PAPER NAME

005.pdf

WORD COUNT

4019 Words

CHARACTER COUNT

22480 Characters

PAGE COUNT

8 Pages

FILE SIZE

584.8KB

SUBMISSION DATE

Oct 3, 2022 1:10 PM GMT+7

REPORT DATE

Oct 3, 2022 1:11 PM GMT+7

● **7% Overall Similarity**

The combined total of all matches, including overlapping sources, for each database.

- 1% Publications database
- Crossref Posted Content database
- Crossref database
- 7% Submitted Works database

● **Excluded from Similarity Report**

- Internet database
- Quoted material
- Small Matches (Less then 8 words)
- Bibliographic material
- Cited material

Existing Kampung KB And The Development Strategy (A Research On Trihelix Implementation Activities In Pekalongan District)

Rr. Vita Nurlatif, SKM., M.Kes

Correspondence Author: rr.vitanurlatif@yahoo.com

Abstract

Background the main indicators of development success in a region can be seen from the achievements of the human development index (HDI). in the past three years the achievement of HDI in Pekalongan Regency has increased, which amounted to 67.39 inversely to the condition with acceleration figures which have not been quite encouraging. The acceleration of the increase in the HDI rate of Pekalongan Regency will be achieved with an appropriate, effective and efficient social program. This is in line with the objective of the "Kampung KB" social program, which is an increase in three indicators of human development systemically and systematically by involving all elements. The method uses exploratory research design with a qualitative approach accompanied by source triangulation through indepth interview to the main informants, and accompanying informants to look for apperception of various sources. The instrument uses Guidence interviewing. The results of the KB Village in Pekalongan District were initiated in 2015 at the socialization stage, which in 2016 was launched by the first KB Village in Galangpengampon Village, then through collaboration with the Public Health Study Program of Pekalongan University for assistance in the establishment of 9 KB villages. For cooperation in the following year, it was formed in 28 KB villages in 2017. Unikal Commitment as Higher Education continues to follow up on efforts to accelerate development through the periphery in order to increase HDI with Field Learning Practices activities for Public Health study program students and real work thematic work in KB Village in collaboration with OPD (Regional Device Organizations) which in this case is Dinas PMD, P3A, PPKB and Health Office. Until 2018 60 KB villages have been formed. Suggestions for strengthening cross-program and cross-sector cooperation in supporting existing KB villages and strengthening OVOP as a positive impact on KB villages.

Keywords*: existing, village KB, development strategy.*

Introduction

The main indicators of the success of development in an area can be known from the achievements of the human development index (HDI). in the last three years the HDI achievement of Pekalongan Regency has increased, that is equal to 67.39 in inverse condition with the acceleration rate which has not been quite encouraging. The acceleration of the increase in the HDI rate of Pekalongan Regency will be achieved by an appropriate, effective and efficient social engineering program. This is in line with the objective of the social engineering program "Kampung KB", which is to increase three indicators of systemic and systematic human development by involving all elements.

KB Village is a regional unit at the level of RW, a dusun or equivalent, which has certain criteria where there is integration of population control programs through family planning and family development and related sector development which is carried out systematically and systematically.

The essence of the concept of the KB village is comprehensive development with the main point of emphasis on family-based development as the smallest unit of society. The Kampung KB Program is the Government's flagship program as a form of real implementation of Nawacita that prioritizes development priorities on three things, nawacita the third priority is to develop Indonesia from the periphery in strengthening regions and villages within the framework of the Republic of Indonesia (Unitary Republic of Indonesia), the fifth priority is improving quality Indonesian human life, and the eighth priority is to revolutionize the nation's character, which ultimately aims to improve the quality of life through enhancing human development.

One of the main indicators of the success of development in an area can be known from the achievements of the human development index (HDI). Besides that HDI can also be used to determine the effect of a region's policies.

Quoted from the Pekalongan Regency Human Development Rate (BPS in Pekalongan Regency, 2017) in the last three years the HDI achievement has increased, while the Pekalongan Regency HDI value of 67.39 is inversely proportional to the condition with the acceleration rate which has not been quite encouraging. This can be seen from the three IPM buffer prong, namely health, education and economic indicators, in health prong, the achievement of AHH (Life Expectancy Rate) is still stagnant at 73.33 years, still found Neonatal mortality rate: 6.97, infant mortality rate 10.99, underfive mortality rate 14.06, maternal mortality rate with 18 cases ranked 13th Central Java, coverage of K1 92.2 lowest rank 2, k4 90.94 coverage of delivery assisted by nurses 97.82, postpartum 95.49, puerperal mothers received the lowest vitamin A tablet 87.22 (fifth health profile in Central Java province, 2017). In the second indicator, education, it can be seen in the number of Expectations of Old School (HLS) of 12.00 while the achievement of RLS (Average Length of School) has only reached 6.55 years which means that it is still equivalent to grade 6 elementary school is still far lower than the 9-year compulsory government program, another thing that really needs attention is the achievement of the APS (School Participation Rate) age group 13-15 years actually decreased by 90.15 in 2015 compared to the previous year. In the third indicator, the economy can be seen in the purchasing power figures, namely the shopping ability of the population of Pekalongan Regency to reach Rp. 9,208,000 in 2015, compared to the previous year.

The acceleration of the increase in the pace of human development (HDI) of Pekalongan Regency will be achieved by an appropriate, effective and efficient social engineering program that actively involves the community and acts as the subject of development. This is very much in line with the objectives expected to be achieved through the social engineering program "Kampung KB", which is to increase three indicators of systemic and systematic human development by involving all elements, namely the government, community, private sector, and universities.

The KB village in Pekalongan Regency was initiated in 2015 at the socialization stage, which in 2016 was launched the first KB village in Galangpengampon Village, then through collaboration with the Pekalongan University Public Health Study Program, there was assistance in the formation of 9 KB villages. For cooperation in the following year, in 2017 28 KB villages were formed. The Unical Commitment as Higher Education continues to follow up on efforts to accelerate development through peripheral areas with the aim of increasing this human development index with real work lecture activities with the KB Family Thematic in collaboration with OPD (Regional Apparatus Organizations) which in this case are the PMD Office, P3A, PPKB and the Health Service.

Indicators of success in the KB Village are not only shown by the growth in numbers, but also for the content, including the growth of infrastructure (increasing the number of access roads), the formation and implementation of the tribina program (Family Toddler Development / BKB, Youth Family Development / BKR, Elderly Family Development / BKL), and UPPKS (Efforts to Increase Welfare Family Income) which can be seen from the birth of various product diversifications that raise local potential which is expected to increase the family economy.

Program achievements can be assessed by conducting an appropriate evaluation to obtain a real picture of the program's success. The right evaluation will be able to provide a comprehensive picture of the existing conditions in order to forecast future projections, whether the program is recommended to continue with certain conditions, continue without change, or be advised to stop. The KB Village Program has entered its second year, where several indicators of achievement in terms of health, education and the economy can be measured, therefore, in order to assess how far the contribution of the KB Village to the HDI index improvement in the Pekalongan Regency is urgent.

Existing analysis of conditions (Existing) can provide a real description of the various real conditions of the KB Village (through a system theory approach, containing: input, process, and output) which is certainly a matter of study by the Government of Pekalongan Regency to actively support to find out the position, condition and the achievements of the KB Village and its impact on the pace of human development in Pekalongan Regency. While the analysis of forecasting the future (forecasting) social engineering KB Village (through the theory of policy forecasting approach), will help the Government of Pekalongan Regency in the further development of KB Village as the main portal for development and poverty alleviation. Research that explores existing KB villages and their development strategies (a research on the implementation of trihelix implementation in Pekalongan Regency is important to be carried out for the development of the KB Village itself. The problem :

1. Identification of the problem:

Identification of problems that can be found from the background exposure above, are:

a) The family is the smallest unit forming society that plays an important role as the subject of development. This concept was built in the KB Village.

b) The rate of human development in Pekalongan Regency reaches 67.39, inversely proportional to the condition with the acceleration rate which has not been quite encouraging.

c) The implementation of the KB Village as an effort to accelerate the achievement of the HDI Index in Pekalongan Regency has entered the second year which requires an in-depth study to determine its effectiveness and efficiency with the existing analysis approach (which includes: input, process, and output) in order to compile a forecasting / forecasting program.

2. Formulation of the problem:

What is the existing KB Village and its Development Strategy (a trihelix implementation research action in Pekalongan Regency?

C. PURPOSE

The objectives to be achieved in this study are:

Conducting an assessment of the existing Kampung KB and its Development Strategy (a research into the implementation of trihelix actions in Pekalongan Regency).

In detail the research objectives are presented as follows:

1. To find out the real condition (Existing) through a system theory approach (input, process, output) of social engineering in KB Village in Pekalongan Regency as an effort to improve the quality of life based on resilient families.

2. To find out the Development Strategy (a trihelix implementation research action in Pekalongan Regency).

D. RESEARCH METHOD

The conceptual framework of the existing analytical research and forecasting Development of the Social Engineering "Kampung KB" in Pekalongan Regency as an effort to improve the quality of life based on resilient families refers to the system theory and policy forecasting formula formulated in the conceptual framework as follows:
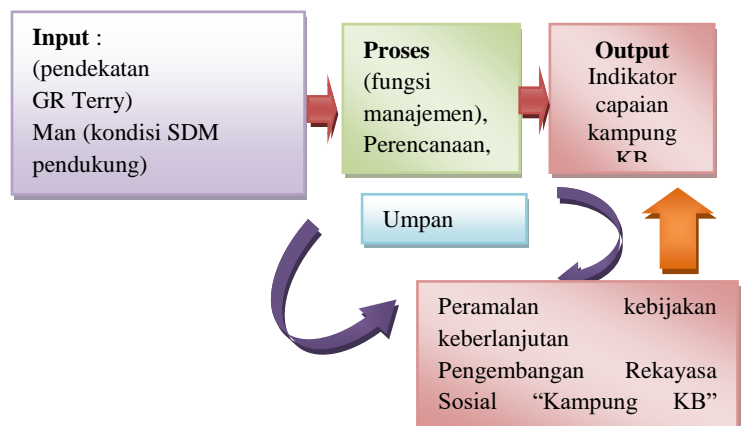

Figure 3.1 framework concept of existing analysis and forecasting Development of Social Engineering "Kampung KB" in Pekalongan Regency as an effort to improve the quality of life based on resilient families.

In the formulation of the conceptual framework above in Figure 3.1, it can be explained that the research that raises the title of

existing analysis and forecasting Social Engineering Development "Kampung KB" in Pekalongan Regency as an effort to improve the quality of life based on resilient families will examine the current condition of existing KB Kampung in Pekalongan Regency for approximately two years, which includes elements: input, referring to the GR Terry approach, which includes elements: in the aspects of Man (supporting HR conditions), Money (source conditions and financial sustainability), Material (supporting resource conditions / potential areas / supporting policies), Method (condition of the implementation system), while in the process, which refers to the management function approach (Plan, Do, Check, Action), will examine aspects: planning, organizing, mobilizing and evaluating the KB Village. In the output indicator, an assessment will be conducted on the indicators of the achievement of the intervention of the KB Village in the aspects of population, family development and housing: facilities / infrastructure. And in the next stage, the results of the analysis of the present conditions will be examined forecasting the sustainability policy of the Development of Social Engineering "Kampung KB" in Pekalongan Regency as an effort to improve the quality of life based on resilient families.

Research focus

The focus of this study examines the current / existing condition of the KB Village, which includes inputs, processes and outputs, and from the results of the assessment will be used as a basis for developing a forecast of the KB Social Sustainability Policy. The focus of this research is limited to the existing analysis and forecasting without measuring the feedback.

Research subject

The research subjects include key informants and triangulation informants, who will measure simultaneously from the managerial element of the program (which in this case is the OPD / Organization of the relevant Regional Apparatus, namely Informants from the Office of PMD, P3A, PPKB), along with cross-sectoral services, namely elements of the Department of Health , a number of 8 Village Heads were

selected in the research locus, 2 PLKB officers as technical implementers, 8 people (represented by health cadres) as affected by the program, and academics as partners in community empowerment and assistance. What appears in the following table:

Table 3.1 Research Subjects

No.	Status of research subjects	Remark
1.	Main Informan 1	Main informant 1 Head of PMD, P3A, PPKB Office
2.	Main Informan 2	Main informant 2 PMD Secretary, P3A, PPKB
3.	Main Informan 3	Main informant 3 Head of Health Service
4.	Main Informan 4 s/f 8	Main informants 4 to 8 4 village heads at the selected locus who had already launched the KB Village in 2016 who were selected based on inclusion criteria
5.	Main Informan 8-10	Companion informants 8 to 10 2 PLKB Officers as selected technical implementers based on inclusion criteria
6.	Main Informan 10 -13	Companion informants 10 to 13 4 health cadres representing the selected locus who have planned the Kampung KB in 2016 selected based on inclusion criteria

Based on the description of the research subject determination table above, a total of 13 informants was determined, consisting of 7 main informants, and 6 accompanying informants. The determination of inclusion criteria for informants is as follows:

a. Willing to be an informant
b. For informants 1,2,3 can be represented by appointment by the main informant
c. For the main informant 1,2,3 can be represented by other informants who hold the program
d. For the main informant 4 to 8 are the village heads that have been formed KB villages with the criteria: ever won KB family planning on the Jamboree KB family planning, 2 village heads with active KB village status, 2 village heads with KB family status less active .
e. For companion informants 8 to 10 are PLKB officers who have and still assist

family planning villages with active and less active family planning status.

f. For companion informants 10 to 13 the determination of the inclusion criteria is the same as the determination of the main informant's inclusion criteria 4 to 8.

Definition of concepts and operationalization of variables

No.	Variables	Operational Definition	Dimensions examined	Measuring methods and instruments
1.	Input	Everything that is needed in the implementation of the Kampung KB program with the GR Terry approach includes Man, Money, Material, Method.	Man (Human resources conditions supporting the Kampung KB program). Money (source conditions and the sustainability of the KB Village funding program) Material (condition of supporting resources / potential of KB Village) Method (condition of the implementation system of the KB Village program)	Indepth Interview uses Giudence Interviewing on Main Informants 1,2,3,4 to 8
2.	Proses	Various matters related to management functions for the implementation of the KB Village program, with a PDCA (theoretical, Do, Check, Action) management function approach including Planning, Organizing, Mobilizing and Evaluating	Planning (family planning program patterns and systems) Organizing (raising and organizing KB Village programs across sectors) Mobilization (field technical mobilization in the implementation of the Kampung KB program). Evaluation (evaluation technique)	Indepth Interview uses Giudence Interviewing on Main Informants 1,2,3,4 to 8 and all triangulation informants in accordance with their authority
3.	Output	Various things were achieved in the KB Village program	Indicators of family planning achievements in aspects of population and family development (32 indicators)	Indepth Interview uses Giudence Interviewing on Main Informants 1,2,3,4 to 8 and all triangulation informants in accordance with their authority

Research design

This research design uses exploratory research design with a qualitative approach supported by statistical data with triangulation of sources through in-depth interviews with key informants, and companion informants to seek apperception from various sources. The research instrument uses interview interviewing.

Research sites

The research sites cover Pekalongan District, with 2 related OPD loci (1 OPD acting as Leading Sector, and 1 cross-sector OPD) 4 selected KB villages.

Data type

The type of data used includes primary data and secondary data. The primary data collected are: data from in-depth interviews and observations regarding inputs, processes and outputs. While secondary data that is used as supporting data, including: the number of HR, the results of the evaluation of the KB Village and so forth.

Method of collecting data

The data collection method uses in-depth interviews with source triangulation.

Data processing method

Data processing is done by two approaches. For primary data that contains information about inputs, processes, and outputs containing percentages, it is performed by presenting descriptive statistics. Whereas qualitative data is processed using a data reduction approach, testing propositions, and drawing major conclusions.

Results

1. Development of KB Village in Pekalongan Regency

The KB village in Pekalongan Regency was initiated in 2015 at the socialization stage, which in 2016 was launched the first KB village in Galangpengampon Village, then through collaboration with the Pekalongan University Public Health Study Program, there was assistance in the formation of 9 KB villages. For cooperation in the following year, in 2017 28 KB villages were formed. Unikal Commitment as Higher Education continues to follow up on efforts to accelerate development through the periphery in order to increase HDI with Field Learning Practices activities of Public Health study program students and real work lectures with thematic KB Villages in collaboration with OPD (Regional Apparatus Organizations) which in this case are the Dinas PMD, P3A, PPKB and Health Office. Until 2018, 60 KB villages have been formed.

The development of KB Village in Pekalongan Regency in collaboration with Pekalongan University can be seen in the table of the following achievements:

Annual Results	Description of achievements
2016	Establishment of 9 KB Villages and KB Kampung Jamboree activities in 9 KB Villages.
2017	Establishment of 19 KB Villages and Strengthening of 9 existing KB Villages.
2018	Strengthening of 10 KB villages and fostering 29 existing KB villages.

The stages of developing KB Village between the Government of Pekalongan Regency and Pekalongan University are shown in the following figure:
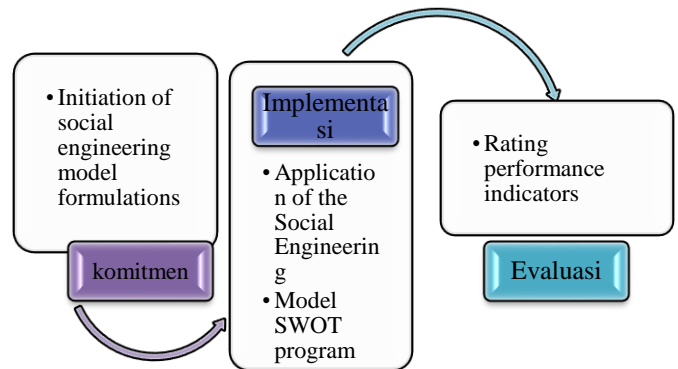

Figure 1. Stages of the cycle of development of the KB Village

in the picture above, explains that the cycle of development of the Kampung KB is carried out by Pekalongan University through three development phases, namely the commitment-raising phase, the implementation phase and the evaluation phase. In the commitment-raising phase the initiation of the Kampung KB Village engineering model formulation was carried out, while in the implementation phase there were two stages of activity, namely: the application of the social foundation model and the SWOT Program. Whereas in the evaluation phase an assessment of performance performance indicators is carried out. The 30 locations of the KB Village under the guidance of Pekalongan University include: Galang Pengampon, Rowocacing, Karangsari, Tanjung kulon, Waru Kidul, Tengengwetan, Api-api, Boyfriend, Kaligawe, Croton, Krandegan, Windurojo, Randumuktiwaren, Dororejo, Lolong, Sidomulyo, Podo-api , Tegal lontar, Pegandon, Tajur, Karangasem, Pandan arum, Bebel, Petukangan, Mejasem, Watusalam, Getas, Salit, Pakumbulan, Dadirejo.

3. Trihelix forms of cooperation in the development of the KB Village in Pekalongan Regency.
   a. Family Planning Assistance by Unikal in collaboration with PMD, P3A PPKB from 2016-2018.
   b. The establishment of 28 KB villages, 28 PIK, BKB, BKR, BKL, and ± 250 products based on local potential.

c. Training for 78 BKB HI cadres Formation of BKB HI in 39 KB villages.

4. The formula for developing the KB Village is based on the three pillars of the Human Development Index.

The formula for developing the KB Village based on the three pillars of the Human Development Index can be seen in the picture of the KB village development net based on the three pillars of IPM in Pekalongan Regency as follows:
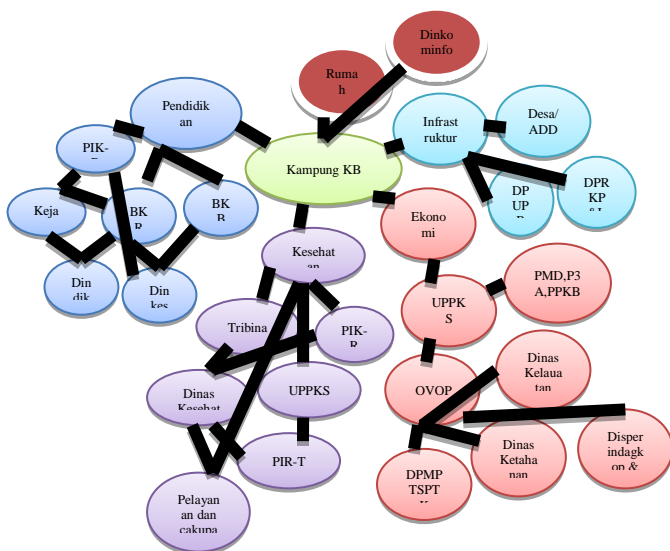

Figure of network model of KB development nets based on three IPM pillars in Pekalongan Regency

The picture above shows the development of the KB village based on the three pillars of IPM (Education, Health and economy) can be explained in the Health pillar can be done by working on community empowerment activities in the health sector, such as increasing coverage of family planning participation, UPPKS development and Tribina assistance (BKB / Bina Keluarga Balita, BKR / Adolescent Family Development, and BKL / Elderly Family Development) which in the development pattern can collaborate with OPD / Regional Organization Organizations related to both leading sectors and cross sectors such as the health department, PMDP3APPKB. In the education pillar of the KB village development can be done through the development of BKB, BKR, PIK-R by establishing cross-sectoral cooperation between the health department, PMDP3APPKB, and the education department which aims to increase literacy participation so that the increase in health status can be achieved. In the economic pillar KB village development can be carried out through the development of UPPKS which refers to the birth of OVOP (one village one product), which can be accompanied by PMDP3APPKB service, marine and fishery service, food and agriculture security service, Disperindagkop and MSME and DPMPTSPTK.

Suggestions

Recommendations that can be given based on the above research are strengthening cross-program and cross-sectoral that can strengthen trihelix collaboration between the government, universities and the community.

References

Profil kesehatan provinsi jawa tengah tahun 2016. Dinas kesehatan provinsi jawa tengah. Tahun 2016. Website : www.dinkesjatengprov.go.id.

Kabupaten pekalongan dalam angka tahun 2017. Badan Pusat Statistik kabupaten pekalongan.

Laju Pembangunan Manusia Kabupaten Pekalongan Tahun 2017. Badan pusat statistik kabupaten pekalongan.

Peraturan Daerah Kabupaten Pekalongan Nomor 8 Tahun 2017 Tentang Rencana Pembangunan Jangka Menengah Daerah Kabupaten Pekalongan Tahun 2016-2021.

Juknis Kampung KB. 2015. BKKBN Propinsi Jateng.

Dahlan, Sopiyudin. 2010. Besar Sampel dan Cara Pengambilan Sampel dalam Penelitian Kedokteran dan Kesehatan. Jakarta : Salemba Medika.

Notoatmodjo, Soekidjo. 2010. Metodologi Penelitian Kesehatan. Jakarta : Rineka Cipta.

Bungin, Burhan. 2015. Metodologi Penelitian Kualitatif Aktualisasi Metodologis kearah Ragam Varian Kontemporer. Jakarta : PT. Raja Grafindo Persada.

Aspuah, Siti. 2013. Kumpulan Kuesioner dan Instrumen Penelitian Kesehatan. Yogyakarta : Nuha Medika.

Saryono, dkk. Metodologi Penelitian Kualitatif dan Kuantitatif dalam Bidang Kesehatan. Yogyakarta : Nuha Medi

Sugiyono. 2015. Statistika untuk Penelitian. Bandung : Alfabeta.

● **7% Overall Similarity**

Top sources found in the following databases:

- 1% Publications database
- Crossref Posted Content database
- Crossref database
- 7% Submitted Works database

TOP SOURCES

The sources with the highest number of matches within the submission. Overlapping sources will not be displayed.

1	**International Islamic University Malaysia on 2019-12-16** Submitted works	**3%**
2	**Universitas Jenderal Soedirman on 2019-09-16** Submitted works	**2%**
3	**Universitas Sumatera Utara on 2019-10-11** Submitted works	**1%**
4	**"1st Annual Conference of Midwifery", Walter de Gruyter GmbH, 2020** Crossref	**<1%**
5	**Badan PPSDM Kesehatan Kementerian Kesehatan on 2022-08-09** Submitted works	**<1%**
6	**University of Wales, Bangor on 2013-11-11** Submitted works	**<1%**