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Evaluation of the Implementation of Family Planning and Reproductive Health Programs in KB Village, Subang Regency: Case Study of Kalijati District

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ABSTRACT
The *Kampung* KB (Family Planning Village) program aims to improve the coverage of family planning (KB) and reproductive health through a community-based approach. Evaluation is needed to determine the extent to which the program is running according to target. To evaluate the implementation of family planning and reproductive health programs in *Kampung* KB Kalijati District, Subang Regency. Qualitative research with a case study approach. Data were collected through in-depth interviews, field observations, and document review from 30 informants (family planning cadres, family planning acceptors, community leaders, and health center officers). Data analysis used the Miles and Huberman interactive model. The *Kampung* KB program has succeeded in increasing the number of active family planning acceptors by 20% in the last 2 years. The main obstacles are the limited number of[A1] extension workers, low male participation, and access to reproductive health services in remote areas. Education and cross-sector support still need to be strengthened. The *Kampung* KB program in Kalijati District is running quite well, but it requires increased human resource support, continuous education, and equitable access to reproductive health services.

Keywords: program evaluation, Family planning village, reproductive health

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INTRODUCTION

Population issues are still a strategic concern in Indonesia, especially in terms of controlling the birth rate and improving the quality of human resources. The Family Planning (*Keluarga Berencana*/KB) Program is one of the government's efforts to control population growth and improve family welfare through pregnancy planning and reproductive health education (Bani et al., 2014; Bongaarts, 2020; Götmark & Andersson, 2020; Hardee et al., 2017; Hutagalung et al., 2021; Johnson et al., 2021; Mandira et al., 2020). In order to strengthen the program, the government launched the *Kampung* KB (Family Planning Village) initiative, which is a village-level or sub-district area that serves as a model for the comprehensive implementation of family planning programs and family development.

Kampung KB is designed to integrate various service sectors such as health, education, economy, and social services with a main focus on strengthening family planning and reproductive health programs at the community level (Aji & Yudianto, 2020; Apriani et al., 2021; Juliarta, 2023; Setyawati & Ramadha, 2020; Sistiarani et al., 2022; Widya Saputra et al., 2021). One of the locations for the implementation of this program is in Kalijati District, Subang Regency. As a target area of the program, Kalijati has unique socio-cultural characteristics and its own challenges in the implementation of family development programs.

The research problem identified in this study is the need for comprehensive evaluation of the *Kampung* KB program implementation in Kalijati District, where despite government investment and policy support, there remains uncertainty about the program's effectiveness, coverage quality, and sustainability at the community level. The urgency of this research is underscored by Indonesia's demographic challenges, including persistent regional disparities in family planning coverage, with rural areas like Kalijati facing unique barriers to reproductive health service access and utilization.

Previous research by Sari (2023) evaluated *Kampung* KB implementation in rural Indonesian settings and identified common challenges including limited human resources and geographic barriers, while *Badan Kependudukan dan Keluarga Berencana Nasional* (BKKBN) reports (2023) highlighted uneven distribution of family planning extension workers across regions. However, research gaps exist in understanding the specific contextual factors that influence program effectiveness in districts with particular socio-cultural characteristics like Kalijati, where traditional community structures and local leadership dynamics may significantly impact program outcomes.

The novelty of this research lies in its comprehensive case study approach that examines the *Kampung* KB program implementation through multiple stakeholder perspectives in a specific district context, providing detailed insights into the interplay between program design, community characteristics, and implementation outcomes. The objective of this study is to evaluate the implementation of family planning and reproductive health programs in *Kampung* KB Kalijati District, Subang Regency, focusing on input, process, and output aspects, as well as identifying supporting and inhibiting factors. The benefits of this research include providing evidence-based recommendations for program improvement, contributing to the understanding of community-based family planning program effectiveness, and offering a replicable evaluation framework for similar programs in other Indonesian districts with comparable characteristics.

However, in its implementation, obstacles are often encountered such as low community participation, limited human resources, and suboptimal implementation of reproductive health education. Therefore, a thorough evaluation is needed to identify the extent of the effectiveness of the *Kampung* KB program implementation in Kalijati District, as well as the supporting and inhibiting factors in its implementation.

METHOD

This study uses a qualitative design with a case study approach. The goal is to evaluate the implementation of the *Kampung* KB (Family Planning Village) and reproductive health program in depth, covering input, process, and output aspects, as well as the obstacles faced. The research was conducted in *Kampung* KB, Kalijati District, Subang Regency during the January-March 2024 period. The main informants included family planning cadres, family planning extension workers, and health center officers. Triangulation informants included community leaders, family planning acceptors, and village government representatives. A

total of 30 informants were selected using purposive sampling techniques based on their involvement and knowledge of the *Kampung* KB[A1] program. Data were analyzed using Miles & Huberman's interactive model through the stages of data reduction, data presentation, and conclusion/verification. The validity of the data was maintained through triangulation of sources and methods.

RESULTS AND DISCUSSION

A total of 30 informants were involved in this study: 5 family planning extension workers, 10 family planning cadres, 8 family planning acceptors, 4 community leaders, and 3 health center officers. The comprehensive evaluation reveals several key findings across different program components:

Input Components: Human resources include family planning extension workers and cadres, but the ratio of extension workers to the number of villages remains inadequate (1 extension worker for 3 villages). Facilities and infrastructure show that while Posyandu and counseling centers are available, some remote villages lack access to certain contraceptives. Funding comes from BKKBN and village budgets (APBDes), but disbursement delays frequently occur, affecting program continuity.

Process Components: Implementation of family planning counseling is conducted routinely at least once per month, though male attendance rates remain consistently low. Family planning and reproductive health services have shown improvement over the past two years, particularly in the utilization of long-term contraceptives (IUDs and implants). Reproductive health education is implemented in posyandu and schools, but scope remains limited, particularly for adolescents and newly married couples.

Output Components: The number of active family planning acceptors has increased by 20% in the last two years, indicating positive program impact. Knowledge levels regarding reproductive health have improved among participants, though gaps persist in male participation and youth engagement.

The results of the study show that the Kampung KB program in Kalijati District is quite effective in increasing the number of family planning acceptors and reproductive health knowledge, according to the goals of BKKBN. This increase is supported by the active role of cadres, integration with posyandu, and support from the village government. However, limited human resources are the main obstacle, in line with the BKKBN report (2023) that the distribution of family planning extension workers in the regions is still uneven. Low male participation indicates the need for special communication strategies to involve men in family planning programs, as recommended by WHO (2021).

The analysis reveals several critical success factors: strong community leadership support, effective integration with existing health services, and dedicated cadre involvement. Conversely, key challenges include inadequate human resources, cultural barriers to male participation, geographic accessibility issues in remote areas, and limited educational

outreach to younger demographics. The program's sustainability appears dependent on addressing these systemic challenges while building upon existing strengths.

Obstacles to access services in remote villages also hinder the equitable distribution of programs. The solution can be in the form of mobilizing mobile family planning services, increasing cadre capacity, and utilizing information technology for reproductive health education. The limitation of this study is the use of a qualitative approach so that the results cannot be generalized to all Subang Regency. However, these findings provide an important picture for program improvement at the local level.

Discussion

Based on in-depth interviews and document analysis, the data reveals a significant 20% increase in active family planning acceptors within the Kalijati District Kampung KB program over the past two years. This quantitative outcome is best presented in a bar chart illustrating the annual growth, from a baseline of approximately 650 active acceptors to 780, providing a clear visual representation of the program's impact on contraceptive prevalence. This positive trend is further supported by qualitative data from cadre reports and health center records, which indicate a growing acceptance of long-term contraceptive methods (LTM) like IUDs and implants, suggesting a shift towards more reliable family planning practices within the community.

Analysis of the input components, however, uncovers a critical constraint: an inadequate ratio of family planning extension workers (PKB) to the population. With only one PKB for every three villages, the human resource capacity is stretched thin, directly impacting the frequency and depth of counseling and follow-up services. This bottleneck creates a disparity in service quality between easily accessible central villages and more remote hamlets, where access is limited not only by geography but also by the sporadic presence of trained personnel. This finding aligns with the national report by BKKBN (2023), which highlighted the uneven distribution of extension workers as a systemic challenge plaguing rural family planning initiatives across Indonesia.

A specific and concerning finding from the qualitative data is the persistently low male participation rate, estimated from attendance records to be below 15% in counseling sessions. Transcripts from interviews with acceptors and cadres consistently revealed a deeply entrenched socio-cultural norm that frames family planning as solely a woman's responsibility. This interpretation suggests that despite the program's overall success in increasing acceptor numbers, it has failed to dismantle key gender barriers, limiting its potential for creating truly shared decision-making within households and achieving a more holistic understanding of reproductive health.

When compared to previous research, this finding on male participation resonates strongly with the qualitative work of Indrawati et al. (2022) in West Java, which identified patriarchal norms and a lack of male-inclusive strategies as primary inhibitors. Our study corroborates their conclusions and further specifies the manifestation of this barrier within the Kampung KB operational structure. Conversely, our data on the effectiveness of

dedicated cadres supports the case studies by Nasution et al. (2023), confirming that local community health workers are the backbone of such programs, though our research adds the nuance that their impact is severely circumscribed by the lack of supporting PKB staff.

The theoretical implications of these results can be framed within the Diffusion of Innovations theory. The successful uptake of LTMs indicates that these methods have reached a "tipping point" for early adopters and the early majority within the community, facilitated by cadres acting as opinion leaders. However, the low male engagement suggests that the innovation—shared responsibility for family planning—has not yet been effectively communicated in a way that is compatible with the male social system or that demonstrates a relative advantage from their perspective. This theoretical lens helps explain the differential adoption rates across genders.

A practical solution emerging from this analysis is the need for a multi-pronged strategy. Firstly, to address the human resource gap, a solution lies in a task-shifting and capacity-building model that further empowers and formally recognizes cadres, supplementing their efforts with periodic intensive visits from mobile PKB teams equipped to serve clustered remote areas. Secondly, to engage men, the program must design and implement male-specific outreach, potentially through respected community leaders and in venues where men naturally congregate, reframing the message around family welfare and economic stability rather than solely female-centric health.

The practical implications of this research are substantial for policymakers at the BKKBN and district health office levels. It provides a clear evidence base for advocating increased investment in the number and training of PKB staff, specifically for rural postings. It also underscores the urgent need to mandate and fund gender-sensitive programming that moves beyond tokenistic efforts to genuinely involve men, requiring a redesign of communication, information, and education (CIE) materials and session formats to make them more appealing and relevant to a male audience.

Furthermore, the success of the cadre-led model, even under constraints, highlights an opportunity for sustainable scale-up. The practical implication is that national policy should formalize and better remunerate the role of family planning cadres, integrating them into a more structured community health workforce. This would enhance program resilience and ensure continuity despite fluctuations in the availability of centrally deployed extension workers, making the entire system less vulnerable to human resource shortages.

CONCLUSION

This study demonstrates that the implementation of the *Kampung* KB program in Kalijati District has achieved moderate effectiveness, evidenced by a 20% increase in active family planning acceptors and improved public knowledge about reproductive health over the past two years. The program's success is attributed to strong cadre involvement, effective village government support, and successful service integration at the *posyandu* level. However, significant challenges persist, including inadequate numbers of family planning

extension workers, consistently low male participation rates, limited access to services in remote villages, and insufficient educational outreach for adolescents and newly married couples.

Recommendations for program improvement include: (1) increasing the number and capacity of family planning extension workers to achieve optimal coverage ratios, with specific training in community engagement and culturally sensitive communication strategies; (2) developing targeted male involvement strategies, including male-specific educational sessions and peer-to-peer education programs that address cultural barriers to family planning participation; (3) implementing mobile service delivery systems to reach remote villages, potentially utilizing technology-based solutions and community health worker networks; (4) expanding educational programs specifically designed for adolescents and newly married couples, incorporating age-appropriate curricula and delivery methods; (5) establishing more reliable and timely funding mechanisms to ensure program continuity and reduce implementation disruptions; and (6) developing comprehensive monitoring and evaluation systems to track progress and identify emerging challenges in real-time, enabling adaptive program management and continuous improvement.

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