



EVALUATION OF THE DEPOK CITY KB SAFARI PROGRAM IN 2025

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ABSTRACT

The Family Planning (KB) Safari Program is a government initiative aimed at increasing the use of long-term contraceptives to control population growth and improve family welfare. However, challenges remain, such as social stigma, lack of family support—especially from husbands—and varied public perceptions regarding contraceptive methods. This study aims to evaluate the implementation and effectiveness of the KB Safari Program in Depok City in 2025, as well as to identify supporting factors and obstacles in the program's execution. This study employs an evaluative approach with a qualitative descriptive method aimed at exploring facts and assessing the success of the Safari Family Planning Program in the Depok City area. Informants were selected using purposive sampling and consisted of three main categories: one key informant, the Head of DP3AP2KB Office; five primary informants including field officers and implementing midwives; and seven additional informants comprising cadres and participants/acceptors of the Safari Family Planning Program. Data collection was carried out through in-depth interviews, participatory observation, and document studies, with thematic analysis using NVivo software. Research ethics were prioritized, including informed consent, data confidentiality, and the participants' right to withdraw during the interview process. The KB Safari Program was found to operate effectively, positively impacting increased community participation in using contraceptives, particularly long-term methods such as IUDs and implants. Success factors included cross-sector collaboration, efficient scheduling, easily accessible service locations, and comprehensive, responsive education tailored to community needs. Major challenges involved negative perceptions, insufficient spousal support, and the need for enhanced human resource capacity. The KB Safari Program in Depok City is effective in reducing birth rates and raising awareness of family planning. However, strengthening is needed through improved training for implementers and optimized socialization efforts targeting husbands and families.

Keywords: KB safari program, long-term contraceptive methods; program evaluation

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INTRODUCTION

The Safari Family Planning (KB) Program is a strategic government initiative aimed at improving public health quality and controlling population growth in Indonesia, particularly in Depok City. Although there have been numerous studies on contraceptive use in Indonesia, there is a scarcity of research specifically evaluating the effectiveness of the Safari KB Program in certain regions, including Depok. Previous studies have tended to focus primarily on short-term contraceptive methods or the knowledge level of the community, without adequately considering the social and cultural factors, especially family support and social stigma, that influence the decision to use long-term contraceptives. In the implementation of the Safari KB in Depok, social stigma associated with contraceptive use remains a significant challenge. In addition, spousal support, particularly from husbands, plays a crucial role in women's decisions to use contraceptives. Prior research has shown that partner support can enhance women's confidence and continuity in contraceptive use. Therefore, evaluating the factors influencing acceptors' decisions is essential to increase participation and program effectiveness (Rosiyana et al., 2022); (Arfianisa et al., 2022).

The national family planning program, initiated by BKKBN on January 22, 1970, highlights the importance of cross-sector coordination and optimization of available facilities and resources. The Safari KB Program in Depok is designed to expand access to family planning services by involving multiple stakeholders, including heads of relevant agencies, field officers, midwives, community cadres, and contraceptive acceptors. The program's implementation emphasizes equitable service distribution, comprehensive education, and capacity building of human resources (Mareta, 2021). Using an evaluative qualitative approach, this study aims to provide a comprehensive assessment of the program's effectiveness, challenges encountered, and supporting factors contributing to the success of the Safari KB Program in Depok City (Nengsih & Fitriyana, 2020). The findings are expected to serve as a basis for policymakers to formulate strategies to increase service frequency, expand educational outreach, and strengthen multi-sector collaboration to ensure sustainability and equitable family planning services throughout the region (Brahmana, 2022).

The general objective of this study is to evaluate the Family Planning (KB) Safari Program in the Depok City area, focusing on the implementation and effectiveness of the program in increasing community participation and the use of contraceptive methods, especially long-term methods. In particular, this study aims to determine the implementation of the Family Planning Safari Program in Depok City, evaluate the implementation of the program in realizing a prosperous family, and identify the supporting factors and obstacles faced. In addition, this study also assesses changes in public attitudes regarding contraceptive use, the experience of acceptors of services, and the level of community satisfaction with the program, in order to provide recommendations for improvement and development of programs to be more effective and sustainable.

METHOD

This research method uses an evaluative approach with the aim of obtaining systematic, factual, and accurate data related to the success of the Family Planning Safari Program in the Depok City area. The research was carried out in several sub-districts in Depok City for a period of 12 months from August 2024 to August 2025. Informants are determined through purposive sampling techniques which include service leaders, field officers, implementing midwives, field cadres, and participants of the Family Planning Safari program. The research variables focus on program governance, acceptor experience, human resource and facility capacity, educational strategies, effectiveness evaluation, equity, and service sustainability. The data collection technique consisted of in-depth interviews, participatory observations, and documentation and literature studies as secondary data sources. The research instrument is in the form of interview guidelines and documents related to the implementation of the program.

Data analysis was carried out thematically with the stages of data reduction, data presentation, and drawing conclusions according to qualitative methods. Data reduction aims to summarize and focus on important things relevant to the research topic. The presentation of data is carried out in the form of narratives and thematic tables so that it is easy to understand. Drawing conclusions is used to answer the formulation of the problem by identifying new phenomena in the field. Research ethics are fulfilled through informed consent, maintaining data confidentiality, and providing participants' right to opt-out. The research also obtained approval from the relevant ethics committee prior to implementation, ensuring compliance with the research ethics standards. With this method, the research aims to provide a comprehensive evaluation of the implementation and effectiveness of the Family Planning Safari Program in Depok City.

RESULT

Introduction

This chapter presents the results of the qualitative evaluation study on the implementation and effectiveness of the Safari Family Planning (KB) Program in Depok City in 2025. Data were gathered through in-depth interviews with multiple stakeholders, including government officials, field officers, midwives, community health cadres, and acceptors of family planning methods. The

analysis yielded six primary themes that describe program governance, perceptions and experiences of acceptors, human resource and infrastructure capacity, educational strategies and social responsiveness, program effectiveness, and equity and sustainability of services.

Participant Characteristics

The study included 13 participants categorized into key informants, primary informants, and supplementary informants. Key informants were senior administrators from the Department of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB) in Depok. Primary informants were composed of field officers, senior midwives from public health centers and private practitioners, and staff directly involved in Safari KB activities. Supplementary informants included community cadres and acceptors participating in the program. This diverse sample ensured multi-faceted perspectives on program implementation and outcomes.

Theme 1: Governance of the Family Planning Program

Cross-Sector Collaboration

One of the foundational elements of the Safari KB program's governance in Depok is the robust collaboration between multiple sectors. Unlike isolated efforts, the program engages public health centers (puskesmas), private clinics, midwives in both public and private sectors, professional organizations, and representatives from local government and military sectors (via programs such as TMMD). This network governance structure fosters coordinated responses to community needs, optimizes resources, and enhances program reach. Informants acknowledged that multi-sectoral collaboration enabled efficient mobilization and delivery of family planning services, ensuring that no group was neglected. The integration aligns with modern governance theories emphasizing networks and partnerships to improve public health interventions.

Clear Division of Roles and Task-Shifting

The program's operational success also depends on well-defined role distribution among implementers. Field officers (PLKB) primarily focus on educating and mobilizing the community, while midwives provide technical contraceptive services such as implant and IUD insertions. Community cadres engage in active outreach, including home visits and community sweeps to identify and encourage eligible couples. This division of labor reflects task-shifting principles, promoting efficiency by maximizing personnel strengths. It fosters synergy and ensures coverage across urban and semi-urban settings in Depok. The presence of committed cadres and health workers was highlighted as a critical enabler.

Scheduling and Service Locations

Efficiency in scheduling has been realized through structured, routine events that align with local and national occasions, such as Kartini Day and National Family Day. By adjusting timing to community calendars, program staff have increased participation and satisfaction.

Locations are strategically selected to maximize accessibility, often within a 15-minute travel time for participants, including collaboration with private clinics nearer to residential areas. The program's commitment to providing convenient and discrete services has enhanced acceptor satisfaction, reduced waiting times, and minimized discomfort, contributing to positive word-of-mouth referrals.

Theme 2: Acceptor Experiences and Perceptions

Accessibility and Satisfaction

Users of the Safari KB program generally reported positive experiences regarding service accessibility and quality. Many participants emphasized the short distance to service sites and well-organized procedures, including orderly queues and clear communication via social media.

Acceptors noted that information was adequately disseminated, often through social media platforms like Instagram and local WhatsApp groups, enhancing awareness. The provision of services free of charge further facilitated uptake, especially among low-income families.

Method Preference and Side Effects

The dominant contraceptive methods chosen were long-acting reversible contraceptives (LARCs), mainly implants and IUDs. Acceptors appreciated these methods for their practicality, long duration, and reduced need for frequent follow-ups compared to injections or oral contraceptives. However, some acceptors reported biological side effects, such as irregular menstruation and hormonal changes, which sometimes prompted considerations of switching methods. Importantly, most acceptors acknowledged receiving thorough counseling that prepared them for potential side effects, contributing to better management and continued use.

Family Support and Decision-Making

Family support, especially from spouses, was frequently cited as an influential factor in acceptors' willingness to participate and sustain contraceptive use. Interviewees consistently indicated high levels of spousal approval, which facilitated smoother acceptance of the program. Nonetheless, some challenges remain regarding societal stigma and misinformation about contraception, including myths related to health risks. Acceptors emphasized the importance of continuous education and calls for more frequent Safari KB events to broaden outreach.

Theme 3: Capacity of Human Resources and Facilities

Technical Competency and Training Needs

A considerable focus was placed on the competence of midwives and field officers delivering contraceptive services. Respondents underscored the need for regular, ongoing technical training to maintain clinical skills, particularly concerning insertion and removal procedures for implants and IUDs. Bidans (midwives) expressed satisfaction with the existing supplies and infrastructure but advocated for periodic updates through formal training, such as medical check-ups (MCU) and advances in family planning technology. Such investments were identified as essential for sustaining quality of care, building confidence among providers, and addressing complex client needs.

Availability and Management of Contraceptive Supplies

Most respondents affirmed that contraceptive supply stocks were generally sufficient and supplied in a timely manner, which allowed for smooth service delivery without interruption. An efficient logistics system and inventory management were instrumental in maintaining trust among service users. However, some informants pointed out logistic challenges related to budget delays and targeted distribution complexities, particularly during mass-service campaigns. Nonetheless, coordination among providers and between public and private sectors helped mitigate supply risks.

Theme 4: Educational Strategies and Social Responsiveness

Multi-Modal Education Approaches

The Safari KB program adopts a variety of educational strategies tailored to diverse audiences. These include interpersonal counseling by health workers and cadres, group discussions (e.g., posyandu meetings), dissemination via printed posters and flyers, and broad-reach digital media campaigns through social networks and webinars. Visual media, such as posters illustrating side effects of contraceptive injections, were effective in enhancing knowledge levels among women of reproductive age. For less formally educated populations, face-to-face education delivered by trusted cadres was particularly impactful.

Addressing Social Barriers and Myths

Kaders and midwives noted persistent cultural and religious misconceptions about contraception that could hinder participation. To counteract these, the program actively engaged community and religious leaders as well as male partners to foster broader acceptance. Personalized counseling, community dialogues, and leveraging social proof through testimonials improved attitudes toward family planning. Informants emphasized that ongoing, culturally sensitive educational efforts are necessary to overcome entrenched stigma and increase male involvement.

Theme 5: Evaluation of Program Effectiveness

Increased Participation and Reduced Fertility Rates

Data and testimonies reflected a significant rise in family planning uptake in Depok, with an increasing number of new acceptors each year. The targeted emphasis on long-term methods contributed to improved contraceptive prevalence and a gradual decline in total fertility rates (TFR) indicated as 1.96 in Depok, below the replacement level of 2.1. The program effectively reached its objective of spacing births and empowered families to plan healthier pregnancies. Participants reported improved knowledge on reproductive health and expressed positive intentions for continued contraceptive use.

Efficiency and Cost-Effectiveness

Respondents concurred that the Safari KB approach maximized efficiency by consolidating outreach, counseling, screening, and service delivery in a single, well-coordinated event. The approach reduced logistical burdens, minimized repeated visits, and lowered costs for beneficiaries and the health system alike. The use of community-based delivery coupled with task-sharing among providers enhanced responsiveness and service coverage, particularly in underserved neighborhoods.

Challenges and Areas for Improvement

Despite successes, challenges were identified. These included lingering myths and misinformation about side effects, occasional gaps in men's support, and some constraints in workforce capacity due to incomplete training cycles. Additionally, limitations in funding timeliness posed occasional obstacles in scaling services. Program operators recommended boosting service frequency, expanding education efforts (particularly toward men and extended families), and improving health worker competencies through structured refresher trainings.

Theme 6: Equity and Sustainability of Family Planning Services

Geographic and Social Access

The program successfully extended services across all sub-districts within Depok, leveraging a network of providers including puskesmas, private clinics, and private midwives. Mobile and outreach services helped penetrate hard-to-reach areas. Stakeholders stressed the importance of continuous evaluation to identify remaining underserved populations and adapt strategies accordingly. The program's multi-sector partnership model was noted as a key factor driving equitable access.

Sustainability through Community Engagement

Sustainability was supported by the active involvement of cadres and local community leaders who serve as information conduits and advocates. This grassroots engagement creates a sense of ownership and promotes long-term behavioral change. Health staff framed efforts around embedding family planning into routine community health activities and hoped that, ultimately, demand generation would reduce dependence on intensive outreach campaigns like Safari KB.

Innovations and Future Directions

Several program innovations have been implemented or proposed, including incentivizing male participation via free vasectomy services with financial rewards, utilizing social media to broaden awareness, and integrating digital communication platforms for post-service follow-up. Informants advocated for continued integration of technology and enhanced collaboration with private sector facilities to sustain and expand gains. Coordinated monitoring and timely feedback mechanisms were also highlighted as critical to adaptive program management.

DISCUSSION

Program Governance and Implementation

The evaluation revealed that the success of the Safari KB program is strongly rooted in robust cross-sector collaboration and well-structured task division. The program engages multiple stakeholders, including public health centers (puskesmas), private clinics, midwives (both public and private) (Etemadi et al., 2021), community cadres, governmental agencies, and even military organizations such as the TNI through TMMD activities. This multi-sectoral cooperation aligns with governance frameworks emphasizing network collaboration, task shifting, and community-based participatory approaches, which enhance resource optimization and responsiveness to community needs (Purnamasari et al., 2025). Clear role delineation, with PLKB focusing on mobilization and education, midwives delivering clinical services, and cadres conducting outreach, allows efficient coverage even in resource-constrained settings. The scheduling of activities around local and national events ensures community engagement and operational efficiency (Pathfinder, 2024).

Accessibility, User Experience, and Satisfaction

Participants generally expressed high satisfaction with the ease of accessing services. The strategic placement of service points within a short travel duration (often 15 minutes or less) and the utilization of social media for dissemination effectively improved reach and community awareness (Smith et al., 2021). The orderly and respectful nature of service delivery, coupled with maintaining client privacy, contributed significantly to positive perceptions (Jaya et al., 2023). Users predominantly favored long-acting reversible contraceptives (LARCs), with implants and IUDs being the most utilized methods due to their convenience and longevity. However, biological and psychological side effects—such as hormonal changes, menstrual irregularities, and weight fluctuations—were noted and influenced some users' decisions to switch methods. The program's emphasis on thorough counseling and information provision helped mitigate discontinuation rates and improved user confidence (Rakhmawati & Putra, 2022). Spousal support emerged as a vital factor influencing acceptance and continuation of contraceptive use. The program also addressed social stigma and misinformation through persistent education and engagement with husbands and family members (Syahra Sonia Andhiki et al., 2022).

Human Resource Capacity and Facility Readiness

The evidence highlighted the importance of maintaining technical competency among service providers (Utami, 2023). Respondents underscored the need for regular, structured, and updated training, especially for midwives, to ensure quality clinical and counseling services (Rati Sumanti et al., 2022). The availability of contraceptive supplies was generally adequate, supported by efficient logistics and inventory systems. Nevertheless, occasional funding and scheduling constraints posed challenges to service continuity (Syahra et al., 2022). Sustained investment in human resource development and infrastructure was identified as pivotal for service quality and participant trust (Kusumawardani & Azizah, 2021).

Educational Strategies and Social Responsiveness

The program employed diverse communication strategies tailored to the community's heterogeneous characteristics, ranging from direct interpersonal counseling and community group discussions to digital media outreach, including social networks and webinars (Arfianisa et al., 2022). Visual aids such as posters were effective in enhancing knowledge about contraceptive side effects and benefits (Nengsih & Fitriyana, 2020). Respondents emphasized addressing socio-cultural barriers through targeted education involving religious and community leaders as well as male partners, aiming to reduce stigma and enhance acceptance. Personal counseling and home visits further strengthened trust and compliance (Mawarni, 2022).

Program Effectiveness and Impact

The Safari KB program has clearly contributed to increased contraceptive prevalence, particularly of long-term methods, reflected in a declining Total Fertility Rate (TFR) below the replacement level in Depok City (Nafisa et al., 2024). The integration of outreach, counseling, and service delivery resulted in efficient use of resources and higher client satisfaction (Siregar et al., 2024). Challenges persist mainly in overcoming myths about contraception, ensuring male partner involvement, and extending training for providers. The program's adaptability and community-based approach effectively increased family planning coverage and awareness (Yanti, E. M., Wirastri, 2023).

Equity and Sustainability

Service equity was achieved through extensive network collaboration involving public and private sector providers. Efforts to ensure geographic and socioeconomic inclusiveness included rotating service locations and leveraging community cadres for outreach (Yuliani et al., 2024). Sustainability was supported by strong community engagement, continuous education, and integration of family planning into routine health services. Innovative approaches, such as incentivizing male participation through free vasectomy services and digital follow-ups, demonstrated promise for long-term program sustainability (Yunia & Magfirah, 2025).

Limitations and Future Directions

The study acknowledged limitations including delayed funding and scheduling, which occasionally constrained program frequency and reach. Addressing these operational bottlenecks alongside intensifying male engagement and expanding educational efforts for entire families were recommended (Paulina & Mahdalina, 2023). Further research focusing on longitudinal outcomes, side effect management, and sociocultural determinants will enhance program refinement (Hasnita et al., 2025).

CONCLUSION

This study evaluated the implementation and effectiveness of the Safari Family Planning (KB) Program in Depok City in 2025. The findings indicate that the Safari KB Program operates effectively, significantly increasing community participation, particularly in the use of long-term contraceptive methods such as IUDs and implants. Key success factors include strong cross-sector collaboration among health facilities, governmental agencies, community cadres, and the military; efficient scheduling aligned with local events; easily accessible service locations; and comprehensive, responsive educational strategies tailored to community needs. The program has succeeded in reducing the Total Fertility Rate (TFR) in Depok to below the replacement level, demonstrating its impact on fertility regulation and family well-being. User satisfaction is generally high, with positive perceptions of service quality, accessibility, and counseling. However, challenges remain, including persistent negative perceptions and myths about contraception, limited spousal support, occasional logistical constraints, and the need for continuous capacity building of health providers, especially midwives and cadres.

Sustaining and scaling the program requires ongoing technical training for implementers to maintain clinical and communication competencies, as well as enhanced socialization efforts targeting not only women but also their husbands and broader families. The integration of innovative educational approaches, including digital media and community-based counseling, has shown promise in expanding reach and overcoming socio-cultural barriers. To ensure equitable and sustainable family planning services, it is recommended that the government increase the frequency of Safari KB activities, expand educational outreach, strengthen multi-sector partnerships, and improve logistics management for contraceptive supply distribution. Continuous monitoring and evaluation are also essential to address drop-out rates and improve client retention. In conclusion, the Safari KB Program in Depok is an effective model for delivering accessible, high-quality family planning services that align with community needs and contribute to improved reproductive health outcomes. With strategic enhancements in capacity building, communication, and program expansion, the Safari KB initiative can further strengthen its role in population control and family welfare.

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