

Conference Paper

Descriptive Study On Family Planning Village of National Population and Family Planning Board Banten Province

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Abstract

Family planning village is one of the miniature forms BKKBN and synergizes with Institutions, working partners, stakeholders of relevant agencies in accordance with regional needs and conditions, and to be implemented at the lowest government level (according prerequisites for determining the location of family planning villages) in all districts and cities. This study is an evaluative study with data collection carried out through quantitative and qualitative approaches. Respondents with quantitative data collection were Fertile Age Couples in the family planning village target area. The Evaluation Study of family planning village was held in the Cikentang village, Sayar Village, Taktakan Subdistrict, Serang City and Kadu Seeng village, Talagasari Village, Saketi Subdistrict, Pandeglang District. Program mobilization from the provincial BKKBN with regional area from sub unit is ceremonial and activity development is still integrated with the KKBPK program activities in general. The program achievements according to family planning participation from the tools / methods used after the declaration do not show significant program achievements, which are around 10 – 13 percent of implants and injections, from population administration (ID card) is not complete target. The knowledge and practice of family development after the declaration of the people who joined BKB, BKR, BKL, and UPPKS was very low, range from 1 - 6 percent, while community participation in the family planning village in various aspects of activities showed a low participation rate of 8 percent and 14 percent.

Keywords: family planning village, fertile age couples

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1. Introduction

The target to decrease population growth rate is equivalent with the quantity of citizens. The increase of the population growth rate causes the government to provide people's basic needs, such as clothes, food, houses, jobs, and income. According to Inter-census Population Survey in 2015, the population growth rate in Indonesia in 2016 was 1.43 percent. If we compare it to the result of population census in 2010, the population

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growth rate decreased 0.06 percent, while in 2010 the population growth rate was 1.49 persen (BPS, 2015)

The result of Indonesia Demographic and Health Survey in 2012 showed that TFR was still stagnant, that was 2.6 child per woman. Besides that, another survey that measures Total Fertility Rate each year is program performance indicator survey of Population, Family Planning, and Family Development of National Development Design for Medium Term (KKBPK RPJMN). According to program performance indicator survey of KKBPK RPJMN in 2016, TFR Indonesia was 2.30 children per woman. The Contraceptive Prevalence Rate has also increased, particularly the use of modern contraceptive, but the increase in the past ten years had been slow. The use of modern contraceptive increased from 47 percent (SDKI 1991), 54.7 percent (SDKI 1997), 56.7 percent (SDKI 2003), 57.4 percent (SDKI 2007) and 57.9 percent (SDKI 2012). the calculation of CPR in all methods in 2016 according to programme performance indicator survey of KKBPK RPJMN was 60.8 percent.

The unmet need of contraceptive service becomes the measure of how far KKBPK program fulfils society's needs, particularly married couple in reproductive age. Based on program performance indicator survey of KKBPK RPJMN in 2016 the unmet need was 15.8 percent. The strategic target of birth rate within teenagers in the age range of 15-19 years old according to program performance indicator survey of KKBPK RPJMN in 2016 was 35 per 1.000 birth. The unwanted pregnancy is an important indicator to discover the risk of mother and child mortality. Program performance indicator survey of KKBPK RPJMN data in 2016 showed that the unwanted pregnancy was 9.1 percent.

Family planning village is one of the strategic innovations and the miniature models of thorough KKBPK implementation that involves all department in BKKBN and collaborates with some institutions, partners, and related stakeholders in accordance with the needs and conditions of the region, and executed in the lowest level of government (based on the pre-requirements of the location designation of Family planning village) in all regions and cities. To find out how far Family planning village implementation in the province, we need to evaluate the formulation and execution of the ongoing Family planning village implementation in each province.

2. Method

This research is part of a national study of family planning village evaluation studies by referring to research study using proposals and instruments from the national population and family planning board KB-KS development and research centre unit on 2017. This

is an descriptive study with data collected by mixed methods approaches. Qualitative approach is done to get in-depth information about suggestion, process, execution, monitoring, evaluation, and reporting as well as achievement of success indicators of Family planning village Program that involve all sectors, regional government, religious figures, social public figures, Family planning village managers as well as community participation. The quantitative approach, on the other hand, was implemented through structured questionnaires to gain knowledge illustration, attitude, and community participation on the events done in Family planning village Program.

The selection of quantitative respondents was done by listing the data that were looked through in Family planning village regions. After the listing data were put on, we incorporated systematic random sampling (SRS) and got 50 married couple in reproductive age. The selected married couple in reproductive age respondents were interviewed by the trained enumerator using questionnaires survey it have 54 questions with component is respondent characteristic, family planning, knowledge and participate of family planning village programme, health education for personal and small group, knowledge and family development practice, and participate as organizer family planning village.

Evaluation study of Family planning village was done at Cikentang Family planning village at Sayar, Taktakan, Serang and Kadu Seeng Family planning village at Talagasari, Saketi, Pandeglang. The location selection was done purposively considering the representativeness of Family planning village regions in Banten Province that were not evaluated on 2017. The selection was also based on Family planning village implementation before July 2016. Besides primary data, the study also used secondary data which were attained by processing family data from Family Census in 2015. The qualitative data was obtained from respondent interview result from government institution to be divided province institution level until some regional institution level and some group community from family planning organizer will recorded and to be analyzed with standard achievement indicator family planning programmed. The quantitative data was obtained with cross tabulation analysis in every data and inferential was done to see the achievement before and after implementing Family planning village. The signification test was done to discover the differences in agenda at Family planning village in each targeted region.

3. Result

The data respondent's characteristics of Cikentang Family planning village at Taktakan District, Serang and Kadu Seeng Family planning village at Saketi District, Pandeglang

TABLE 1: Distribute frequency age of respondent.

Cikentang		Kade Seeng	
Minimum at least 20 years old	2 %	Minimum at least 20 years old	4 %
Maximum 45 years old	8 %	Maximum 51 years old	2 %

The lowest age of respondent is 20 years that is 2 percent for Cikentang and 4 percent for Kadu Seeng. The highest age of respondent is 45 years (8%) for Cikentang and 51 (2 %).

TABLE 2: Distribute frequency age of the husband's respondent.

Cikentang		Kade Seeng	
Minimum at least 25 years old	4 %	Minimum at least 25 years old	4 %
Maximum 65 years old	2 %	Maximum 57 years old	2 %

The lowest age of husband's respondent is 25 years that is 4 percent for both area in Cikentang and Kadu Seeng. The highest age of respondent is 65 years (2 %) for Cikentang and 57 (2 %).

TABLE 3: Distribute frequency respondent of education level.

Cikentang		Kade Seeng	
Uneducated	18 %	Uneducated	10 %
Elementary graduate	52 %	Elementary graduate	52 %
Junior high graduate	16 %	Junior high graduate	18 %
Senior high graduate	14 %	Senior high graduate	14 %
		College graduate	6 %

The highest education level of respondent is elementary graduate (52 %) for Cikentang and the lowest education level is senior high graduate (14 %). The highest education level of respondent is elementary graduate (52 %) for Kade Seeng and the lowest education level is college graduate (6 %).

The highest education level of respondent's husband is elementary graduate (40 %) for Cikentang and the lowest education level is college graduate (6 %). The highest education level of respondent is elementary graduate (46 %) for Kade Seeng and the lowest education level in college achelor graduate (4 %).

TABLE 4: Distribute frequency respondent's husband of education level.

Cikentang		Kade Seeng	
Uneducated	32 %	Uneducated	4 %
Elementary graduate	40 %	Elementary graduate	46 %
Junior high graduate	14 %	Junior high graduate	28 %
Senior high graduate	8 %	Senior high graduate	16 %
College graduate	6 %	D1/D2/D3/Academic	2 %
		Bachelor graduate	4 %

TABLE 5: Distribute frequency respondent of occupation.

Cikentang		Kade Seeng	
Private employees	4 %	Civil servant/Army	2 %
Entrepreneur	2 %	Entrepreneur	4 %
Factory worker/farmer/fisherman	6 %	Factory worker/farmer/fisherman	6 %
Unemployed/housewife	88 %	Unemployed/housewife	88 %

The highest occupation is unemployed that amount 88 % for both of area and the lowest occupation is entrepreneur (2 %) for Cikentang area and civil servant/army (2 %) for Kadu Seeng.

TABLE 6: Distribute frequency respondent's husband of occupation.

Cikentang		Kade Seeng	
Private employees	10 %	Civil servant/Army	2 %
Entrepreneur	10 %	Private employees	2 %
Labor	76 %	Entrepreneur	22 %
Unemployed	2 %	Factory worker/farmer/fisherman	72 %
Others (Quran teacher)	2 %	Unemployed	2 %

The highest occupation of respondent's husband is labor that amount 76 percent for Cikentang area and and factory worker/farmer/fisherman is 72 percent for Kadu Seeng.

TABLE 7: Distribute frequency of child livebirth and stilbirth.

	Cikentang	Kade Seeng
Livebirth	92 %	96 %
Stilbirth	8 %	4 %

The amount stillbirth show data that Cikentang area is more high than Kadu Seeng for each 8 percent and 4 percent.

The amount of children have still living show data that Kadu Seeng area is more high than Cikentang for each 98 percent and 96 percent. The amount of children was died

TABLE 8: The amount of children have still living and died.

Criteria	Cikentang	Kade Seeng
Still living	96 %	98 %
Died	4 %	2 %

show data that Cikentang area is more high than Kadu Seeng area for each 4 percent and 2 percent

TABLE 9: Contraceptive Participation Before And After The Announcement.

Contraceptive Participation	Cikentang Contraceptive Participation 22 married couple in reproductive age (44%)			Kadu Seeng Contraceptive Participation 28 married couple in reproductive age (56%)		
	Before the Announcement n (%)	After the Announcement n (%)	Total N (%)	Before the Announcement n (%)	After the Announcement n (%)	Total N (%)
MOW	0	0	0	1 (2%)	0	1 (2%)
MOP	0	0	0	0	0	0
IUD	1 (2 %)	0	1 (2%)	1 (2%)	0	1 (2%)
IMPLANT	1 (2%)	2 (4%)	3 (6%)	2 (4%)	1 (2%)	3 (6%)
INJECTED	15 (30%)	1 (2%)	16 (32%)	15 (30%)	2 (4%)	17(34%)
PILL	2 (4%)	0	2 (4%)	6 (12%)	0	6 (12%)
CONDOM	0	0	0	0	0	0
TRADITIONAL	0	0	0	0	0	0

TABLE 10: Contraceptive participation according to contraceptive method used.

Contraceptive participation	Cikentang		Kadu Seeng	
	n	(%)	n	(%)
Using a contraceptive method				
Using modern method	22	44%	28	56%
MOW	0	0	1	2%
MOP	0	0	0	0
IUD	1	2%	1	2%
IMPLANT	3	6%	3	6%
INJECTED	16	32%	17	34%
PILL	2	4%	6	12%
CONDOM	0	0	0	0
TRADITIONAL	0	0	0	0
Not one using	28	56%	22	44%
TOTAL	50	100 %	50	100%

The highest contraceptive participant is injected method using contraceptive for both area that each 32 percent for Cikentang area and 34 percent for Kadu Seeng.

TABLE 11: Service source about tool and method of contraceptive that is used.

Service Source	Cikentang			Kadu Seeng		
	MKJP n (%)	NON MKJP n(%)	TOTAL N(%)	MKJP n (%)	NON MKJP n (%)	TOTAL n (%)
General Government Sector	2 (9.1%)	10 (45.4%)	12 (54.5%)	4 (14.3%)	3 (10.7%)	7 (25%)
Private Sector	2 (9.1%)	8 (36.4%)	10 (45.5%)	1 (3.6%)	20 (71.4%)	21 (75%)
Other Sources	0	0	0	0	0	0
TOTAL	4 (18.2%)	18 (81.8%)	22 (100%)	5 (17.9%)	23 (82.1%)	28 (100%)

The highest contraceptive participant is injected method using contraceptive for both area that each 32 percent for Cikentang area and 34 percent for Kadu Seeng.

TABLE 12: The reason why respondent not use contraceptive.

Cikentang	Respondent	Kadu Seeng	Respondent
Infertile	6	High cost	1
Side effect risk	2	Pregnant	3
Lazy of use	2	Side effect	3
Have not children	4	not having period	1
Reject use	3	wanted to get pregnant	2
Just married	1	Have many child	1
Have many child	7	Husband almost stay at home	1
Not permitted by husband	1	Irregular menstruation	1
Pregnant	1	Lazy of use	3
Afraid	1	Pre menopause	1
		Husbands who live far	1
		Menopause	1
		Infertile	4

The highest reason why respondent not use contraceptive that they want to have many child especially for Cikentang area. The other reason why respondent not use contraceptive is infertile for Cikentang and Kadu Seeng area.

TABLE 13: Knowledge and Participation in Family planning village Program according to percentage of married couple in reproductive age who have heard about Family planning village.

Cikentang	Respondent	Kadu Seeng	Respondent
Ever heard	27 (54 %)	High cost	27 (54 %)
Not ever heard	23 (46 %)	Pregnant	23 (46 %)

TABLE 14: The percentage of married couple in reproductive age who have heard about Family planning village from health educator.

Source /Official	Cikentang			Kadu Seeng		
	Yes N (%)	No N (%)	Total N (%)	Yes N (%)	No N (%)	Total N (%)
PPKBD/Sub PPKBD Cadres	16 (32%)	34 (68%)	50 (100%)	17 (34%)	33 (66%)	50 (100%)
PLKB/PKB	8 (16%)	42 (84%)	50 (100%)	2 (4%)	48 (96%)	50 (100%)
PKK	0	0	0	1 (2%)	49 (98%)	50 (100%)
BP4	0	0	0	0	0	0
Non-commissioned Officer (Babinsa)	0	0	0	0	0	0
Religious Figure	1(2%)	49 (98%)	50(100%)	0	0	0
Social Public Figure	0	0	0	0	0	0
Nurse/midwife	0	0	0	0	0	0
Doctor	0	0	0	0	0	0
Special Design Car (Mupen)	2 (4%)	48 (96%)	50 (100%)	7 (14%)	43 (86%)	50 (100%)
Others	0	0	0	0	0	0

TABLE 15: Knowledge and Practice in Infants and Family Development (BKB).

	Cikentang			Kadu Seeng		
	Yes N (%)	No N (%)	Total N(%)	Yes N (%)	No N (%)	Total N (%)
Ever heard about BKB	14(28%)	36(72%)	50(100%)	13(26%)	37(74%)	50(100%)
Ever Participation in BKB	6(12%)	8(16%)	14(28%)	2(4%)	11(22%)	13(26%)
Participation in BKB now	4(8%)	2(4%)	6(12%)	1(2%)	1(2%)	2(4%)
Actively participate in BKB	4(8%)	0	4(8%)	1(2%)	0	1(2%)

4. Discussion

The formation process was initiated by Family planning village socialization that was communicated by BKKBN Banten in its every event even though the announcement was not specifically discussed Family planning village, the Family Planning Regional Organization in each region and city prepared the regional profile that was set according to the criteria stipulated and based on the suggestion from Family planning village Regional Organization in each region and city. From that BKKBN Banten selected the locations of Family planning village. After it, BKKBN held a meeting with regent/mayor

TABLE 16: Knowledge and Practice in Teenage and Family Development (BKR) and Information and Counselling Center for Teenage (PIK-R).

Knowledge and Practice	Cikentang			Kadu Seeng		
	Yes N (%)	No N (%)	Total N (%)	Yes N (%)	No N (%)	Total N (%)
Ever heard about BKR	12(24%)	38(76%)	50(100%)	13(26%)	37(74%)	50(100%)
Ever Participation in BKR	6(50%)	6(50%)	12(24%)	6(12%)	7(14%)	13(26%)
Participation in BKR	3(6%)	2(4%)	5(10%)	6(12%)	0	6(12%)
Actively participate in BKB	3(6%)	0	3(6%)	5(10%)	1(2%)	6(12%)
Teenage who have participated in PIK-R	5(10%)	0	5(10%)	7(14%)	43(86%)	50(100%)
Teenage who actively participate in PIK-R	4(8%)	1(2%)	5(10%)	6(12%)	1(2%)	7(14%)

TABLE 17: Knowledge and Practice in Elderly and Family Development (BKL).

Knowledge and Practice	Cikentang			Kadu Seeng		
	Yes N (%)	No N (%)	Total N(%)	Yes N (%)	No N (%)	Total N (%)
Have heard about BKL	8(16%)	42(84%)	50(100%)	6(12%)	44(88%)	50(100%)
Have participated in BKL	1(2%)	7(14%)	8(16%)	2(4%)	4(8%)	6(12%)
Are now participating in BKL	1(2%)	0	1(2%)	0	0	0
Actively participate in BKL	1(2%)	0	1(2%)	0	0	0

to discuss its design, designation and formation of Kampung Cikentang as Family planning village as was based on Serang Mayor Decree (SK) number 476/Kep.180-Huk/2016 dated 2 May 2016 about the designation of Family planning village. The Kadu Seeng Family planning village was selected by Pandeglang Regent Decree No. 476/Kep. 17-Huk/2016 dated 4 January 2016 about the designation of Family planning village location and Decree No. 476/Kep.84-Huk/2016 dated 4 February 2016 about the formation of working group in Family planning village at Pandeglang Region.

TABLE 18: Knowledge and Practice in Family Income and Wealth Improvement.

Knowledge and Practice	Cikentang			Kadu Seeng		
	Yes N (%)	No N (%)	Total N(%)	Yes N (%)	No N (%)	Total N (%)
Have heard about UPPKS	9(18%)	41(82%)	50(100%)	9(18%)	41(82%)	50(100%)
Have participated in UPPKS	3(6%)	6(12%)	9(18%)	3(6%)	6(12%)	9(18%)
Are now participating in UPPKS	3(6%)	0	3(6%)	2(4%)	1(2%)	3(6%)
Actively participate in UPPKS	3(6%)	0	3(6%)	2(4%)	0	2(4%)

TABLE 19: Knowledge and Practice in Family Development based on the time of announcement.

Knowledge and Practice	Cikentang			Kadu Seeng		
	Before the Announcement N(%)	After the Announcement N(%)	Total N(%)	Before the Announcement N(%)	After the Announcement N(%)	Total N(%)
Participate in BKB	0	4(8%)	4(8%)	0	1(2%)	1(2%)
Participate in BKR	0	3(6%)	3(6%)	1(2%)	5(10%)	6(12)
Participate in BKL	0	1(2%)	1(2%)	0	0	0
Participate in UPPKS	0	3(6%)	3(6%)	0	2(4%)	2(4%)

Based on the criteria that has been stipulated. The evaluation result on the selection of Cikentang Family planning village in Serang and Kadu Seeng Family planning village in Pandeglang fulfilled the main criteria of having higher number of poor families and prosperous families (KS1). The criteria of Cikentang dan Kadu Seeng Family Planning had been in accordance with the stipulated criteria, i.e. at border and poor areas.

In terms of 2015 PK data utilization, there were no update and mapping. In Serang, the data used in the formation process was still from R1/KS data which were taken from DP3AKB. They directed and spread the use of “LAMPID (born, died, move, come)” form to the cadres for monthly report but the data were not updated and the mapping was not reported. In Serang, there was no PLKB in villages that became the locus of the study. Kadu Seeng Family planning village had not utilized data result in 2015 so that cadres as well as PLKB had not updated and mapped, therefore the data used in the forming of Kadu Seeng Family planning village still used manual PK.

The socialization about Family planning village at Cikentang was held through integrated activities of prosperous family/family empowerment (KS PK) by the training for Event Group, Infant's Family Development (BKB), Teenage Family Development (BKR), Elderly Family Development (BKL) and Family Income and Wealth Improvement (UPPKS), counselling once every month about BKR and BKL in religious learning events, no routine meeting was done unless there was a situational condition, such as college students' field work and sanitation census, routine gathering in the level of Neighbourhood/Community Association (RT/RW), Family planning village level Working Groups were only visible if there was event conducted. The role of religious/society public figures were not seen vividly, the activities were held by cadres while Family planning village chief seldom completed the data and information about Family planning village due to frequency sickness. The inter sectors gathered in the socialization were not involved in the activities of Family planning village.

Routine meeting of Working Groups at Kadu Seeng Family planning village was done monthly at Family planning village center, the participants were from Working Group members, Family Planning field workers (PLKB), village secretary, mothers in the society, Neighbourhood/Community Association. The materials discussed were about the preparation of events, such as craft training, the preparation of provincial events (social service, Family Planning Instructor Association (IpeKB)), the preparation of visit to discuss achievement, socialization of 8 family functions, Communication, Information, and Education (KIE) technique, KIE events at religious assembly once in a month but not every month (the counselling was done depended on the availability), counselling about BKR, BKB, BKL, posyandu activities and village development, the cadres updated the data if it was required.

There were no specific monitoring and evaluation on Family planning village activities, but reporting was always reminded in every BKKBN meeting. Monev activities from Advocating, Movement, and Information deputy in Serang in January 2017, and Pandeglang in January 2017 we gained the fourth quarterly report in 2016 and decided that Kadu Seeng village became the example of Family planning village, BKKBN Banten province and OPDKB in region/city level evaluated Family planning village activities even though there was no report on the evaluation process. The recording and Reporting were done quarterly by using official format from Central BKKBN from Family planning village to regions to province then reported to central BKKBN. The finding showed that the quarterly report was not tiered from Family planning village, to district, region/city, up to BKKBN in provincial level.

The form of activities at Cikentang Family planning village in Serang that had been going on included Puskesmas Pancur; pregnancy check, Population and Civil Registration Agency; mass birth certificate registration in 2016, Education Board; National elementary, junior high, and high school equivalency program, Regional Development Planning Board; August 2017 the plan on making autonomous road (asphalt hot mixed) realization in October 2017 as long as 500 meter, Housing Board; house reconstruction that had been completed were 51 houses if counted in money, 1 house equals IDR 15 million, Social Agency Office – PKH (hope family program), health insurance program, KIS, KIP cards, RASTRA (prosperity rice), Environmental Agency; in 2017 there was plan to create waste bank but it was still not executed, Health Agency; the census of STBM (Total Sanitation that is Society Based), healthy houses, those activities were not the form of activities under inter sectoral program of Family planning village but the influence on Women's Role Enhancement to Achieve Healthy and Prosperous Family (P2WKSS) in the district level at Cikentang Family planning village location.

The inter sector activities at Kadu Seeng Family planning village included Health Agency; the socialization of sanitation water closet, Mother's Health Rate, Infants' Health Rate at Family planning village, DP3AKB; the training on making wicker plate, screen painting skills, Population and Civil Registration Agency; mass birth certificate registration, Office of District Prosecutor General; the socialization law awareness, Office of National and Political Unity; the concept of being a nation, Religious Court; the socialization of early marriage, divorce, Social Agency Office; reconstructed 15 houses that needed to be repaired, Office of Agricultural Affairs: the planting of banana

5. Conclusion

The selection of Family planning village location was not according to general criteria stipulated in terms number of contraceptive participation, i.e. selected the location where contraceptive participation was higher than average while it should have been lower than average. The decision and formation of family planning village had not used the result of Family Census in 2015 whose data were still raw, the decision of main criteria used R1/KS data and manual data from Family Census in 2015. There was no shared commitment between BKKBN and regional government or inter sectors in implementing Family planning village program, so that the participation involved was just in terms of announcement.

The result family planning village programme were social activities which were not specifically integrated with Family planning village program, program intervention from

institutions or inter sectors in Family planning village was government programs which were not related to Family planning village. Program mobilization from BKKBN Banten Family Planning Regional Organization in regional/city level was conducted ceremoniously and activities organizations were generally integrated with KKBPK program so that they were not organized intensively. There were no adequate infrastructures to present the activities, such as contraceptive center that was still placed at other facilities. Program achievement in terms of contraceptive participation, if we see from the tools and method used, didn't show any significant achievement, i.e. around 10 - 13 percent from implant and injected contraceptive, the ownership of civil registration administration (Certificate and Card) had not been 100 percent fulfilled by the society. The knowledge and practice in family development after the announcement, the participation in BKB, BKR, BKL, and UPPKS was still low, ranging from 1% sampai up to 6 percent. Social participation in Family planning village in many activities showed low number of participation, i.e. between 8 percent and 14 percent.

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