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CONSUMER SATISFACTION INDEX OF FAMILY PLANNING COUNSELORS' PERFORMANCE IN WEST JAVA PROVINCE

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ABSTRACT

Keywords:
Performance consumer,
satisfactory index,
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Family planning counselors or *Penyuluh Keluarga Berencana (PKB)* are frontline implementers of the population, family planning, and family development program at the grassroots level. This study aims to know the consumer satisfaction index of the PKB performance of The National Population and Family Planning Board or *Badan Kependudukan dan Keluarga Berencana* (BKKBN) representative of West Java. The consumer satisfaction index was measured using the Regulation of the Minister for Administrative Reform and Bureaucratic Reform of the Republic of Indonesia (*Permenpan RI*) Number 14 (2017). The study method is descriptive comparative through a purposive sampling survey using a 9 Likert scale. Based on the study, it is shown that the consumer satisfaction index of the PKB performance in 2018 is 71,89, which is service quality category C, which means underperformance. Based on the service, the timing of service is the lowest index, as much as 0.29, and the average of 2.64. PKB does not utilize the time for counseling and post-service assistance well or tends to be slow. Out of 10 steps of PKB, only 2 indicators are measured as satisfactory, which is the formal figure approach and the monitoring and evaluation of the record and reporting (RR). Hence, it is recommended that the BKKBN to maintain the PKB performance through training and development continually, a guidelines book, and periodic training of the 10 PKB steps, as well as the mapping of the affordability to reach PKB service.

ABSTRAK

Kata Kunci:
Kinerja Konsumen,
Indeks Kepuasan,
Kinerja PKB.

Penyuluh Keluarga Berencana (PKB) merupakan garda terdepan dalam penyelenggaraan program kependudukan, keluarga berencana, dan pembangunan keluarga di akar rumput. Penelitian ini bertujuan untuk mengetahui indeks kepuasan konsumen terhadap kinerja PKB di perwakilan BKKBN Jawa Barat. Indeks kepuasan konsumen diukur dengan menggunakan Permenpan RI Nomor 14 (2017). Metode penelitian yang digunakan adalah deskriptif komparatif melalui purposive sampling dengan menggunakan 9 skala likert. Berdasarkan kajian secara umum menunjukkan bahwa indeks kepuasan konsumen terhadap kinerja PKB tahun 2018 sebesar 71,89 yang mana kualitas pelayanan kategori C berarti kinerja kurang. Berdasarkan pelayanan, waktu pelayanan mempunyai indeks terendah sebesar 0,29 dan rata-rata sebesar 2,64. PKB tidak memanfaatkan waktu Penyuluhan, dan pendampingan pasca pelayanan dengan baik atau cenderung lambat. Dari 10 langkah PKB, hanya 2 indikator yang dinilai memuaskan yaitu pendekatan figur formal dan monitoring dan evaluasi pencatatan dan pelaporan (RR). Oleh karena itu, disarankan kepada BKKBN untuk terus menjaga kinerja PKB melalui pelatihan dan pengembangan berkesinambungan, pembuatan buku pedoman, pelatihan 10 langkah PKB secara berkala, serta pemetaan keterjangkauan layanan PKB.

INTRODUCTION

Decentralization has caused the Family Planning Program in Indonesia, including the role of family planning counselor (*Penyuluh Keluarga Berencana/ PKB*), to face several challenges, including the existence of regional capacity gaps in the implementation of the Family Planning Program, which is influenced by the commitment of the takers; the decreasing number of PKB (1); Uneven quality; Lack of Coordination between the Central and Regional Governments; and Social and Cultural Challenges.

Several studies have been conducted on family planning counselors (*Penyuluh Keluarga Berencana/PKB*) in their role of supporting the success of the population, family planning and family development program (*Kependudukan, Keluarga Berencana dan Pembangunan Keluarga/KKBPK)* in Indonesia. These Include the study of PKB performance in the decentralization era (1), the factors influencing PKB performance (2–4), the impact of competence, motivation and work environment on PKB performance (2), and the study of the impact of PKB services on public satisfaction with the family planning program (5).

After the diversion of PKB into the central officer position in 2016, there has not been much study about PKB's performance following the 10 steps of PKB. Not surprisingly, family planning programs are more effective when delivered by health workers close to the community, particularly midwives close to Indonesian birth culture (6). Overall, the main goal of these 10 steps is to ensure that family planning programs can be implemented effectively, safely, and according to the needs of each couple while also improving reproductive health in general. Consists of target identification, data collection, preparation of work plans, counseling and education, training and capacity building, distribution of contraceptives, individual and group counseling, monitoring and evaluation, cooperation with related parties, reporting, and documentation.

Furthermore, health professionals such as doctors and professors are considered more credible communicators of messages to the public (7). However, the role of PKB remains important in Indonesia because they are civil servants who meet the state's qualifications and competency standards (8). Apart from that, PKB is important in increasing public understanding of family planning (9). Another study states that restoring the PKB role, which consists of the 10 PKB steps, is necessary to achieve the family planning goals and objectives (10). The 10 PKB steps are further necessary in attracting acceptors. Studies conducted in the cities of Makassar and South Sulawesi in 2011 emphasized that implementing the 10 PKB steps was a visionary step to respond to the challenge and need to develop the nation's welfare (11).

PKB provides educational services to increase community literacy and motivate people to change their behavior toward family planning (9). This task is seen as difficult, given that contraceptive use is not optimal due to limited public knowledge. This information is more burdensome when it's only known by women. This is understandable because the myths and culture of Indonesian society categorize women as the ones who cannot choose the number of children or the contraceptives to use (12). This misguided culture and knowledge base leaves family planning educators with the task of changing people's behavior motives to want to use modern family planning methods.

The PKB or family planning counselor (*Penyuluh Keluarga Berencana*) is the cutting-edge family planning manager in the field line whose tasks are to enlighten the family and the community about a change. The PKB is also a vital component in the attempt to increase the community's economics and welfare and a regional development indicator. Moreover, the PKB is in touch with the people in the community while performing family planning program counseling. The PKB also manages the National family planning program at the village/*kelurahan* level. The managing program at the *kelurahan* level consists of motoring community participation, empowering family and community, and mobilizing and developing a partnership. Even in remote areas such as Papua, the Family Planning Village program also impacts social activities in the community, such as educating teenagers and children about clean and healthy lifestyles that focus on the welfare of the family (13).

Due to the community's needs and expectations, a consistent effort to improve the quality of PKB services quality is important. Therefore, the PKB will be able to provide a fast, affordable, accountable, simple and well-prepared service. Other research, (10) recommended the revitalization of Family Planning Field Officer or *Petugas Lapangan Keluarga Berencana (PLKB)* role by implementing the 10 PKB steps. The study found that improving the quality of service through 10 PKB steps is a continuous and simultaneous requirement to provide a quality service.

According to the decree of the Indonesian Minister of the state apparatus on the general guidance for the public satisfaction index for the government agencies, Decree of the Minister

for Administrative Reform No. KEP/25/M.PAN/2/2014 concerning General Guidelines for Preparing Public Satisfaction Indexes for Government Agency Service Units *(Keputusan Menteri Pendayagunaan Aparatur Negara No. KEP/25/M.PAN/2/2014 tentang Pedoman Umum Penyusunan Indeks Kepuasan Masyarakat Unit Pelayanan Instansi Pemerintah)* it is stated that to achieve the expected quality, the government apparatus needs to improve the service provided continuously. Therefore, to evaluate the quality of service, it is deemed that the performance of the PKB of the National Population and Family Planning Board West Java Province is to be measured.

METHODS

The study method is descriptive comparative, which compares the variables tested through a purposive sampling survey using a 9 Likert scale. Data collection was performed using a questionnaire. The study consists of constructing the study design, instrument, sampling technique, data collection, data tabulation and analysis, and interpretation.

The data collected for analysis consists of primary data obtained through interviews using questionnaires and field observation. The respondents were purposively selected based on the region of the service unit.

Based on the Regulation of the Minister for Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 14 of 2017 *Peraturan Menteri Pendayagunaan*

Aparatur Negara Dan Reformasi Birokrasi Republik Indonesia Nomor 14 Tahun 2017 (14), the population and sampling were chosen using the sample table of Krejcie and Morgan. Considering the unpredictable number of formal and informal figures of the community, as much as 1,005 respondents were taken. All those respondents represent 7 municipals/districts with the highest number of PKB, with 105 of the respondents in each sampling location. Based on the guidance for the public satisfaction index for the Government agencies *(Keputusan Menteri PAN Nomor: KEP/25/M.PAN/2/2004)* (15), the respondent are: 1) The service recipients in the community (women of reproductive age); 2) The formal figures such as sub-district head, village head, nurse, midwife) and nonformal figures consist of the religious leader, the community leader, the representatives of the local community health services, and the representatives of the local National Population and Family Planning Agency *(Badan Koordinasi Keluarga Berencana Nasional* / BKKBN).

Each element of the community satisfaction index *(Indeks Kepuasan Masyarakat/IKM)* was calculated using the weighted value. Considering the differences of each service unit, the addition of relevant elements and different weighting of the 9 dominant elements in the service units are possible. The 9 elements include: 1) Service requirement; 2) The system, mechanism and procedure; 3) Time of completion; 4) Cost; 5) The clarity of service's type; 6) Officer's competency; 7) Officer's behavior; 8) Courtesy and 9) Facilities and infrastructure (16).

The 9 service elements were measured with the formula below:

$$\text{Average weight} = \frac{\text{Total weight}}{\text{Numbers of element}} = \frac{1}{9} = 0{,}111$$

Further formulation is:

$$\text{IKM} = \frac{\text{Total perception's score per element}}{\text{Total element}} \times \text{ weighted score}$$

The score were further converted with the formula

$$\text{IKM of service unit} \times 25$$

Table 1. The score of IKM perception, interval, conversion, quality of service and service unit's performance

Score of perception	Interval score (NI)	Interval conversion (NIK)	Quality of service (x)	Service unit's performance (y)
1	1.00 – 2.5996	25.00 – 64.99	D	Poor
2	2.60 – 3.064	65.00 – 76.60	C	Fair
3	3.0644 – 3.532	76.61 – 88.30	B	Satisfactory
4	3.5324 – 4.00	88.31 – 100.00	A	Outstanding

Source: Regulation of the Minister for Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 14 of 2017

RESULTS

The results show that the average consumer satisfaction index of the PKB performance in 2018 is 71.89. Based on the Regulation of the Minister for Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 14 of 2017, the score within the interval of 65.00 – 76.60 is categorized as C, which means fair performance. Each of the element's unit scores is shown in Table 2. Based on the service elements, the time of service shows the lowest score, as much as 0.29 (Figure 1), with an average score of 2.64 (Table 2).
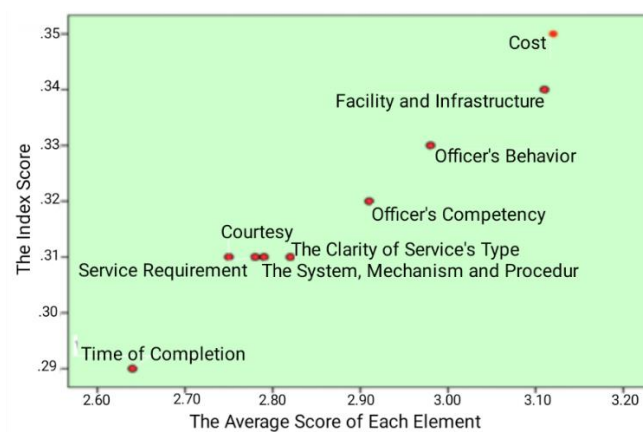
Figure 1. The consumer satisfaction index of the PKB performance based on the service element

Table 2. The score of consumer satisfaction index of the PKB performance in West Java Province in 2018

No	The element of service	The average score of each element	The Index score = the average score x 0.111
1	Service requirement	2.78	0.31
2	The system, mechanism, and procedure	2.79	0.31
3	Time of completion	2.64	0.29
4	Cost	3.12	0.35
5	The clarity of service type	2.82	0.31
6	Officer's competency	2.91	0.32
7	Officer's behavior	2.98	0.33
8	Courtesy	2.75	0.31
9	Facilities and infrastructure	3.11	0.34
	The index of service element		2.88
	The converted consumer satisfaction index		71.89
	The quality of service		C (fair performance)

Out of 10 steps of PKB, only 2 indicators are measured as adequate/satisfactory: the formal figure approach and the monitoring and evaluation of the record and reporting (RR). Meanwhile, the data mapping, informal figure approach, village-level meeting, affirmation of agreement, exemplary communication information and education, and the contraception services and coaching step are under satisfactory. Based on the elements of service, the consumer satisfaction index is descriptively shown in Table 4.

Table 3. The recapitulation of the community satisfaction index of the PKB performance in West Java Province in 2018

No	The 10 steps of PKB	The score of Community satisfaction index	converted score	Score criteria
1	Formal figure approach	3.15	78.68	Satisfactory
2	Data and Mapping	3.00	74.88	Fair
3	Informal figure approach	3.04	76.09	Fair
4	Village-level meeting	2.98	74.54	Fair
5	Affirmation of agreement	2.98	74.54	Fair
6	Exemplary	2.99	74.72	Fair
7	Communication information education and education,	2.77	69.27	Fair
8	Contraception services	2.77	69.27	Fair
9	Coaching	2.77	69.27	Fair
10	RR monitoring and evaluation	3.32	82.96	Satisfactory
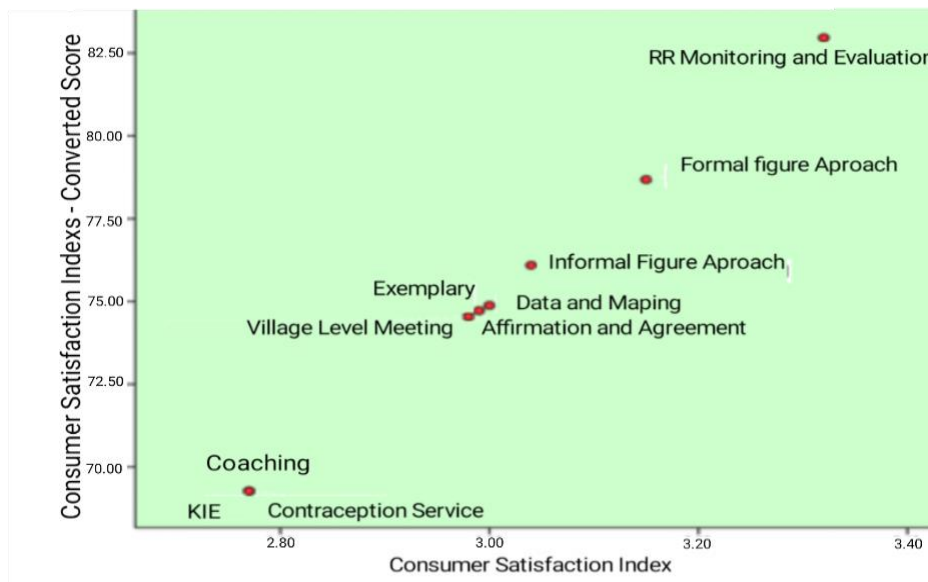
Figure 2. The consumer satisfaction index of the PKB performance in West Java Province in 2018 based on the 10 steps of PKB

Table 4. The score of the consumer satisfaction index of the PKB performance based on the 10 steps of PKB (1-4 Steps) in West Java Province in 2018

No	Element of service	1. Formal Figure Approach		2. Data And Mapping		3. Informal Figure Approach		4. Village –Level Meeting	
		Average score	Index score = average score x 0.111	Average score	Index score = average score x 0.111	Average score	Index score = average score x 0.111	Average score	Index score = average score x 0.111
1	Service requirement	3.28	0.36	2.80	0.31	2.92	0.32	2.82	0.31
2	The system, mechanism and procedure	3.02	0.34	2.79	0.31	2.83	0.31	2.79	0.31
3	Time of completion	3.05	0.34	3.07	0.34	3.02	0.34	2.96	0.33
4	Cost	3.20	0.36	3.09	0.34	3.13	0.35	3.05	0.34
5	The clarity of service's type	3.19	0.35	2.79	0.31	2.99	0.33	2.90	0.32
6	Officer's competency	3.26	0.36	2.81	0.31	3.05	0.34	2.95	0.33
7	Officer's behavior	3.12	0.35	2.87	0.32	3.04	0.34	2.95	0.33
8	Courtesy	3.07	0.34	3.21	0.36	3.14	0.35	3.11	0.35
9	Facilities and infrastructure	3.16	0.35	3.54	0.39	3.29	0.36	3.33	0.37
Consumer satisfaction index service unit		3.15		3.00		3.04		2.98	
Converted score		78.68		74.48		76.09		74.54	
Service quality		B (Satisfactory)		C (Fair)		C (Fair)		C (Fair)	

Overall, out of 9 elements of the service elements, the time of completions shows the lowest score while the cost elements score the highest (2.64 and 3.12 respectively). Furthermore, the use of facilities and infrastructure constantly show the highest score, while the system, mechanism and procedure score the lowest element of service in the majority of the 10 steps measured.

The first step of the 10 steps of PKB is the formal figure approach. The study shows that while conducting the formal figure approach, the PKB has a satisfactory performance. Meanwhile, the system, mechanism and procedures have the lowest score of the service

element, which means that the PKBs do not provide enough explanation to the partnership as their service recipient (midwife, nurse, village head). Others is the most highly rated, indicating that the official, the beneficiary, considers the performance of the PKB to be satisfactory.

The second step is data and mapping. Data calculation shows a fair performance. While the system, mechanism, and procedures remain as the lowest score, the facilities and infrastructures score the highest. Hence, the woman of reproductive age, neighborhood leaders considers that the data updating and mapping are well performed by the PKB.

Table 5. The score of consumer satisfaction index of the PKB performance based on the 10 steps of PKB (5-7 Steps) in West Java Province in 2018.

No	Element of service	5-7 Steps of PKB					
		5. affirmation and agreement		6. exemplary		7. KIE	
		Average score	Index score = average score x 0.111	Average score	Index score = average score x 0.111	Average score	Index score = average score x 0.111
1	Service requirement	2.82	0.31	2.83	0.31	2.63	0.29
2	The system, mechanism and procedure	2.79	0.31	2.83	0.31	2.60	0.29
3	Time of completion	2.96	0.33	2.76	0.31	2.59	0.29
4	Cost	3.05	0.34	3.34	0.37	3.20	0.35
5	The clarity of service's type	2.90	0.32	2.90	0.32	2.65	0.29
6	Officer's competency	2.95	0.33	3.05	0.34	2.61	0.29
7	Officer's behavior	2.95	0.33	3.07	0.34	2.66	0.30
8	Courtesy	3.11	0.35	2.80	0.31	2.70	0,30
9	Facilities and infrastructure	3.33	0.37	3.34	0.37	3.34	0.37
	Consumer satisfaction index service unit	2.98		2.77		277	
	Converted score	74.54		69.27		69.27	
	Service quality	C (Fair)		C (Fair)		C (Fair)	

Table 6. The score of consumer satisfaction index of the PKB performance based on the 10 step of PKB (8-10 Steps) in West Java Province in 2018.

No	Element of service	8-10 Steps of PKB					
		8. contraception services		9. Coaching		10. RR monitoring and evaluation	
		Average score	Index score = average score x 0.111	Average score	Index score = average score x 0.111	Average score	Index score = average score x 0.111
1	Service requirement	2.63	0.29	2.63	0.29	3.37	0.37
2	The system, mechanism and procedure	2.60	0.29	2.60	0.29	337	0.37
3	Time of completion	2.59	0.29	2.59	0.29	2.95	0.33
4	Cost	3.20	0.35	3.20	0.35	3.63	0.40
5	The clarity of service's type	2.65	0.29	2.65	0.29	3.32	0.37
6	Officer's competency	2.61	0.29	2.61	0.29	3.32	0.37
7	Officer's behavior	2.66	0.30	2.66	0.30	3.37	0.37
8	Courtesy	2.70	0.30	2.70	0.30	3.16	0.35
9	Facilities and infrastructure	3.34	0.37	3.34	0.37	3.42	0.38
	Consumer satisfaction index service unit	2,.77		2,.77		3,.32	
	Converted score	69,.27		69,27.77		82,.96	
	Service quality	C (Fair)		C (Fair)		B	

The third, the fourth and the fifth PKB step (informal figure approach and the village level meeting, and the affirmation of agreement respectively) show a fair category of performance. The system, mechanism and procedure shows the lowest score of service quality, while the facilities and infrastructure were deemed as the highest score. Thus, while the PKB has utilizes the media while performing their tasks, their service recipient (informal figures and others village level meeting participants) did not fully understand the mechanism of their task.

The sixth, the seventh and the eighth step in respective are exemplary and communication, information, and education session, and the contraception service. All the steps above show a fair performance level, with the completion time scoring the lowest and the facilities and infrastructure scoring the highest. The sufficient preparation and optimal utilization of their facilities, such as the KIE kit and counseling materials during information, education, and communication (IEC) and counseling sessions, will likely enhance PKB's performance satisfactorily. Moreover, PKB also provides support during the medical service for contraception installation. However, the PKB has not fully provided the information on the time slot for the long-term contraceptive-user group as to when to perform their task. Moreover, it is considered that the PKB underutilized the time of medical service to perform counseling and provided insufficient counseling after the installation of the contraception. Consequently, the ninth CPR level (contraceptive counseling and support) also shows a fair CPR performance, with the lowest score for service time and the highest for facility/infrastructure use.

The last step is the monitoring and evaluation of the record and report (RR), where the service recipient is the representative of BKKBN at the municipal/district and sub-district levels. The RR monitoring and evaluations show a satisfactory performance with the lowest score on completion time. This means that the PKB has not met the timeline requirement in their report. Meanwhile, the cost scores the highest performance, which means that the PKB costs nothing while performing the monitoring.

Generally, as mentioned above, the PKBs show a fair performance, with the time of completion being the lowest score. Hence, it is recommended that the representatives of the BKKBN of West Java continually improve the PKB performance. This is because the success of the family planning program is inseparable from the roles of the family planning counselor (PKB). Another study [16] indicates that out of the 10 steps of PKB, the formal figure approach, data and mapping, coaching, affirmation and agreement, as well as the exemplary, are hampering the PKB performance.

According to experts [17], competence is a characteristic/ the fundamental trait of a person associated with an effective and, or superior performance in a job or situation. Research prover [18] in the evaluation of the PKB (*Ahli Madya*) middle expert competency in West Java Province points out that the PKB middle expert has not met the competency required as the duty standard listed in the (*SK Menpan Nomor 120 Tahun 2004*) government decree, Ministry of State Apparatus Utilization and Bureaucratic Reform. This results from several hampering factors, such as Insufficient facilitation from the stakeholder board, unclear rules for the PKB to obtain their credit points through mass media, and the lack of coaching for the PKB. Relatedly, the competency test of 1332 PKB in West Java Province in 2017 shows that only 2.4% of PKB met the standard requirement, while 89.2% (1,187) PKB still need further training and development.

In another study conducted in 2013, the city of Samarinda city stated that [4] the fair performance of the PLKB (PKB) is the result of the lack of skill. This is reflected in the level of error, the precision, and the neatness of their work, which has not met the expected quality. Lastly, the lack of discipline, such as being late for work and leaving for no apparent reason, contributes to the performance. Other research shows that from a PKB perspective, competence, work motivation and work environment contribute to PKB performance [19].

Another study by previous researchers [1] implies that several factors contribute to PKB performance in Indonesia, such as insufficient managerial ability, credit point-oriented tasks, as well as limited knowledge of the family planning program. Moreover, the constrained ratio of the number of villages with the number of officers results in an uneven distribution of the ability to support community participation. Accordingly, while the minimum ratio expected is 1:2, the ratio of the number of PKB and the

numbers of the village in West Java province in August 2018 is 1:5. Hence, in addition to the lack of PKB competency, the inadequate ratio of PKB also contributes to the mediocrity of the PKB performance in West Java.

A study conducted in Banyumanik District, Semarang City, displays that the weakening of political commitment during decentralization policy leads to a decrease in the institutional capacity of the family planning board, hence, lessening the operational commitment (10). All the factors above induce the narrow and diverse institutional board at the district and subdistrict levels. The reduced number of family planning managers in the lowest base, the confined budget, and inadequate facilities eventually lead to mediocre performance. Many other factors need to be studied in addition to these.

DISCUSSION

PKB's performance in West Java in 2018 was still in the satisfactory performance category. Compared to the national BKKBN performance analysis, which has a Quality Process Result (QPR) value of 81.65% and a statement of 'quite successful' (20), this is satisfactory. However, if examined further, the PKB performance score for procedures and service mechanisms is low. This is a classic problem in Indonesia, where health-related service delivery is not a priority.

The large gap in education and social class in Indonesia has created a large social distance between patients and healthcare providers, hindering the flow of information (6). This problem is reinforced by the recapitulation of the community satisfaction index of the PKB performance, which places family planning information through communication and guidance to the community at a low score. This means that communication between family planning instructors and the grassroots of society has yet to be implemented optimally. Touching people with empathy and lowering the communication context when conveying health messages are two steps that must be prioritized (21). Furthermore, good communication strategy is needed by considering the reach of communication, communication planning and improving the ethos of PKB as a communicator (1).

The low quality of messages conveyed by PKB is also not reflected in the results of this research, which found that some family planning instructors still need more discipline in carrying out their duties. The credibility of health communicators is reflected in their commitment and leadership spirit in carrying out their duties (22). However, other success factors still cover this shortcoming, such as utilizing informal figure approaches and village-level deliberations. Using local figures as local leader communicators can be successful in cross-cultural communication because they have character, empathy, intelligence, leadership, and skills based on local norms (23,24).

The fairly good performance category still needs to receive appreciation amidst the low level of public literacy regarding family planning programs. Low literacy in planning programs can influence success factors due to obstacles such as household economic status, religious beliefs, and education (25). This is inseparable from the culture in Indonesia, which places negotiations regarding the timing of pregnancy, the desired number of children, fertility control to prevent or delay pregnancy, and decisions regarding method selection, which are often informed by family members and friends (12). The results of this research do not place family practices in the culture of Indonesian society, so the bias towards fairly good performance is only sometimes related to poor internal PKB performance.

CONCLUSION AND SUGGESTIONS

Conclusions

Overall, the study shows that the consumer satisfaction index of PKB performance of West Java in 2018 is 71.89, where the quality of service is categorized as C, which means fair performance. Based on the service, the timing of the service is the lowest index as much as 0.29 and the average is 2.64. Out of 10 steps of PKB, only 2 indicators: the formal figure approach and the monitoring and evaluation of record and reporting (RR) are measured as satisfactory. Meanwhile, data mapping, informal figure approach, village level meeting, confirmation of agreement, exemplary communication information and education, and contraceptive services and counselling are rated less satisfactory.

Suggestions

Therefore, it is recommended for the National Population and Family Planning Board West Java Province to continuously maintain the PKB performance through training and development, guidebook, periodic training of the 10 PKB steps, For example, through internship practice efforts at the end of the training session. In addition, mapping of the reach of PKB service coverage is needed.

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REFERENCES

1. Kurniawan UK, Pratomo H, Bachtiar A. Kinerja Penyuluhan Keluarga Berencana di Indonesia: Pedoman Pengujian Efektivitas Kinerja pada Era Desentralisasi. Kesmas J Kesehat Masy Nas [Internet]. 2010;5(1):3–8. Available from: https://doi.org/10.21109/kesmas.v5i1.155

2. Puspita DR. Pengaruh Motivasi Kompetensi dan Lingkungan Kerja pada Kinerja Aparatur Penyuluh Keluarga Berencana. JIANA (J Ilmu Adm Negara) [Internet]. 2011;(Vol 11, No 01 (2011)):87–96. Available from: https://jiana.ejournal.unri.ac.id/index.php/JIANA/article/view/1074/1067

3. Balela GL. Analisis Pengaruh Faktor-Faktor Motivasi Kerja dan Kepuasan Kerja Terhadap Kinerja Penyuluh Keluarga Berencana (PKB) Kabupaten Flores Timur [Internet]. Universitas Terbuka; 2013. Available from: https://repository.ut.ac.id/944/

4. Hutanto, Djumlani A, Apriani F. Analisis Kinerja Petugas Penyuluh Lapangan Keluarga Berencana (PLKB) Pada Badan Keluarga Berencana dan Keluarga Sejahtera Kota Samarinda. eJournal Adm Reform [Internet]. 2013;2(3):1941–53. Available from: https://ejournal.map.fisip.unmul.ac.id/site/?p=825

5. Rahmawati AR, Mulyono SE. Pengaruh Pelayanan Penyuluh Lapangan Keluarga Berencana Terhadap Kepuasan Masyarakat dalam Program KB. J Nonform Educ Community Empower [Internet]. 2016;2(2):175–81. Available from: https://doi.org/10.15294/jne.v2i2.7159

6. Kim YM, Kols A, Putjuk F, Heerey M, Rinehart W, Elwyn G, et al. Participation by Clients and Nurse Midwives in Family Planning Decision Making in Indonesia. Patient Educ Couns [Internet]. 2003;50(3):295–302. Available from: https://www.sciencedirect.com/science/article/pii/S0738399103000533

7. Yang Q, Beatty M. A Meta-analytic Review of Health Information Credibility: Belief in Physicians or Belief in Peers? Heal Inf Manag J [Internet]. 2016 Apr 12;45(2):80–9. Available from: https://doi.org/10.1177/1833358316639432

8. National Population and Family Planning Agency. RB Survey Report, Public Service Perception, Anti-Corruption Perception in the BKKBN Environment [Internet]. Jakarta: BKKBN; 2019. Available from: https://digilib.bkkbn.go.id/index.php?p=show_detail&id=395

9. Fatchiya A, Sulistyawati A, Setiawan B, Damanik R. Peran Penyuluhan Keluarga Berencana dalam Meningkatkan Pengetahuan KB pada Pasangan Usia Subur (PUS) Kelompok Masyarakat Miskin. J Penyul [Internet]. 2021 Apr 22;17(1 SE-Articles):60–71. Available from: https://journal.ipb.ac.id/index.php/jupe/article/view/34151

10. Zuhriyah L. Revitalisasi Peran Petugas Lapangan Keluarga Berencana (Plkb) dalam Meningkatkan Peserta Keluarga Berencana (Kb) (Studi di Kecamatan Banyumanik Kota Semarang). J Kesehat Masy Univ Diponegoro [Internet]. 2012;1(2). Available from:

http://ejournals1.undip.ac.id/index.php/jkm

11. Nofrizal. 10 Langkah Kerja PLKB Sepuluh Langkah Kerja PLKB/PKB sebagai Champion Program KB Indonesia. Dinas Pengendalian Penduduk dan KB Kota Makassar; 2013.

12. Spagnoletti BRM, Bennett LR, Kermode M, Wilopo SA. 'I Wanted to Enjoy Our Marriage First… but I Got Pregnant Right Away': a Qualitative Study of Family Planning Understandings and Decisions of Women in Urban Yogyakarta, Indonesia. BMC Pregnancy Childbirth [Internet]. 2018;18(1):353. Available from: https://doi.org/10.1186/s12884-018-1991-y

13. Idris U, Frank SAK, Hindom RF, Nurung J. Family Planning (KB) Practices and the Impact on Papuan Women Reproductive Health. Gac Sanit [Internet]. 2021;35:S479–82. Available from: https://www.sciencedirect.com/science/article/pii/S0213911121002764

14. Ministry of State Apparatus Empowerment and Bureaucratic Reform. Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform Number 14 of 2017 concerning Guidelines for Compiling Public Satisfaction Surveys of Public Service Provider Units [Internet]. Jakarta; 2017. Available from: https://peraturan.bpk.go.id/Details/132600/permen-pan-rb-no-14-tahun-2017

15. Minister of State Apparatus Utilization. Decree of the Minister of State Apparatus Empowerment Number: KEP/25/M.PAN/2/2004 Concerning General Guidelines for Preparation of Public Satisfaction Index of Government Agency Service Units [Internet]. Indonesia; 2004. Available from: https://fapet.ub.ac.id/wp-content/uploads/2013/03/Kep-Men-PAN-25-Th-2004-Ttg-Pedoman-Umum-Penyusunan-IKM.pdf

16. Ambarsari R, Nugraheni SA, Mawarni A. Analisis Pelaksanaan 10 Langkah Kerja Petugas Lapangan Keluarga Berencana (PLKB) / Penyuluh Keluarga Berencana (PKB) di Kabupaten Pekalongan Tahun 2015 [Internet]. Universitas Diponegoro; 2015. Available from: http://eprints.undip.ac.id/46887/

17. Spencer LM, Spencer SM. Competence at Work: Models for Superior Performance [Internet]. 1993. Available from: https://api.semanticscholar.org/CorpusID:106425970

18. A S. Evaluasi Kompetensi Penyuluh KB Ahli Madya di BKKBN Jawa Barat. 2015.

19. Puspita DR, Jahi A, Susanto D, Asngari PS, Purnaba IGP. Faktor-Faktor yang Memengaruhi Kinerja Penyuluh Keluarga Berencana dan Dampaknya Pada Kinerja Kader KB di Tiga Kabupaten/kota di Provinsi Jawa Barat [Internet]. IPB University; 2011. Available from: http://repository.ipb.ac.id/handle/123456789/46650

20. National Population and Family Planning Agency (BKKBN). Government Agency Performance Accountability Report 2018 [Internet]. Jakarta; 2018. Available from: https://pustaka.kbjatim.id/index.php?p=show_detail&id=59&keywords=

21. Kiosses VN, Karathanos VT, Tatsioni A. Empathy Promoting Interventions for Health Professionals: a Systematic Review of RCTs. J Compassionate Heal Care [Internet]. 2016;3(1):7. Available from: https://doi.org/10.1186/s40639-016-0024-9

22. Wilkes L, Cowin L, Johnson M. The Reasons Students Choose to Undertake a Nursing Degree. Collegian [Internet]. 2015;22(3):259–65. Available from: https://www.sciencedirect.com/science/article/pii/S1322769614000043

23. Nurhadi ZF, Kurniawan AW. Kajian tentang Efektivitas Pesan dalam Komunikasi. J Komun Univ Garut Has Pemikir dan Penelit [Internet]. 2017;3(1):90–5. Available from: http://dx.doi.org/10.10358/jk.v3i1.253

24. Rowan KE, Botan CH, Kreps GL, Samoilenko S, Farnsworth K. Risk Communication Education for Local Emergency Managers: Using the CAUSE Model for Research, Education, and Outreach [Internet]. New York:

Routledge; 2010. 168–91 p. Available from: https://www.taylorfrancis.com/chapters/edit/10.4324/9781003070726-10/risk-communication-education-local-emergency-managers-using-cause-model-research-education-outreach-katherine-rowan-carl-botan-gary-kreps-sergei-samoilenko-karen-farnsworth

25. Kassim M, Ndumbaro F. Factors Affecting Family Planning Literacy Among Women of Childbearing Age in the Rural Lake Zone, Tanzania. BMC Public Health [Internet]. 2022;22(1):646. Available from: https://doi.org/10.1186/s12889-022-13103-1