



The Participation Model of *Kampung KB* in Prevention of COVID-19 in Banyumas Regency, Indonesia

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ABSTRACT: Family Planning Village, known as "Kampung KB", is a social institution at the Neighborhood Council level in villages formed by the Government in 2017. The purpose of this institution is to improve the quality of families living in those areas, including the health aspect. The managers were social workers in those areas. This research aims to investigate the participation of this institution in preventing the COVID-19 pandemic in Banyumas Regency, which cases are pretty high. The research informants included 82 participants from family planning village core administrators in 8 villages and one subdistrict in 4 districts of Banyumas Regency, Indonesia. The data were collected using online interviews through WhatsApp groups belonging to informants in each village/subdistrict, followed by in-depth interviews conducted in those groups. The qualitative data were then analyzed using an interactive model. Results of this study show that some villagers in three family planning villages identified with positive COVID-19, yet not all village core administrators knew about those cases. Most family planning villages had no special preventive programs. However, in those family planning villages and the surrounding areas with some villagers identified with positive COVID-19, the core village administrators will perform some preventive efforts more intensively in the forms of news socialization related to COVID-19 through Whatsapp groups of family welfare empowerment, neighborhood association, and neighborhood council groups. In addition, some family planning village core administrators organized the local villagers to help one elderly whose child was intensively treated at a hospital because of identified with positive COVID-19. It shows that the family planning villages may be optimized to improve the local family conditions and strengthen social solidarity.

KEYWORDS: Banyumas Regency, COVID-19, Family Planning Village, Institutional Participation

A. INTRODUCTION

Since the first case of COVID-19 was found in Indonesia in early March 2020, within a month until early May 2020, there are 10,843 confirmed cases of COVID-19 with total 831 deaths, although there were 1,665 cured patients out of total 22,545 patients under treatment (The national task force of COVID-19, per May 2, 2020). The official number daily issued by the task force of COVID-19 after its formation in mid-March 2020 shows relatively significant increasing number of cases of COVID-19 infection, particularly during the first week of May 2020, with an increase from 150 to 400 cases per day (Hadi, 2020).

Besides the increase in number, the spread of cases of COVID-19 infection also increases significantly, from the first case found in Depok City in early March, it has spread in 34 provinces 321 regencies/cities within a month until the first week of May 2020. The spreading data, according to information from the task force of COVID-19, still shows that DKI Jakarta Province and surrounding regencies/cities areas, including Depok City, Bogor Regency, Bogor City, Bekasi City, Bekasi Regency, Tangerang City, Tangerang City and Tangerang Regencies, are the epicenter of COVID-19 cases (Hadi, 2020).

Central Java is one of the provinces with the highest number of cases. Even the national task force of COVID-19 acceleration handling states that the highest number of corona virus infection cases on Wednesday, 15 of July 2020 is from Central Java with 261 patients, so that the total number of accumulated positive corona patients becomes 5,653. Meanwhile, the number of cured patients on Wednesday, 15 of July 2020 is up to 2,115, or there are additional 120 patients to the day before. Further, the number of patients who die is accumulatively 258, or there are additional 18 patients to the day before (Kontan.co.id, 2020).

Banyumas Regency, even though not a region with high number of cases, also has increased number of cases, from 52 to 57 people with 34 people treated, 20 people cured and three deaths (Kompas, 2020a). These numbers keep increasing significantly. Quoting from Banyumas Regency Government's website, there are totally 130 people confirmed with COVID-19 in Banyumas, 95 people cured, four deaths and the remaining 31 under treatment. There are 388 patients under surveillance (PDP), with 366 people



negative, 20 deaths and two under treatment. Meanwhile, there are totally 2,386 ODPs, with 2,331 people of finished surveillance and 37 people still under surveillance (Liputan6.com, 2020).

The increasing number of corona-positive cases requires all parties' serious concern, not only Regency Government and medical workers, but also the society. Society participation in coping with COVID-19 pandemic is a high necessity, since "COVID-19 pandemic is spread and transmitted from human to human, thus the search-find-isolate effort established by WHO will be effective only if it is applied at local level, from individual, family, neighborhood to village levels, thus special effort is needed in strengthening community and society's role at local level, especially village level, in handling COVID-19 pandemic disaster" (Hadi, 2020).

One of social institutions at village level which participates in improving family's health is *Kampung Keluarga Berencana* (*Kampung KB*) or family planning village. *Kampung KB* is an area unit of neighborhood association, sub-village or similar level with certain criteria where there is united Citizenship, Family Planning and Family Development (KKBPBK) program and related sector development in effort to improve family and society's quality of life. In general, it aims at improving society's quality of life at village level or similar through KKBPBK program and development of other related sectors in realizing quality small family. In specific, *Kampung KB* is formed, besides to improve government, non-governmental institution and private institution's participation in facilitating, guiding and fostering the society in KKBPBK program implementation and development of related sectors, also to improve society's awareness of citizenship informed development.

To achieve this task, *Kampung KB*'s structure is arranged based on family function according to National Population and Family Planning Agency (BKKBN) known as "8 functions of family". One of which is health function. In this regard, it is interesting to study to what extent *Kampung KB* participates in preventing and coping with COVID-19.

In Banyumas Regency, *Kampung KB* has been formed in all village areas in 2017. With regard to increasing COVID-19 positive cases in Banyumas Regency, it is interesting to study to what extent the role of *Kampung KB* in the regency in effort to prevent and cope with this pandemic. Therefore, this research aims at exploring information on: (1) COVID-19 pandemic phenomena in villages, and (2) *Kampung KB*'s form of participation in preventing and coping with it.

B. RESEARCH METHOD

The research target was 69 people of core administrators of *Kampung KB* in seven villages of three subdistricts, Banyumas Regency, Indonesia. The location was selected purposively in consideration of household welfare level and functioning of the *Kampung KB* program. The research employed a descriptive qualitative method. Considering that crowd was to be avoided at the time the research was conducted, the data were collected by forming WhatsApps/WA group for each village of the research location. The qualitative data were collected from online interviews through WhatsApp groups and phone calls with the informants. The qualitative data were analyzed using Miles, Huberman and Saldana's interactive method (2014).

C. RESULT AND DISCUSSION

COVID-19 Pandemic Phenomena in Respondents' Villages

The COVID-19 pandemic is a new phenomenon with multi-dimensional effects, not only on health aspect, but also economic and behavioral aspects (both individually and socially). There were 11.59 percent of informants (8 people) stating that there were a few (1-2 people) family members vulnerable to COVID-19 transmission, either for old age or frequent travel for work, while most of the informants stated there were none. Meanwhile, one informant from Sokaraja Kulon village stated that one of his children was positively infected by COVID-19. Evidently, however, the concerned person is a doctor living in Malang. Consequently, not many neighbors (including fellow administrators of *Kampung KB*) knew this case.

Most of informants did not know the information that there were no villagers positively infected by COVID-19 in their village. Only four informants stated that they know that there were 1-2 villagers positively infected by COVID-19 and only two informants said that they knew that in their neighborhood council area there were 2 COVID-19 patients. In consideration of the village location, these cases took place in three villages such as Sokaraja Kulon, Gandatapa and Sokanegara.

The case of villager positive with COVID-19 in Sokaraja Kulon Village was not known by all informants since they did not live in the village. The about 40 year-old man visited his mother in the village while he was sick with initial diagnosis of typhus. However, when checked up and tested by a nurse, he was identified positive. Further, he was brought to the Dadi Family Hospital



for handling. His mother and the nurse who examined him were also tested with negative result. The ones positively infected were his wife who lived in other village, his child and brother/sister who visited him previously. Below is the statement of one of our informants.

Yes, there is. He holds Resident Identity Card of Sokaraja Kulon, but he lives in Kalikidang. Because he was sick, he came to his mother here. At that time, he was not identified positive. Then he was treated by a nurse and tested, and turned out to be positive, and then he brought to Dadi Keluarga Hospital. Identified positive, a tracking was conducted. His wife was also positive, and so was his Junior High School child. He was once visited by his brother/sister from Kaliiori village, which was also positive. However, his mother who treated him was not infected. Since he was not here for long and there is no contact with villager, not many people knew it. His mother's house was usually closed. (interview with HE on August 16, 2020).

The case was published in some newspapers. As reported by kompas.com (2020b), Banyumas Regent stated that based on the result of tracing of male positive patient from Sokaraja Kulon Village, there were three additional positive patients, including his wife who lived in Sokaraja Lor village, his 14 year-old child and his brother/sister who lived in Kaliiori Village, Kalibagor Subdistrict.

The case in Sokaraja Kulon became a hot discussion among local villagers since the nurse who treated the patient (in his early period of sickness in his mother's house) was a local villager. The nurse was suspected to be infected, with potential infection to other villagers. Additionally, the concerned nurse also participated in handling treatment for some neighbor. Similarly, his child who studied at an Islamic Boarding House not far from the village was also suspected to be infected and to have his/her friends infected. This condition made the religion leader (*kyai*) who led the child's Islamic boarding house became tense and decided to temporarily close his Islamic boarding house.

Yes, the villagers were frightened since the nurse once handled a villager who died. His child frequently studied in local Islamic boarding house. It was temporarily closed. Thank God, both are negative (interview with kyai on August 16, 2020).

Meanwhile, the case in Gandatapa Village occurred to a couple (house-wife) who just came home from participating in Islamic Scholar Meeting (*Ijtima Ulama*) in Gowa, South Sulawesi. According to an informant from the village, the case arose from the result of Banyumas Regency Government's tracing of all participants of the event known with the Gowa Cluster. Upon examination, both were brought to Banyumas Hospital for treatment. Meanwhile, the case tracing resulted in two family members infected, who were also brought to Banyumas Hospital for treatment.

Another case occurred in Sokanegara Village to a single employee of an institution of Banyumas Regency Government. He lived with his 70 year-old grandmother at the end of an alley. He lacked interaction with villagers since his house was at the end of valley and only interacted with his church community. Mrs. Y, Head of local *Kampung KB*, told the story:

I knew it from community security agency (Babinkamtibmas) that SVC was positive and lived in that neighborhood association... We initially did not believe it ... they also asked us to make it confidential for the concern of villagers getting frightened. I could not get to sleep, in confusion... After coordination with head of neighborhood association, it was clear that SCV was indeed our villager... then I called some of my cadres, informed and instructed them to immediately take action to collect fund and to forward the info to villagers, particularly those in the same alley with the patient and to monitor the family with independent quarantine, so that they would not get out for food. Meanwhile, the patient was treated at Banyumas Hospital, while the grandmother was still at home for independent quarantine. Although the swab test resulted in negative, I was no hasty... I kept coordinating with the Health Department and Community Health Center. (interview with Y on August 16, 2020).

Kampung KB's Participation in COVID-19 Handling

Kampung KB is an institution formed by the Government in 2016 at neighborhood council or sub-village level aiming at improving family's quality, including in health sector. Initially, no single *Kampung KB* had special program in prevention of or coping with COVID-19. However, with arising the COVID-19 pandemic, many *Kampung KBs* participated in the prevention effort by socializing the health protocol.

This took place with *Kampung KB* of Sokaraja Kulon. With the fact that a villager who lived with his mother was evidently positive with COVID-19, the administrators incessantly socialized health protocol through the existing WA groups, such as Village *PKK* and Neighborhood Association/Neighborhood Council. The *Kampung KB's* administrators also encouraged planting of ginger



at every house so that the crop may be used for herbal drink or cake. Besides strengthening body endurance in facing corona virus, it was also expected to improve family income. The lockdown for some months also made them love planting vegetables and chili.

In Gandatapa village, the prevention of and coping with COVID-19 were conducted by the Village administrators with assistance of mass organizations who become volunteers such as *FPRB*, *Linmas* and *Banser* and with constant coordination with the Community Health Center. The fact of villager positive with COVID-19 made the Villager administrators immediately formed COVID-19 Center at sport court. Spraying was not only conducted at neighborhood council where the villager lived, but also in all neighborhood associations. Spraying was also conducted for every vehicle entering this village. In preventing transmission, local lockdown was conducted in the neighborhood council. The volunteers were alternately on standby for 24 hours in 14 full days. After it was certain that there was no more transmission, they moved their activities to Village Office.

Kampung KB serves more in prevention aspect. Its administrators actively socialized health protocol discipline movement through PKK and Neighborhood Association/Neighborhood Council groups. They also actively promoted Mosquito Nest Eradication (PSN) movement to prevent Dengue Fever disease.

Meanwhile, *Kampung KB* of Sokanegara was quite active in prevention and handling of family with family members infected with COVID-19, who were minority (non-Moslem). Immediately after awareness of villager positive with COVID-19, the Head of *Kampung KB* further coordinated with its members on the conclusion that such case must be communicated to villagers in prevention of transmission. Therefore, they coordinated with the heads of neighborhood association. With such measure, support for the grandmother was even better and smooth, not only from villagers of the same neighborhood association, but also from other areas. Here, the *Kampung KB* administrators prepared food for the grandmother as she requested and handed it over to her. To prevent transmission (despite grandmother's negative swab test result), the food was delivered only to the front of house and would be taken by her. Meanwhile, the prevention effort performed by the *Kampung KB* of Sokanegara is to actively distribute information of COVID-19 in Village PKK and neighborhood association/neighborhood council groups. They also attached Clean and Healthy Life Behavior (PHBS) poster at every house in the neighborhood. Below is a quotation of Head of *Kampung KB*'s story:

We did not differentiate anyone, regarding their ethnic, race, religion, social and culture. ...Some helped with food and some with money. Food was delivered directly, while money was managed according to her needs. Money was kept by Kampung KB treasurer. I was the one in charge. Many donated, even some were from other neighborhood. But some from the same neighborhood did not give any, it's okay. For example: today she wanted to cook soup and asked us to buy chicken. We immediately bought 1 kg chicken, together with other food materials we delivered, put on the gate and asked the grandmother to took it. we observed it from afar ... (interview with S on August 18, 2020).

Different from village with COVID-19 handling fund allocation and its impact of 35 percent from Village Fund received, the village administrators in Sokanegara Village only served to be information recipient. Meanwhile, all operating costs to help the grandmother were derived from donators/villagers and the *Kampung KB* administrators' own fund

The operation of *Kampung KB* in prevention and handling of COVID-19 pandemic in the three villages in Banyumas Regency was in line with a number of actions performed by social institutions and communities throughout the world. This was apparent in China where the viruses came from, in which in surveys on 2,270 volunteers of COVID-19, a number of keywords arose, such as: collaborative value between local villagers, civil societies including community based groups, and local government to fill the gap in public service; key role of local experienced volunteers, who quickly moved to COVID-19 because of other causes during the peak of pandemic; and example of joint production of those led (Miao & Schwarz, 2020).

Zhejiang Province achieved one of the best records in holding back the COVID-19 pandemic in China. Based on more than 100 interviews during and after the pandemic in Zhejiang, it was apparent that community based organizations were involved in three different stages. This research recommends public sector leaders to (1) strategically utilize the power of community based organizations at various stages of response COVID-19; (2) encourage volunteers participating in the epidemic prevention and control; (3) provide infrastructure data and platform of digital tracing; and (4) build long-term trust and capacity with community based organizations (Cheng, et. al, 2020).

In UK, about 1 million people voluntarily helped cope with this pandemic (Marston, 2020). There were also groups that helped with simple tasks like checking welfare during the lockdown period (Villadeigo L, 2020, in Marston, 2020). There was people's contribution which was one of the keys to success in South Korea in holding back COVID-19 dissemination without strict



force lockdown from virus epicenter. Unlike many Western countries, South Korea was able to hold down COVID-19 dissemination without strict force lockdown from the virus epicenter. This paper argues that swift adaptive approach, transparency policy in communicating the risks, and citizens' voluntary cooperation are the important factors. This also shows that South Korea Government learnt a costly lesson from MERS failure in 2015 (Moon, 2020).

The importance of collaboration with the Indonesian society is, for example, apparent from the case in Karang Village. The handling of COVID-19 virus pandemic dissemination may be well implemented if the society follows the government's instruction to perform their activities by maintaining distance and to stay at home (Yulianti and Khalimatussa'diyah, 2020).

Another case is shown by the women organization Persit KCK Branch XXXIX Pat in their education movement and social campaign against COVID-19 pandemic. When economic capital is destroyed, social capital may serve to be an alternative for society's survival. Solidarity and mutual assistance among people disregarding financial benefit, which are also one of the characteristics of social capital, are highly needed in the COVID-19 pandemic crisis situation. Through a number of voluntary and non-profit actions, this institution shows itself as an actor to drive social capital growth, particularly one built through networking it has structurally and non-structurally (Erowati, et al., 2020).

The large participation of communities in prevention of and coping with COVID-19 in the many areas was also apparent during Ebola outbreak in West Africa in July 2014 (Gillespie, et al., 2016). Society mobilization also supports the success in the HIV prevention effort among vulnerable population such as female prostitutes in South India (Blanchard, et al., 2013).

D. CONCLUSION

Based on our analysis, we conclude that *Kampung KB* becomes one of institutions which may be developed to strengthen society participation in coping with non-natural disaster such as the COVID-19 pandemic. However, considering that its relatively new institutionalization and the newly outbreak experience, its participation is not really institutionalized. Therefore, we suggest administrators of this institution to improve their coordination in its field, so that all fields will be able to participate in prevention of COVID-19 transmission.

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