Komunitas Keluarga Berencana di Pemogan Menggunakan Model Keterlibatan Komunitas WHO

Family Planning Communities in Pemogan Using WHO Community Engagement Model

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ABSTRACT

Communities is an area unit at the village level with criteria in which there is an integration of the Family Planning Population and Family Development program and related sectors to improve the quality of family and community life. The formulation of the research problem is how the village community is engaged in the family planning communities program in Pemogan Village Denpasar. Objective: The objective of this research is to find out the involvement of the village community in the family planning communities program. Methods: This study used a qualitative descriptive research design and was conducted from April to May 2021. This research applied the World Health Organization (2012) framework on community engagement by identifying the level in involvement of inform, consult, involve, collaborate, and shared leadership. There were 9 informants which consisted of the head of Pemogan Village Denpasar, educators of family planning, cadres of family planning communities, and community groups with inclusion criteria. Data collection methods used focus group discussion, in-depth interviews, and document analysis. Data were analyzed with thematic data reduction, data presentation, and conclusion. Data validation used triangulation of sources and methods, peer debriefing, and member checking. Results: This study found that the community has been a part of the family planning communities program. Community engagement level in the family planning communities program is at the involve level and less in informing the program and leadership. Conclusion: Community engagement in the family planning communities program in Pemogan Village includes the level of inform, consult, involve, collaborate, and shared leadership. This research suggests the village government increase space for the community to be engaged as a partner in implementing activities and shared leadership through cadre empowerment and socialization.

Keyword: Bali; Cadre; Community Engagement; Empowerment; family planning communities; Qualitative study

INTRODUCTION

The number of civilians that continues to increase has become the world's issue, particularly in developing countries (Nurjannah, Siti Nunung dan Susanti, 2018). In the effort to control the civilian growth rate, innovation has been made through the policy of family planning communities program established by President Joko Widodo in 2015 (Zuhriyah, Indarjo and Raharjo, 2017).

The family planning communities program is a social empowerment program that aims to realize health promotion on the choice of contraception as well as poverty eradication for an independent community (Nugroho, 2018).

Balinese people have developed rapidly in the last 10 years. In 2010, the number of people in Bali Province experienced an increase of 42.66 thousand on average every year (Badan Pusat Statistik Provinsi Bali, 2021). In order to solve the very rapid civilian rate, family planning communities have been established in 4 villages of Denpasar City. The distribution of the family planning communities included
Pemogan Village, South Denpasar Subdistrict, Sumerta Kaja Village, East Denpasar Subdistrict, Dauh Puri Kaja Village, North Denpasar Subdistrict, Daug Puri Kauh Village, and West Denpasar Subdistrict (Restiyani and Murjana Yasa, 2019). Out of these 4 subdistricts, the first position in the achievement of family planning membership percentage was occupied by South Denpasar and East Denpasar Subdistrict until November 2020. Data of family planning membership were namely: percentage of fertile age couple of active family planning members was 81% and percentage of fertile age couple of inactive family planning members was 19%, and percentage of fertile age couple of non family planning members was 26.7% (Dinas Pemberdayaan Perempuan, Perlindungan Anak, Pengendalian Penduduk, dan Keluarga Berencana Kota Denpasar, 2020).

In addition, percentage of family participation in activity group in Pemogan Village of South Denpasar Subdistrict became one of the highest in the activity group of Guiding Family of Under-Five, Guiding Family of Adolescent, and Guiding Family of the Elderly by 100% (Badan Koordinasi Keluarga Berencana Nasional, 2018b).

Community participation is one of the important factors for a program's success (Ahmad, 2016). Community engagement that has meaning can be seen from the act of engaging community within a program cycle from planning, implementation, monitoring, to the evaluation step for voluntary contribution in a development program (Normina, 2016). However, there have been various barriers and challenges that are faced to engage the community with meaning, especially in the implementation of the family planning communities program; such as the lack of socialization to the community thus participation rate in contraception use does not increase, minimal available budget, not yet maximized cadres amount, and low community independency (Zuhriyah, Indarjo and Raharjo, 2017). Previous research showed that community engagement in the health sector is still too focused on the implementation step and is very minimal on other program cycles (Saraswati and Lubis, 2020).

Meanwhile, community participation from the beginning of planning to evaluation is very needed in the achievement of program outcomes. Thus, community participation efforts can be conducted by increasing the roles of community in each program cycle. Community engagement with meaning surely includes the community as a party that also acts as producer and consumer (prosumer) of a program, which means not seeing community as only users, but also positioning them to be producers and work partners in producing health promotion efforts (Lubis, 2019).

Community engagement in a program is one of the requirements to forming the family planning communities. This engagement is proven by several aspects, namely there must be an understanding or uniformity in perceptions on the family planning program which has become the main requirement so that the community will be ready, able, and empowered to do activities; also commitment and support from stakeholders (Cahyani and Lubis, 2020). Measuring community participation can be done through indicators of population success, family planning, and family development of family planning communities. The indicators included 1) amount of family that can function optimally, 2) the growth and development of social togetherness in family planning development, 3) guided involvement of family planning, and availability of service centers of family planning and family development (Badan Koordinasi Keluarga Berencana Nasional, 2016). This research was conducted in Pemogan Village, Denpasar, Bali, one of the best villages for the implementation of family planning communities in Denpasar. The family planning program activities in Pemogan Village were integrated with other sectors, like the economy and social sector. The activities consisted of four activity groups, which were Guiding Family of Under-Five, Guiding Family of Adolescent, Guiding Family of the Elderly, and Prosperous Family Income Improvement Efforts (Badan Koordinasi Keluarga Berencana Nasional, 2018a). Integration among sectors within family planning communities in the form of comprehensive service between sectors that are needed by the community, such as family planning service activity, population certificate making services like...
birth certificate, marriage certificate, and death certificate, comprehensive service post, and so on (Arinta, 2018). Therefore, this research was conducted to know deeper about forms of engaging the community in the family planning communities program in Pemogan Village, South Denpasar Subdistrict, Denpasar City.

METHODS

The design of this research was descriptive qualitative. The research was done from April to May 2021 in Pemogan Village, South Denpasar Subdistrict, Denpasar City. Informants of this research amounted to 9 people, namely the head of Pemogan Village, educators of family planning, cadres of family planning communities, and social groups with inclusion criteria. The inclusion criteria included: people that have joined the family planning communities activity at least once, influential people that were involved in the implementation of family planning communities activity who lived within the Pemogan Village region and were willing to be informants. Data collection was by focus group discussion, in-depth interview, and document collection. Results of this research were analyzed thematically according to the model of World Health Organization WHO (2012) on Community Engagement which consists of 5 levels, namely inform, consult, involve, collaborate, and shared leadership (World Health Organization, 2012). Steps of analysis included data reduction, data serving, and conclusion making. Data analysis was done with thematic analysis manually by coding on the collected data with a total of 64 codes that were grouped into 4 themes, namely picture of the implementation of the family planning communities program, community engagement in the family planning communities program, barriers, and challenges, as well as innovations and successes. Data validation was done by triangulation of sources, methods, peer debriefing, and member checking. This research has been approved by the Ethic Committee of Faculty of Medicine of Universitas Udaya with number: 1152/UN14.2.2. VII.14/LT/2021. All informants in this research were asked to fill out informed consents after getting explanations from the interviewer. During the interview and FGD, the interviewer and informants/participants conducted health protocols by using masks and preparing hand sanitizer as well as keeping distance to prevent COVID-19 transmission.

RESULTS AND DISCUSSION

Pemogan village is a village in the South Denpasar region that is led by the head of Village with a secretary, consists of 17 sub-villages that are each led by heads of sub-villages (Dinas Kominfo Kota Denpasar, 2019). Population composition in Pemogan Village in 2020 according to sex shows that male population was 13,067 people and female population was 9,023 people with the amount of the head of the family was 31,081 of family cards (Kantor Desa Pemogan, 2020).

Research Informant Characteristics

This research involved 9 informants with an age range of 29-51 years old. These informants were given code initials, namely I-01 for informant 1, I-02, I-03, and so on until I-09.

Table 1. Research Informant Characteristics

| Initial | Age | Sex | Title                  |
|---------|-----|-----|------------------------|
| I-01    | 51  | M   | Head of Village        |
| I-02    | 34  | F   | Educator of family planning communities |
| I-03    | 44  | F   | Cadre                  |
| I-04    | 48  | F   | Civilian               |
| I-05    | 38  | F   | Civilian               |
| I-06    | 29  | F   | Civilian               |
| I-07    | 39  | F   | Civilian               |
| I-08    | 36  | F   | Civilian               |
| I-09    | 39  | F   | Civilian               |

Characteristics of the informants according to statuses showed that informant 1 (I-01) was the head of Pemogan Village; informant 2 (I-02) was an educator of family planning and the key informant; informant 3 (I-03) was a cadre of family planning communities as well as the leader of family planning communities workgroup and was the key informant; I-04 to I-09 were civilians that have joined the family planning communities activity at least once.

Implementation of Family Planning Communities Program in Pemogan Village
The family planning communities program in Pemogan Village was issued on February 22nd, 2017 in Pemogan Village (Badan Koordinasi Keluarga Berencana Nasional, 2018b). At first, the family planning communities in Pemogan Village was a program in the scope of sub-village that was conducted in one sub-village only, which was Gelogor Carik. However, in line with time, the family planning communities program in Pemogan Village has developed into being in the scope of the villages until now.

“...Yes at first it was really in the Gelogor Carik Sub village, then the scope was evolved into not only in Gelogor Carik, but also in the villages and moreover cadres from each sub village was given training” (I-02).

The family planning communities program is a family development education program through community-based activities like community empowerment into being a comprehensive service post and cadres of the elderly in the effort to realize a family development. It is parallel to the concept of the family planning communities program, which is a family-based and community-based social empowerment program (Aji and Yudianto, 2020).

“The family planning communities is a regional program at the village level, right. It has a purpose to increase community well-being, such as improvement in knowledge” (I-02)

In this case, principles of the family planning communities entail from, for, and by the community through the prosperous family development. A prosperous family is a family with a strong economy and security. The prosperous family development is one of the efforts to eradicate poverty (Badan Koordinasi Keluarga Berencana Nasional, 2017).

Inform Level in Family Planning Communities Program

Community has been involved in the inform level by delivering information related to the family planning communities program. Executors of the program (such as the head of village, educato of family planning, and regional family planning organization) provide information to the community on the family planning communities program through monthly family welfare empowerment meetings in the Sub-village Hall and socialization on family planning communities activities in hope that the community will engage actively in the activities that will be conducted in it.

“...I knew about the family planning communities program from a family welfare empowerment meeting in a sub-village.” (I-04), (I-05), (I-06), (I-07)

“...At first from a family welfare empowerment meeting in a sub-village, after that there was a socialization to introduce the family planning communities” (I-08), (I-09)

Community is positioned as the target object of information delivery through a communication channel development process. The information delivery (inform) is at the level of a community-oriented approach (World Health Organization, 2012).

The information is about the directions of the government’s policy. It means, the government’s policy is something that has been established and has to be implemented by the community (Wicaksono, 2020).

Consult Level in Family Planning Communities Program

Community engagement in the consult level is in planning, monitoring, and evaluation of family planning communities program in the form of planning, and aspiration delivery by community representatives in the village development planning conference that is held once every year. The implementation of the conference in Pemogan Village only involves influential civilians like the head of the sub-village, members of family welfare empowerment, and administrators of the village. In addition, the conference discusses the Establishment of the National Middle Term Development Plan 2019-2025. Then, in the development planning conference of Pemogan Village, development plans of Pemogan Village is discussed and is attended by community leaders and administrators of Pemogan Village (Badan Koordinasi Keluarga Berencana Nasional, 2018b).

“...Yes since in the Development Planning Conference community aspirations are being absorbed, the Development Planning Conference is attended by community leaders, heads of sub-villages, family welfare empowerment, and also administrators of the village.” (I-02).
The community’s role in development today is not only as an object but also as a subject. This is being emphasized on community participation in decision-making processes of the development planning so that the policy that is produced will be in line with the community’s needs. Community engagement shows that the policy formation process is participative. It means that the government is the determiner of development policy and that the community relays their aspirations to the government according to their needs through the Development Planning Conference (Salangka, 2020). The development planning conference as a public ride is necessary to synchronize top-down and bottom-up approaches, as well as synergize stakeholders in understanding regional problematic issues to achieve agreement and consensus on development priorities (Mustanir and Yasin, 2018).

Next, community engagement in program monitoring is in the consult level, where informants relay their criticisms and suggestions directly to cadres or to the program executors post the family planning communities activities and in the family welfare empowerment member meetings in the Sub-Village Hall. The community involvement in monitoring aims to know the things that need to be fixed in the activities to be able to develop them in an even better direction.

"...Monitoring is done by giving suggestions directly in the meeting after we conduct socialization” (I-02).

"...In the family welfare empowerment meeting in the sub-village there is often a suggestion on the family planning communities” (I-04), (I-05), (I-06), (I-07), (I-08), (I-09).

In the form of program evaluation, cadres of family planning communities are involved to relay criticisms and suggestions on the family planning communities in an occasion that is attended by the Women’s Empowerment Service, Children Protection, Population Control, and Family Planning, educators of family planning, and the Provincial National Population and Family Planning Agency as the program organizers. Program evaluation is also conducted through questionnaires and observation on program implementation written on the web of family planning communities of Pemogan Village.

"...There is an evaluation with the cadres as well, with the family planning division of the regional family planning organization and the population control from the Women’s Empowerment Service, Children Protection, Population Control, and Family Planning, and the Provincial National Population and Family Planning Agency. They are involved in, for example, web, through questionnaires.” (I-02).

The consult level is within the community-based level that is conducted to obtain information and input from the community through either face-to-face dialogs or media to the decision-makers (World Health Organization, 2012). In this matter, community participation is in the monitoring and evaluation step, which means that community participates by monitoring the process of development activities so these can be in line with what has been planned beforehand (Hardianti, Muhammad and Lutfi, 2017). Development success can be achieved if the community is involved in program planning, implementation, and evaluation.

**Involve Level in Family Planning Communities**

In the form of program planning that is on the involve level, policyholders conduct deeper dialogs with the group of cadres of family planning communities in a workgroup meeting by applying specific issues, discussing suggestions about budget and activities with the program holders.

This workgroup of family planning communities consists of members of the family welfare empowerment from the sub-villages in the scope of family planning communities of Pemogan Village. Later, the workgroup representatives of family planning communities and educators of family planning will relay the results of suggestions in the development planning conference.

"...In the village office at that time there was a workgroup meeting. Cadres of family planning communities were involved, the workgroup leader, educator of family planning, and administrators of the village. Discussing suggestions about the budget.” (I-03).

"...Only suggestions of desired activities. Later we will talk about them
at the development planning conference." (I-02).

Community engagement in the involve level is within the community-based level, where the community is being involved through consultation by putting intervention in the community (World Health Organization, 2012). Community engagement through deeper dialogs is conducted so that the community can obey policy, understand the reasons why the policy is important, and invite other groups to also contribute to the policy implementation (Wicaksono, 2020).

Collaborate Aspect in Family Planning Communities Program Implementation

The family planning communities program involves various partners. In the family planning communities program of Pemogan Village, it was limited to collaborating with the government’s institutions only, namely the National Population and Family Planning Agency of Bali Province, the Health Office with Public Health Center III South Denpasar, the Regional Family Planning Organization of the Women’s Empowerment Service, Children Protection, Population Control, and Family Planning, and the Education Office. On the other hand, the private sector has not been involved as a partner in the family planning communities program of Pemogan Village.

“...With the Regional Family Planning Organization, the Provincial National Population and Family Planning Agency. Regional Family Planning Organization from the Women’s Empowerment Service, Children Protection, Population Control, and Family Planning.” (I-02).

“...For the private sector, there has been none.” (I-02).

In addition, the family planning communities program is closely related to health services such as reception of family planning acceptors, family planning services, and other services (Aji and Yudianto, 2020). So, the public health center becomes the stakeholder that holds an important role in aiding the family planning communities program in the health service field (Badan Koordinasi Keluarga Berencana Nasional, 2017). The collaborate level is within the community-managed level, which needs the engagement of more actors in the program implementation (World Health Organization, 2012). All policy executors hold an important role in effective policy implementation. In this case, the quality of inter-organizational relationships will determine significantly the success of achieving the goals of the policy implementation (Arighi Bachtiyar et al., 2017).

Shared Leadership Level in Family Planning Communities Program

Community engagement in the shared leadership level is in the form of empowering community to become cadres of family planning communities. The number of cadres of family planning communities in Pemogan Village was 19 cadres. These cadres were also involved as cadres of the comprehensive services post and cadres of the elderly. Cadre training was conducted in a mini workshop once a year which was handled by the regional family planning organization. Meanwhile, the refreshment activities for the cadres of the comprehensive services post was done by the public health center. A real example of cadre training is about how to bake a cake, make ice cream, cook healthy food from sweet potatoes, and create a webbing.

“...Cadres of family planning communities are dedicated (to the family planning communities) but they are also involved in the comprehensive services post, in the Guiding Family of Under-Five.” (I-02).

“...From the regional family planning organization it is every year. It is a mini workshop. The refreshment for cadres of comprehensive services post is the same with cadres of the elderly. Also, we have aerobics here for the elderly, there is a cadre of the elderly that guides the elderly.” (I-03).

“...Often following (the activities) in the village office, there was a webbing session, healthy food from sweet potatoes.” (I-03).

The village government along with the program holders conducts training for cadres of family planning communities and members of family welfare empowerment in order to be empowered independently in improving household economy and developing quality families. In this case, cadres of family planning communities work together to succeed in the effort of family development through the family planning communities program.
Cadres of family planning communities are divided into cadres of comprehensive services post and cadres of the elderly. In the shared leadership level, it is in the community-owned level in which the community is empowered to develop its own government system (World Health Organization, 2012). In the Ottawa Charter, it is being emphasized that social participation is the main element in social empowerment in the health field that aims to strengthen the skills and increase the influence on social and economic conditions (Sulaeman et al., 2012).

**Barriers and Challenges in Community Involvement**

Barriers and challenges in community engagement include overlapping time of implementation of family planning communities activities with other cultural activities in the community, very minimal budget during the pandemic, as well as limited implementation of activities during the COVID-19 pandemic.

“...But perhaps we overlapped with time like during eid day.” (I-02).

“...Perhaps the budgets. Actually we have it, but since there is the COVID situation.” (I-02).

Funding of family planning communities is from the operational assistance for family planning, state budget, and regional budget (Badan Koordinasi Keluarga Berencana Nasional, 2018b). During the COVID-19 pandemic, the family planning operational assistance experienced refocusing and relocation of budget processes. This impacted the achievement of the family planning indicators 2020 (FP2020) on the minimal allocation of the family planning budget per year. In addition, it hindered the achievement of the family planning indicators (Soewondo et al., 2020). The spread of the COVID-19 pandemic in Indonesia has induced prevention acts by the government. Community level prevention through physical distancing and social distancing (Kementerian Kesehatan, 2020). COVID-19 pandemic has caused limitations in the family planning communities program implementation. Socialization also is rarely conducted during the pandemic. If it is, hence the implementation is online. The COVID-19 pandemic impacts on decreased amount of acceptors and several postponed family planning activities that need face-to-face meetings (Saeroji; dkk, 2021).

**Innovation and Success of Community Involvement**

Innovation and success of community involvement in family planning communities of Pemoganan Village is the earliest to have completed activity groups such as the Three Guidings (Guiding Family of Under-Five, Guiding Family of Adolescents, Guiding Family of the Elderly) and prosperous family income improvement efforts compared to other subdistricts in Denpasar and these are still active as of now. Even though at the moment the family planning communities in other subdistricts have started to have completed activity groups as well. If activity groups are completed, the activities will be more in amount and variations, hence they will likely have impacts on improving social involvement in the family planning communities program.

“...If being compared to other family planning communities in Denpasar, the parts of the activity group here are completed, there are Three Guidings and the prosperous family income improvement efforts. In other family planning communities, some do not have. But lately, some have started to have them.” (I-02).

Another success in social involvement is good communication between village government and community. The village government always facilitates every activity of the family planning communities from the policy side, by giving rooms for the community to relay their aspirations. Communication holds an important role in coordination sustainability in the implementation of a policy. In the family planning communities program in Pemoganan Village, there have been forms of interpersonal communication, group communication, and mass communication.

“...Support from the village is very good in the policy, for example from the making of decision letters. The collaboration is already good.” (I-02)

“...Two way communication exists, for example the workgroup of the family planning communities meets the village secretary, family welfare empowerment representatives, and cadres to discuss activity plans.” (I-02).
Communication is a process of coordination and integration between several functions in each part of policy implementation structure to get unity and equity of actions as well as perceptions among the activity executors so that things will be in line with the terms and objectives of the policy (Hidayanto and Latifah, 2018). Forms of communication include intrapersonal communication, interpersonal communication, group communication, and mass communication (Hariyanto, 2021). In the form of interpersonal communication, in this case, the village government often does interpersonal communication with the leader of the family planning communities workgroup to discuss family planning communities related activities. For example, a meeting between the village secretary and leader of the family planning communities workgroup that is held interpersonally. Then, in the form of group communication between the village government and community, which is by giving a room for the community representatives to give aspirations, criticisms, suggestions, and advice through the village development planning conference or family planning communities workgroup meetings, also involving cadres, members of family welfare development, community leaders in program implementation, therefore communication and collaboration that are bonded is pretty good. Moreover, in the form of mass communication, through giving information to the community about the family planning communities on either newspaper, web, or social media of WhatsApp.

Another success is in the form of a good collaboration between educators and cadres of the family planning communities in Pemogan Village. Factors that support the success of this collaboration include from the sector of human resource, incentive support, and allowance for the cadres, also benefits that are obtained from programs like various knowledge on the health aspect or family economy. Cadres of family planning communities are experienced and competent in their field since prior to being chosen as cadres they were active as cadres of comprehensive services post thus easier to adapt, deliver information to community, and invite the community to contribute in the family planning communities program. In conducting tasks as cadres of the family planning communities, the cadres receive incentives and allowances from the Regional Family Planning Organization of the Women’s Empowerment Service, Children Protection, Population Control, and Family Planning of Denpasar City; and from village funds.

“...The approach to cadres, community leaders, group leaders, which is the program delivery” (I-02).

“...About other cadres, before they became cadres of the family planning communities they were cadres of the comprehensive services post. So they are accustomed to it and easier to deliver information.” (I-02).

“...Allowances from the regional family planning organization for the family planning communities dedicated cadres are like a kind of education. While incentives for cadres of the comprehensive services post and Three Guidings are from the village funds” (I-02).

A good collaboration is created from approaches that are followed by educators of the family planning communities to cadres, group leaders, thus in conducting activities, the cadres of family planning communities will be easy to be asked to collaborate. This affects good community involvement in Pemogan Village. Cadres of family planning communities in Pemogan Village have a role in inviting as many as possible of the community members to follow family planning communities activities. The incentives and allowances are also given to the cadres to induce enthusiasm in them in conducting their tasks so as to facilitate collaboration to achieve common goals. Rewards have a positive contribution in forming internal motivation like rewards for cadres of the comprehensive services post in the form of incentives or allowances for transportation feed of the cadres that are given after the comprehensive services post is conducted (Hermiyanty and Nurdiana, 2016). The weakness of this research is the lack of digging for impacts of the family planning communities programs in the marginalized groups such as the disability group.
CONCLUSION
Results of this research showed that Pemogan Village community has been involved in inform, consult, involve, collaborate, and shared leadership components in the family planning communities program implementation of Pemogan Village. This research suggests the village government increase space for the community to be involved as activity executor partner and shared leadership through cadre empowerment efforts and socialization to improve the knowledge and skills of the community.

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