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EMPOWERING PKK CADRES FOR STRENGTHENING FAMILY PLANNING PROGRAMS IN RANGKAPAN JAYA BARU SUBDISTRICT, DEPOK, WEST JAVA, INDONESIA

Riris Lindiawati Puspitasari*[1], Ainul Haq[2], Sita Rahayu Yulianti[3]
[1]University Al azhar Indonesia
[2]University Gunadarma
[3]Kader PKK, Rangkapan Jaya Baru, Depok
correspondency author: lindiawatiriris@gmail.com

ABSTRAK

Pasangan usia subur merupakan kelompok kunci dalam keberhasilan program Keluarga Berencana. Pada tahun 2024, sekitar 7 dari 10 penduduk Indonesia merupakan usia produktif. Keterbatasan data mutakhir mengenai profil usia reproduktif sering kali menjadi hambatan dalam perencanaan kegiatan promosi dan pencegahan, baik bagi layanan kesehatan maupun pemerintah desa. Kegiatan ini dilaksanakan oleh kader di Kelurahan Rangkapan Jaya Baru, Kecamatan Pancoran Mas, Depok, melibatkan 16 pasangan. Tujuan utamanya adalah meningkatkan kapasitas kader dalam melakukan pengumpulan data sebagai dasar perencanaan program keluarga. Metode yang digunakan adalah survei lapangan yang mencakup identitas, usia, jumlah anak, partisipasi dalam Keluarga Berencana, jenis kontrasepsi, serta keinginan memiliki anak. Hasil menunjukkan variasi penggunaan kontrasepsi: alat kontrasepsi dalam rahim (AKDR) (3 ibu), implan (1 ibu), suntik (1 ibu), kondom (1 ayah), serta metode kalender (1 ibu), sedangkan sebagian besar tidak menggunakan kontrasepsi (8 ibu). Mereka menyatakan tidak ingin memiliki anak lagi, sementara beberapa lainnya ingin menunda atau segera memiliki anak. Database ini dapat digunakan sebagai dasar penyusunan prosedur program Keluarga Berencana di tingkat bawah. Sebagai kesimpulan, pemberdayaan kader melalui pengumpulan data pasangan usia subur terbukti meningkatkan kesiapan masyarakat dalam memperkuat program Keluarga Berencana.

Kata kunci: Pasangan usia subur; keluarga berencana; kader PKK

ABSTRACT

Couples of reproductive age are a key group in the success of Family Planning programs. The lack of up to date data on the reproduvtive age profile is often an obstacle in planning promotional and preventive activities, both for health services and village governments. This activity was carried out by kader in Rangkapan Jaya Baru Subdistrict, Depok, involving 16 couples. The main objective was to enhance the capacity of kader in conducting data collection as a basis for family program planning. The method used was a field survey covering identity, age, number of children, family planning participation, type of contraceptive, and desire for children. Results showed variations in contraceptive use: intra uterine device (3 mothers), implant (1 mother), injection (1 mother), condom (1 father), calendar system (1 mother), while most did not use any methods (8 mothers). They stated did not want more children, while a few wanted to postpone or have children soon. This database that can be used as a basis for developing procedures for family planning program at the lower level. In conclusion, empowering kader through couples of reproductive age data collection proved to increase community readiness in strengthening family planning programs.

Keywords*: couples of reproductive age, family planning, PKK cadres*

1. INTRODUCTION

Family Planning (FP) programs in Indonesia have been a national strategy to control population growth and improve family quality (Putri et al, 2019). The programs aim to empower families to make informed decisions about their reproductive health, reduce population growth rates, and improve maternal and child health outcomes. Effective implementation of family planning programs is crucial for achieving Indonesia's development goals, including reducing poverty and improving overall well-being (WHO, 2025).

However, implementation at the community level often faces challenges, particularly the availability of accurate data on couples of reproductive age or pasangan usia subur (CRA). The CRA data collection is crucial as it serves as the foundation for planning, monitoring, and evaluating FP programs (Ulfah et al., 2025). In RT 006 RW 03, Rangkapan Jaya Baru Subdistrict, Depok, West Java, there was no standardized CRA data collection system. This situation results in inaccurate program targeting, low-effective mentoring, and minimal evaluation. PKK cadres, as the frontliners of community empowerment, play a strategic role in conducting such data collection. Through this community service activity, PKK cadres were trained and assisted to systematically collect CRA data.

The objectives of this activity were to empower PKK cadres in conducting CRA data collection, to provide a database as a basis for strengthening FP programs, and to identify contraceptive use patterns and fertility desires at the lowest community level. Therefore, this community service activity seeks to address this need through community based data collection that can serve as a reference for cadres in developing sustainable programs. Understanding the characteristics of CRA is far more crucial for assessing the need for reproductive health services and FP programs.

2. METODE

The subjects of the activity are all CRA who are defined as a husband-wife pair where the wife is aged 15-49 years about 16 pairs which filled the questionnaire. The activity was conducted on November 25, 2025, in RT 006 RW 03, Rangkapan Jaya Baru Subdistrict, Depok, West Java Indonesia. The method applied was a field survey using the Participatory Rural Appraisal (PRA) approach (Sulaeman et al., 2023). The community service program is carried out through a series of stages, as follows.

The preparation stage involves several key activities including identifying community needs and problems through discussions with PKK cadres and village government. Beside forming a community service team to ensure smooth program implementation, coordinating with relevant parties such as Puskesmas and village government to gain support were also needed in this stage. Preparing proposals and logistics as work plans to ensure proper program implementation. The training for PKK cadres focuses on enhancing their capabilities in collecting CRA data including discussions on its importance in FP programs. We also simulated and discussed CRA data. An evaluation of the training is also conducted to assess its success in improving PKK cadres capabilities and understanding of CRA data collection.

The training stage provided opportunities for cadres to ask questions and evaluated to assess its success in improving of kader understanding and capabilities. PKK cadres collect CRA data door to door in their working area using prepared questionnaires with verification and validation processes in place to ensure data accuracy. The collected data is then input into the system with cadres supervising and monitoring the process to ensure wide coverage and data quality. The CRA data is analyzed to identify needs in the working area. The community service team discussed analysis items with relevant parties considers available resources and evaluated the plan. This result could ensure the effectiveness program execution.

The FP is implemented according to the guidance of PKK cadres through monitoring and evaluating the program regularly. The community service team provides mentoring to cadres, integrates the program with other village level initiatives, and supervises implementation to ensure sustainability impact. Then we analyze evaluation results to improve the program and reports are used as a basis for decision making. A sustainable monitoring and evaluation system is established to ensure the FP program continuity with

regular guidance provided to PKK cadres. The community service team supervises and evaluates program sustainability. This involves community and cadres to integrate the program with other village level initiatives in order to increase success.

Primary data is collected using a structured survey form covering wife's age at the time of survey, wife's age at marriage, number of children, family planning participation, type of contraception, and desire to have children in the future. Data collection is conducted by a team with cadres using a door-to-door approach. The data is analyzed descriptively through simple tabulation. Frequency distribution is used to describe age range of CRA, number of children, family planning usage, and preferred number of children.

3. RESULTS AND DISCUSSION

General Characteristics of Reproductive Age Couple (CRA)

Couple of reproductive age (CRA) were the primary target group in the family planning program because they are in a reproductive phase that determines fertility dynamics and family health. Based on data collection conducted by PKK cadres in RT 006 RW 03, Rangkapan Jaya Baru subdistrict, 16 CRA met the criteria for wives aged 15-49 years (Fig. 1).

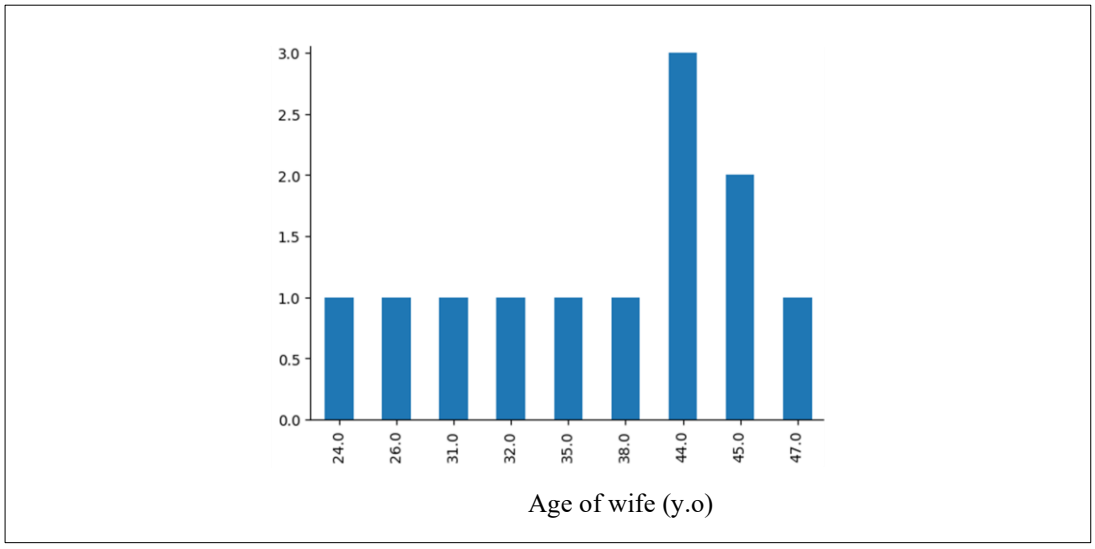

Figure 1. Distribution of wife's age

Figure 1 decribed that the real picture of the demographic conditions of CRA at the lower level as a basis for community based FP program. The availability of accurate CRA data can play a role in determining the need for reproductive health services and the effectiveness of FP interventions (Ulfah et al., 2025). In terms of age characteristics, the majority of wives are in the late productive age range which biologically still allows pregnancy but have an increased risk compared to the ideal reproductive age. The wife's age and age at marriage affect the number of children as well as decisions on contraceptive usage. Previous studies showed that the more mature couple's age intervered tendency to limit births increases. This conditione in line with health, economic, and child care quality considerations (Putri et al., 2019).

The figure also reflected in the CRA data collected namely most couples have more than one child and are in a phase of wanting to stop or delay pregnancy. Based on the number of children, most CRA have two or more children which is correlated with target of a happy

and prosperous small family concept. However, there are still variations in FP participation and types of contraceptive methods used (Fig.2).

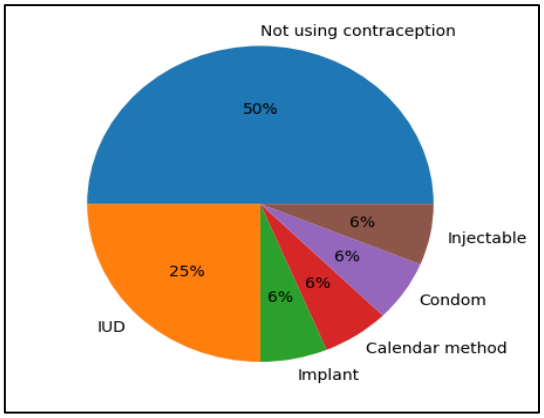

Figure 2. Proportion of contraceptive methods used by CRA

Based on figure 2, about 50% of CRA do not use any contraceptive method despite most being in their mid to late reproductive years. The high proportion of CRA not using FP method indicates a gap between birth control needs and contraceptive use behavior (unmet need). This condition aligns with national and global reports that non participation in FP is often influenced by limited information, perceptions of side effects, and low access at the community level (WHO, 2025). This finding highlights the importance of PKK cadres as education and family support agents at the RT level. Among CRA using contraception, Intrauterine Device (IUD) is the most widely used method (25%). The relatively higher use of IUD compared to other methods indicates acceptance of long term contraceptive methods effectively in reducing unwanted pregnancies. WHO recommend IUD as a primary choice for couples who have achieved their ideal family size and do not want longterm pregnancies. However, the limited proportion of IUD users suggests a need to strengthen education on safety, benefits, and availability of IUD services at nearby health facilities.

Other contraceptive methods like implants, injections, condoms, and calendar systems are used by a small proportion of CRA (about 6%). The low variation in the use of these methods may reflect individual preferences, limited service access, social and cultural influences on FP decision making. Natural method such as calendar system has relatively higher failure rates compared to others when no adequate understanding (WHO, 2025). Therefore these results reinforce the urgency of community service activities based on CRA data collection and PKK cadres empowerment as strategies to increase awareness, rational contraceptive choices and the success of sustainable FP program at the community level (Ulfah et al., 2025).

Number of Children and Fertility Intentions

The number of children owned by CRA is a fundamental demographic indicator related to fertility behavior and family planning decisions. Based on the data collected in RT 006 RW 03, most CRA have two or three children which indicating their exceeded to the ideal family size promoted by FP program. This finding aligns with the national family planning norm of “two children are enough,” which aims to improve family welfare, maternal and child health outcomes (Putri et al, 2019). Understanding children number distribution is essential for determining whether CRA should be encouraged for birth spacing or birth limitation strategies. The number of children strongly associated with couples reproductive intentions. One who already have two or more children tend to express a desire to stop

childbearing while those with fewer children are more likely to consider postponing or planning future pregnancies. Previous studies have shown that fertility intentions are influenced not only by biological factors but also by socioeconomic conditions, educational background, and perceived family well being (Shakya et al., 2023). In this study, most respondents stated that they did not wish to have additional children so that suggesting a shift from childbearing toward child limiting behavior among CRA at the community level.

Despite the dominant preference to limit births, a discrepancy remains between fertility intentions and contraceptive use. Several CRA who expressed no desire for additional children were not actively using any contraceptive method. This mismatch indicates the presence of unmet need for FP which remains a major challenge in reproductive health programs. According to the WHO unmet need contributes significantly to unintended pregnancies and increases the risk of maternal and child health complications. Therefore identifying fertility intentions alongside the number of children is critical for designing targeted interventions that encourage appropriate contraceptive adoption.

The Role of PKK Cadres in Promoting Reproductive Health Programs

The findings of this study have important implications for reproductive health programs at the community level in strengthening family planning initiatives. The high proportion of CRA who do not use contraceptive methods indicates persistent gaps in reproductive health service utilization. Such gaps may increase the risk of unintended pregnancies and weaken efforts to improve maternal and child health outcomes. Community based reproductive health programs become essential to bridge the gap between fertility intentions and contraceptive behavior (Cleland et al., 2014; UNFPA, 2022). One of the key implications of these findings is the need for more targeted and specific health promotion strategies. Fertility decisions are influenced not only by individual preferences but also by social norms, spousal communication, and access to reliable information. Studies have shown that interpersonal communication and peer support at the community level significantly increase contraceptive acceptance and continuity (Blackstone et al., 2017). We should empower local actors who understand community dynamics becomes a critical component of effective reproductive health programming.

PKK cadres play a strategic role as community based facilitators in reproductive health promotion and family planning programs. As trusted members of the community, PKK cadres are well positioned to provide basic counseling, disseminate accurate information, and address misconceptions related to contraceptive usage. Based on community health interventions suggests that trained community volunteers could significantly improve knowledge and attitudes to contraceptive methods in populations (Perry et al., 2017; Glenton et al., 2021). Their involvement could enhance FP program achievement in community (Fig.3).

Figure 3. Dissemination of PKK cadres program at the monthly coordination meeting in community

Furthermore the integration of systematic data collection by PKK cadres strengthens evidence based planning and monitoring of reproductive health programs. Reliable data on fertility intentions, number of children, and contraceptive usage enable local governments and health facilities to design responsive interventions effectively. Community driven data systems have been shown to improve accountability and program adaptability in primary health care settings (Scott et al., 2018; World Bank, 2020). Strengthening the capacity of PKK cadres not only supports reproductive health outcomes but also contributes to the longterm resilience of community based health programs.

4. CONCLUSION

The couple of reproductive age data collection by PKK cadres produced a database that can be used as a basis for strengthening family planning programs. Most couples did not want more children and many were not using contraceptives. This activity boosted the skills of PKK cadres and prepared the community for data driven family planning. In conclusion, strengthening the capabilities of PKK volunteers serves as the vital link between immediate family planning readiness and the enduring sustainability of community based health frameworks.

ACKNOWLEDGEMENTS

Acknowledgments are addressed to the RT 006 RW 03 leader, PKK cadres of Rangkapan Jaya Baru Subdistrict and all CRS who participated.

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