

The Effectiveness and Contradictions of the *Kampung Keluarga Berkualitas* (Quality Family Village) Program: A Critical Analysis of Community Participation and Gender Justice in Yogyakarta, Indonesia

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Abstract This article examines the shift in Indonesia's family planning program from a centralized model to the participatory *Kampung Keluarga Berkualitas* (Quality Family Village), formerly *Kampung* KB, approach. Despite this shift, a substantial gap persists between policy objectives and grassroots realities, particularly in relation to patriarchal structures that constrain women's autonomy and the limited implementation of interventions that promote genuine empowerment. Based on a qualitative case study of *Kampung* KB Bugel in Yogyakarta, this study employed a hybrid data collection strategy adapted to the conditions of the COVID-19 pandemic. Data were collected through a combination of on-site observations, virtual interviews, and focus group discussions, along with a review of official BKKBN (National Population and Family Planning Board) documents. The findings indicate that local working groups, Pokja (working groups), and community service initiatives established institutional frameworks and generated small-scale economic benefits through UPPKS (Family Income Improvement Program) microenterprises. Although this participatory model generated meaningful community interest, it continued to face significant obstacles. A central concern was that women's involvement in working groups and economic programs unintentionally increased their double burden. In addition, limited budgets, overlapping programs, and insufficient understanding among village government actors constrained program implementation. Ultimately, this article argues that unless deeply rooted patriarchal norms are addressed, *Kampung* KB risks creating an illusion of empowerment rather than advancing substantive gender equity. To prevent this outcome, policies designed at higher administrative levels must be better synchronized with the everyday realities of grassroots communities.

1. INTRODUCTION

This study investigates the core strategies, obstacles, and future prospects related to the sustainability of the *Keluarga Berencana* (KB/Family Planning) program in *Kampung* KB Bugel, located in Kulon Progo Regency, Yogyakarta. As a Centre of Excellence (CoE) for the *Badan Kependudukan dan Keluarga Berencana Nasional* (BKKBN/National

Population and Family Planning Board) *Bangga Kencana* (Family Development, Population, and Family Planning) initiative, the Bugel site collaborates with international organizations, local institutions, and schools. This study evaluates the program's achievements alongside its internal contradictions, with particular attention to gender dynamics

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and community participation. Rather than positioning women as passive beneficiaries, this research examines how government directives interact with local contexts. In doing so, it highlights the active agency of women's groups rather than merely identifying patriarchy as the root of all challenges. Understanding these dynamics of community participation is critical because the program's long-term viability depends on effectively integrating top-down policies with grassroots initiatives.

Family planning in Indonesia has gradually shifted from strict population control toward more participatory approaches. During the New Order era, the KB program sought to reduce population growth by transforming the belief that "many children bring much fortune" into the *Norma Keluarga Kecil Bahagia dan Sejahtera* (NKKBS/Small, Happy, and Prosperous Family Norm) in the late 1970s (Al Faruqi, 2022). This transformation relied on strong central authority and a patriarchal system that expected women to conform to prescribed norms. These efforts resembled United Nations programs in the 1960s and 1970s, which promoted contraceptive methods such as pills, injections, implants, barrier methods, and intrauterine devices to support reproductive autonomy (Bracke, 2022). However, these policies also produced social stigma, making reproduction, maternal health, and child-rearing primarily women's responsibilities. This idea was reinforced by "state ibuisism," an ideology and institutional discourse that defined and mobilized women primarily as wives and mothers and thereby shaped the national family planning program (Wardhana, 2017). This discourse was further supported by Javanese sociocultural norms that often position women as *konco wingking*, literally "companions at the back," reflecting their expected domestic and subordinate role. The KB program's campaign relied largely on women's organizations, such as *Pendidikan Kesejahteraan Keluarga* (PKK/Family Welfare Education), and organizations for the wives of *Pegawai Negeri Sipil* (PNS/Civil Servants). Consequently, women carried much of the responsibility for population control.

During the reform era, particularly under President Susilo Bambang Yudhoyono, the family planning program underwent significant changes. Decentralization and regional autonomy shifted the program away from a centralized household outreach model toward greater community participation and the commercial sale of contraceptives. Without strong central oversight, many communities became uncertain about continuing family planning, partly because women experienced adverse health effects. In 2008, the Head of the BKKBN stated that subsidized contraceptives were often distributed inappropriately and did not match users' needs, causing negative side effects (Grehenson, 2008). The government's limited attention during this period contributed to a decline in family planning participation and contraceptive use among women (Arimbawa & Batia, 2020).

Ideally, women should be able to discontinue family planning with the support of their partners. In practice, however, husbands often make the final decision (Herartri, 2005). Patriarchal norms and conservative values continue to limit gender equality in reproductive health

by subordinating women's choices to family and social expectations (Adiprabowo et al., 2025). Men generally agreed to discontinue family planning only when it harmed their wives' health or appearance, and few men used contraceptives themselves because of social resistance and limited male contraceptive options. Recent studies indicate that only approximately 8% of men in Indonesia use contraceptives directly, resulting in women bearing most contraceptive responsibility (Rahayu et al., 2023). Consequently, men are frequently regarded as supporters or companions in contraceptive practices rather than as direct contraceptive users (Hardee et al., 2017).

Recognizing the limits of the reform-era approach, the government revised the family planning agenda to align it with broader development goals. Under President Joko Widodo, the *Kampung Keluarga Berkualitas* (*Kampung KB/Quality Family Village*) initiative introduced a more participatory model grounded in citizenship rights. This change shifted the emphasis from population control to improving the quality of local human resources. The program primarily targets rural communities Badaruddin et al. (2022) and encourages cooperation between governmental and non-governmental actors at national and international levels. Its activities integrate demographic issues, economic welfare, education, and public health to support national development (Kamil et al., 2021).

Community participation and empowerment are central to the *Kampung KB* initiative. The program uses *Pokja* (working groups), especially women's groups, to support community-based empowerment. These *Pokja* teams implement programs such as *Bina Keluarga Balita* (Childhood Family Development), *Bina Remaja* (Adolescent Development), and *Bina Lansia* (Elderly Development) to address diverse social and health issues. A pilot project aims to improve welfare, health, and well-being through interagency cooperation. As a result, the success of *Kampung KB* depends on multisectoral collaboration, including funding, equipment, workshops, field visits, focus group discussions, guidance, and continuous monitoring (Mardiyano et al., 2024).

Although *Kampung KB* aims to increase participation and collective action, it continues to resemble earlier programs in which women's groups occupy central roles and carry out most of the work. This raises the question of whether the program genuinely supports empowerment and gender justice or instead reproduces older patterns. This study therefore asks three main questions: (1) How does the *Kampung KB* program interact with the local patriarchal sociocultural context in Bugel Village? (2) Does community participation in *Kampung KB* move beyond formal involvement to achieve substantive empowerment for women? (3) How does the program address, or potentially intensify, the double burden that women face in pursuing family welfare and gender justice?

This research underscores the importance of empowering women through the *Kampung KB* program. Historically, family planning in Indonesia often treated women as passive users of contraceptives, emphasizing demographic goals more than women's autonomy. A substantial gap remains between the policy ideal of "family

resilience” and the reality that women often have limited control over reproductive health and household finances. In this context, women’s empowerment is crucial because women are disproportionately affected by poverty, health risks, and domestic care responsibilities. By supporting women as active decision-makers rather than passive recipients, the program seeks to reduce gaps in rural women’s access to key state resources and to remove barriers to their agency.

The *Kampung* KB program has several clear advantages over earlier family planning models. Rather than simply distributing contraceptives, it integrates health, education, and economic development initiatives at the local level. One important component is the *Usaha Peningkatan Pendapatan Keluarga Sejahtera (UPPKS/Family Welfare Income Improvement Program)* microenterprise scheme, which provides women with direct opportunities to generate income. The program aims to strengthen local economies, improve maternal and infant health, and transform gender roles so that women can attain greater financial independence and exert greater influence in their communities. Ultimately, the program seeks to move family planning beyond population control and toward improving the quality of human resources through comprehensive family development.

Empowerment efforts in *Kampung* KB aim to address key structural problems, including the high unmet need for family planning, women’s low participation in rural employment, and the absence of integrated health and financial support for vulnerable families (Sulastrri et.al, 2020). The program also addresses women’s limited control over their bodies, which is often shaped by spouses or traditional norms. Women’s involvement is central because they serve as key health advisors and economic contributors within Indonesian households. Their active role is essential to ensuring that the program responds to families’ actual needs. Including women in Pokja is intended to facilitate the exchange of knowledge and resources between local communities and external partners. However, as this article argues, this involvement must be carefully managed to avoid intensifying the “double burden” of unpaid domestic work and additional public responsibilities.

The selection of Bugel Village in Kulon Progo Regency, Yogyakarta, as the focus of this study was strategic. Bugel is located at the intersection of rapid regional development and strong traditional Javanese patriarchal values. Kulon Progo has long been one of the less developed areas in Yogyakarta, and Bugel is known as a relatively underdeveloped coastal village (Rahayu & Muta’ali, 2024). This condition made it an important location for BKKBN to establish a Centre of Excellence (CoE) for the *Kampung* KB program. Bugel is also undergoing rapid change because of its proximity to the new Yogyakarta International Airport (YIA), which has introduced the “aerotropolis” concept to the area. This major infrastructure project has altered land use, increased urbanization, and created new economic opportunities that sometimes conflict with traditional agricultural and coastal livelihoods (Utami et.al, 2025). As a result, Bugel provides a valuable case for examining tensions among

modern state empowerment programs, rapid economic growth, and conservative local traditions such as the *konco wingking* concept. This setting offers important insight into how effectively *Kampung* KB responds to the changing boundary between rural and urban life.

The history of family planning reflects a significant transformation in the strategies used by governments and international organizations to manage populations. During the 1960s and 1970s, these actors promoted family planning in response to what they identified as a critical issue: high birth rates in the Global South, which were perceived as obstacles to economic growth (Casto et al., 2021). Early initiatives prioritized demographic targets, often neglecting individual reproductive rights and primarily targeting women through contraceptive methods such as pills, injections, implants, and intrauterine devices (Senderowicz, 2020). The 1994 International Conference on Population and Development (ICPD) in Cairo marked a pivotal shift toward reproductive health, women’s rights, and empowerment. Nevertheless, some scholars argue that the underlying logic of population control persists in contemporary programs, although it is often embedded in the language of development and maternal health (Senderowicz et al., 2023).

This paradox becomes evident in women’s involvement in participatory development programs. Although these initiatives are framed as mechanisms for women’s empowerment, feminist scholars have identified a concerning pattern: the use of women’s labor without sufficient attention to underlying structural inequalities. Women participating in community development projects experience a “double burden” as they manage unpaid domestic and care responsibilities alongside new roles in community organization and small-scale economic activities (Udenigwe et.al, 2026). In Indonesia, this phenomenon is intensified by the concept of “state ibuisim,” which positions women as *konco wingking*, literally “companions at the back,” thereby reinforcing their association with domestic and family welfare (Hyunanda et al., 2021). Government programs led by female cadres, such as PKK, have institutionalized this subordinate role. When development projects such as *Kampung* KB introduce economic activities such as *Usaha Peningkatan Pendapatan Keluarga Akseptor (UPPKA/Family Acceptor Income Improvement Program)*, they risk fostering “pseudo-empowerment,” in which women’s workloads increase without corresponding gains in decision-making authority or access to resources (Khader, 2018).

To examine these contradictions, this study employs two primary theoretical frameworks. The Feminist Political Economy of Health (FPEH) elucidates how material and cultural discrimination shape women’s lives and health outcomes (Syed, 2021). FPEH connects market dynamics with domestic life, demonstrating the interdependence of production and social reproduction. This perspective is instrumental in analyzing the impact of *Kampung* KB on women’s labor and economic status.

In addition, this study draws on Foucauldian concepts of governmentality and biopolitics to analyze state population management. Governmentality refers to the techniques

and strategies through which states regulate populations, whereas biopolitics addresses the politicization of life, reproduction, and health (Villadsen & Wahlberg, 2015). Feminist scholars have extended these concepts through the notion of “populationism,” which interrogates how contemporary population control is obscured by the language of development and quality of life (Bhatia et al., 2020). Integrating these theoretical perspectives enables a critical analysis of the transition from the New Order’s rigid family planning policies to the ostensibly participatory “Quality Family” approach, revealing the persistence of power relations and state control within new development discourses.

2. METHOD

This study exam *Kampung* KB program in Bugel Village and explored its internal contradictions. To address this aim, we conducted a qualitative case study that extended beyond observation. We adopted a qualitative action research approach to engage closely with the community and examine the program’s effects directly. This approach was selected because community service programs require active involvement to produce meaningful change. Observation alone would not have adequately captured how the program interacted with local patriarchal culture, whether community participation contributed to substantive women’s empowerment, or how the program affected women’s double burden. These three questions guided the research.

We did not merely observe the program from the margins. During the implementation of *Kampung* KB in Bugel Village, we served as facilitators, companions, motivators, and resource persons. Direct involvement was therefore an essential component of the research design. We supervised program activities and collaborated with different community groups. We facilitated focus group discussions with Pokja, *Karang Taruna* (youth organization), and PKK. We also provided practical guidance on the development of UPPKS microenterprises and agricultural strategies. Through collaboration with community members, we helped participants discuss challenges, including women’s double burden, overlapping programs, and other implementation issues, and jointly identified possible solutions. This hands-on approach enabled us to collect detailed and meaningful data grounded in lived experience.

We recognized that the study involved potentially vulnerable groups, including PKK cadres and village officials, who could face political or social risks. Therefore, we followed strict ethical guidelines. We ensured that all participants provided informed consent and understood the purpose of the study and their rights (Toumbourou et.al, 2025). These procedures were important for protecting all participants who shared their experiences. *Kampung* KB Bugel in Kulon Progo Regency, Yogyakarta, was selected as the study site because it was a pilot project and Centre of Excellence (CoE) with international partnerships (Dewantara, 2020). This site provided a strong case for examining the complexities of community-based

family welfare programs. To obtain diverse perspectives, we purposively selected 32 informants based on clear criteria. These informants included 10 internal sources, namely PKK cadres, *Kelompok Tani* (Poktan/Farmer Groups) members, and Bugel Village government officials directly involved in the program, as well as 22 external sources, including representatives from central and regional BKKBN offices, government agencies, universities, the Republic of Seychelles, and other related institutions. This combination allowed us to compare findings and understand the program from multiple perspectives.

Primary data were collected during the 2020 to 2021 CoE *Kampung* KB Bugel Family Welfare and Happiness program, which was implemented during a challenging period. Because of COVID-19 restrictions under *Pembatasan Sosial Berskala Besar* (PSBB/Large-Scale Social Restrictions), we used both offline and online methods. We conducted field studies, non-participant observation, and, when possible, direct program facilitation. We also conducted in-depth interviews and online focus group discussions through Zoom and WhatsApp video calls. These activities generated detailed data on how the program operated and how the community responded as conditions changed.

To ensure that the findings were robust and evidence-based, we continued collecting secondary data through 2025 to assess the program’s sustainability over time. These sources included academic literature, media reports, and official documents from the Bugel Village Government, the Kulon Progo Regency Government, BKKBN, and *Badan Pusat Statistik* (BPS/Central Statistics Agency). By extending the data collection period, we were able to trace changes and developments beyond the program’s initial phase.

We analyzed the data using a qualitative and interactive approach. Interviews and focus group discussions were transcribed verbatim to preserve participants’ voices. We then organized and summarized the data by identifying key themes, including the hegemony of reproductive control, women’s double burden, funding dependency, and the effectiveness of participation. Secondary data were categorized according to manuscript subtopics to support the analysis. Throughout the analytical process, we applied source and method triangulation to strengthen the validity and reliability of the findings. This step-by-step approach enabled a comprehensive understanding of the program’s effectiveness and contradictions.

3. RESULT AND DISCUSSION

The implementation of *Kampung* KB in Bugel Village resulted in measurable improvements in community services, particularly through enhanced women’s participation. Field notes and focus group discussions conducted in May and June 2021 indicated that women were most active in routine service activities. However, the program encountered challenges in expanding and empowering women in a more strategic manner. Several Pokja were established to engage women in welfare and economic initiatives.

Participation in the *Bina Keluarga Balita* (BKB/Childhood Family Development) program was notably high. For instance, BKB Mawar in Dusun 1 comprised 30 members, with more than 25 women regularly attending monthly meetings. The group conducted frequent growth monitoring sessions, including eight sessions in February 2021. To maintain high attendance, BKB coordinated meetings with *Posyandu* (integrated health post) activities and used WhatsApp reminders. *Posyandu* was also highly active, operating 11 posts in Bugel Village, each managed by approximately five dedicated cadres who consistently attended monthly meetings. These cadres prepared *Pemberian Makanan Tambahan* (PMT/Supplementary Feeding) for children using ingredients sourced from their own gardens.

Transportation incentives and training provided by the local *Puskesmas* (community health center) further supported this participation. The *Bina Keluarga Remaja* (BKR/Adolescent Family Development) group, with approximately 30 members, convened monthly at the hamlet head's residence. However, attendance was less consistent because of members' work commitments. BKR activities focused on reproductive health, early marriage prevention, and adolescent issues, often in collaboration with youth groups, *Pusat Informasi dan Konseling Remaja* (PIK-R/Youth Information and Counseling Center), which met in the evening. The *Bina Keluarga Lansia* (BKL/Elderly Family Development) group also engaged approximately 30 elderly members, who participated in monthly exercise sessions at the village hall and received counseling on elderly care.

A significant achievement was the establishment of UPPKS microenterprises, which provided women with opportunities to generate independent income (Figure 1). Participation was limited to 20 women at the village level to ensure manageability. The group produced and marketed local food products such as pumpkin sticks, salted eggs, fish nuggets, and herbal drinks. Sales were primarily directed to local consumers through online cash-on-delivery transactions and WhatsApp groups, with salted eggs and pumpkin sticks being the most popular items. These activities produced tangible changes, as women reported feeling more empowered by earning their own income, which was allocated to family needs, children's education, and support for single-parent households. For many participants, this supplementary income was crucial, particularly when the agricultural work undertaken by their husbands was insufficient.

Despite these achievements, the programs encountered significant challenges. UPPKS experienced difficulties in scaling up because members lacked confidence in accepting large catering orders and competing with established vendors on price. In addition, the group struggled to develop new products that were both stable and profitable. According to the Village Secretary, the economic impact of these products was "not yet significant" and remained largely conceptual. Another challenge was the *Kader 4L* phenomenon, from *Lu Lagi Lu Lagi* ("You Again, You Again"), in which a small group of women assumed most responsibilities for *Kampung KB*, *PKK*, *Posyandu*, farmer

groups, and other village activities, leading to exhaustion.



Figure 1 . Women's involvement in family planning and household economic empowerment programs: (a) women's groups and cadres discussing UPPKS and family planning programs simultaneously; (b) Salted egg business developed by women's groups

One cadre noted that, despite their high level of activity, they often felt "still seen as lacking something" while balancing public duties with primary responsibilities at home and on the farm. Environmental initiatives also faced obstacles. Although waste banks were established in Dusun 4, managed by youth, and Dusun 9 and Dusun 10, managed by women, many residents continued to burn waste or dispose of it in low-lying areas. This indicates that the presence of waste banks did not fully change community waste management practices.

In summary, *Kampung KB* has contributed to addressing certain challenges faced by women in Bugel Village, yet it does not constitute a comprehensive solution. Programs such as UPPKS and *Posyandu* have addressed immediate needs by providing supplementary income to families and enhancing child nutrition and elderly care. However, the initiative has made limited progress in addressing underlying structural inequalities. The current model emphasizes formal participation rather than substantive empowerment, increasing women's workloads by assigning additional community, health, and economic responsibilities alongside unpaid domestic labor. The program has also not succeeded in engaging men in reproductive responsibilities. As Bu Hartini stated in a focus group discussion, "Male KB participation is still low because there's a perception that KB is more attached to women" (FGD, May 6, 2021).

Religious and conservative values further complicated implementation. Bu Hartini explained, "Another challenge is information dissemination about KB to certain Islamic groups that view KB as forbidden" (FGD, May 6, 2021). From a Foucauldian perspective, the state's emphasis on women's contraceptive prevalence rate (CPR) illustrates how power dynamics frame reproductive responsibility as exclusively women's work. When program success is measured primarily by female contraceptive use, empowerment is reduced to compliance with demographic targets, thereby perpetuating patriarchal structures. Without transformation of these gender norms, the program's impact

will remain limited. The empowerment achieved is largely limited to improving women's practical interests and welfare outcomes, with limited effects on transforming gender relations, decision-making authority, and women's strategic position within village governance structures (Syukri, 2023).

A significant challenge for the future of *Kampung* KB is its dependence on external funding and directives, resulting in what has been termed "pseudo-participation." Local initiatives must navigate limited village budgets and complex, sometimes contradictory, regulations (Sulistiyowati et al., 2023). Pak Wuryanto noted, "In interpreting village fund regulations, we're still confused or uncertain. Sometimes different rules from central agencies or various ministries conflict with each other. We are afraid of the consequences of breaking legal rules" (interview, May 6, 2021).

This uncertainty discouraged the village government from pursuing innovative approaches that might not align with central guidelines. Frequently, *Kampung* KB's objectives exceeded the capacity of available local resources. As Tujiran, a farmer group representative, observed, "*Kampung* KB programs are too ambitious. Village budget is insufficient. First community awareness is lacking and then financing is also lacking" (FGD, May 6, 2021). The program's heavy reliance on a small number of unpaid cadres is unsustainable. Bu Isyanti emphasized, "Hopes for *Kampung* KB's future must pay more attention to budget; frankly that's the field condition. And actually, it's not just budget, we need management and capacity building for *Kampung* KB actors" (interview, May 12, 2021). Without addressing these financial and structural constraints, the program risks stagnation once external support is withdrawn.

Overall, *Kampung* KB transitioned to a participatory model and was rebranded as *Kampung* Keluarga Berkualitas (Quality Family Village) in 2020, with the aim of enhancing community well-being through comprehensive programs extending beyond reproductive health. By 2025, 76,150 *Kampung* KB had been established across Indonesia, fostering community engagement in environmental management and economic empowerment through eight initiatives coordinated by Pokja: population data and documentation, behavior change communication, health and family planning and reproductive health services, stunting assistance, access to education, social security and protection, economic empowerment, and environmental management (Gucciardi et al., 2007; Sujito & Anggraini, 2025; Watt, 2000). In these strategic programs, active community participation is recognized as essential for empowerment (Adamson, 2010; Sujito & Ghofur, 2023).

Kampung KB has successfully implemented counseling forums, information dissemination, outreach, and human resource advocacy, attracting international collaboration, including the involvement of the Republic of Seychelles in *Kampung* KB Bugel. Nevertheless, challenges persist, including limited knowledge among officials and inadequate budgets that constrain facilities and infrastructure (Rasyida et al., 2019; Siregar & Lubis, 2021). Bugel Village, with its significant historical background,

natural tourism assets, and agricultural potential, serves as a pilot project (Br Sembiring et al., 2023; Dewantara, 2020; Visnhu, 2023). In terms of governance, *Kampung* KB Bugel overlaps with existing Desa Bugel (Bugel Village) activities, reflecting a common pattern in community engagement. UPPKS has been advanced by the regional government through Dinas Pemberdayaan Perempuan, Perlindungan Anak dan Pengendalian Penduduk (DP3AP2/Women's Empowerment, Child Protection, and Population Control Office), a BKKBN partner agency, thereby improving women's economic status through the sale of processed foods and home garden-based environmental agriculture.

Family planning information dissemination and contraceptive services, primarily injectable contraception, intrauterine devices, and implants, are widely accessible, particularly to women's groups. However, male contraceptive use remains undocumented. Karang Taruna have participated as members of BKR and PIK-R, addressing adolescent issues through the *Forum Generasi Berencana* (*GenRe* Forum/Planned Generation Forum), which operates at district and national levels, and managing waste banks that engage both men and women in waste sorting at the hamlet level.

4. CONCLUSION

Indonesia's Indonesia's family planning program has shifted from an emphasis on population control to a comprehensive family development strategy, as demonstrated by the *Kampung* KB initiative. However, the case study in Bugel Village reveals persistent challenges, particularly where the program intersects with deeply rooted patriarchal norms. The initiative has promoted multisectoral collaboration in addressing stunting, reproductive health, and family economic security. Despite these advances, the program remains constrained by a hierarchical, top-down structure. As a result, women are often positioned as primary implementers without adequate recognition or meaningful decision-making authority.

Community participation in the program has produced tangible benefits. For example, UPPKS microenterprises and Posyandu stunting programs have addressed immediate needs, increased household income, and improved child nutrition. Nevertheless, these policies do not address underlying structural inequalities. The current empowerment model operates primarily as a procedural mechanism rather than fostering substantive and sustainable transformation. This approach relies on women's labor by adding community and economic responsibilities to their existing unpaid domestic and caregiving roles. Importantly, it does not challenge the male-dominated norms that assign women primary responsibility for reproduction.

To promote gender justice, the *Kampung* KB program must move beyond practical interventions and address core structural barriers. The Bugel Village case demonstrates the importance of engaging men in reproductive and caregiving roles to reduce the disproportionate burden placed on women. Furthermore, formal recognition and compensation for women's contributions as cadres are crucial. Granting local communities greater authority over program design

can ensure that initiatives respond to local needs rather than strictly following centralized directives. Finally, training should emphasize the development of analytical and leadership skills instead of focusing primarily on administrative tasks, thereby enabling women to participate more effectively in decision-making processes.

The main goal is to ensure that community participation, especially women's participation, leads to substantive empowerment that addresses gender inequality and responds to families' actual needs, rather than adding new burdens or functioning merely as a formality. In practice, however, the program often increases the responsibilities that women already carry. Women are not only the main users of contraceptives but are also expected to help implement the program. Pokja are intended to facilitate knowledge and resource sharing between local communities and external partners. However, women are often assigned practical tasks while being excluded from important decisions (Ameridyani et al., 2025). This finding underscores the need for a more critical understanding of how family planning has developed and been implemented in Indonesia.

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CONFLICT OF INTERESTS

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