PUS), in the planning phase is very minimal. Interviews with PUS reveal they were never involved in determining program policies. The planning process is top-down. Community involvement is limited to setting activity schedules, not program substance. This lack of participation results in a weak sense of community ownership of the program.

##### **b. Participation in Implementation (Low)**

Community participation is largely passive, with individuals acting as recipients of services and an audience for counseling. Many PUS simply attend information sessions without actively using contraception. The community is not actively contributing to implementation. Cultural barriers, such as a husband's refusal to grant permission, and a lack of comprehensive understanding limit active participation.

##### **c. Participation in the Utilization of Results (Fairly Good)**

The majority of informants, both from the organizers and the community, acknowledge the program's benefits, particularly in increasing their knowledge about family planning, child spacing, and contraception. The program has successfully raised individual awareness and capacity. However, a gap exists between this increased knowledge and concrete action, as many PUS have not become active acceptors. The benefits of education are felt, but converting this knowledge into action has not been optimal.

##### **d. Participation in Evaluation (Relatively Good)**

Participation in evaluation is considered good, albeit through informal mechanisms. KB officers routinely seek feedback from cadres and the community, and this input is seen as useful for program improvement. Residents are given the opportunity to provide critiques and suggestions,

showing they are viewed as subjects rather than just objects of development. However, a formalization of evaluation mechanisms (e.g., regular community forums) is needed for feedback to be more systematically implemented into future policies and activities.

Overall, community participation in the Tegal Jambu Family Planning Village faces significant challenges, particularly in the planning and implementation stages. While awareness and evaluation are relatively good, a strategy is needed to convert knowledge into action and empower the community to be more active throughout all stages of the program.

## 5. CONCLUSION

This research concludes that the Department of Population Control, Family Planning, Women's Empowerment, and Child Protection (DP2KBP3A) plays a strategic role in developing high-quality human resources, promoting gender equality, and fostering strong families. Through its functions in policy formulation, implementing family planning programs, empowering women, and protecting children, the department is at the forefront of addressing social challenges. The success of its programs is highly dependent on cross-sector collaboration, active community participation, and the availability of accurate data. The DP2KBP3A is also crucial in educating the public about the family's role as the foundation of national development. Practical Recommendations: Increase Human Resource Capacity: Enhance the professional and responsive competence of DP2KBP3A staff. Strengthen Collaboration: Build stronger partnerships with educational institutions, community organizations, and the private sector to expand program reach and effectiveness. Optimize Information Systems: Manage data digitally and in an integrated manner for fast, evidence-based policy making. Improve Community Education: Continuously promote public awareness about population control, gender equality, and child protection using adaptive and locally-grounded approaches. Continuous Monitoring and Evaluation: Regularly monitor and evaluate program implementation to identify obstacles and improve service quality. Theoretical Recommendations: This research is intended to contribute to the study of public policy implementation. The researcher suggests that future studies use other participation theories (such as Cohen & Uphoff's) to gain a broader understanding of the factors that contribute to the success or failure of community participation in other regional contexts.

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