ABSTRAK

Wahyudi, NPM **: 2022110,** Judul **"IMPLEMENTASI PROGRAM KB IUD DI DESA TELAGA SARI KECAMATAN AMUNTAI SELATAN KABUPATEN HULU SUNGAI UTARA"** dibawah bimbingan **Bapak Dr. Agus Surya Dharma, S.Sos., M.A.P** sebagai Pembimbing I dan **Bapak M. Ridha Anshari, S.Sos., M.A.P** sebagai Pembimbing II.

Program Keluarga Berencana (KB) merupakan salah satu kebijakan strategis pemerintah dalam mewujudkan keluarga yang berkualitas melalui pengendalian pertumbuhan penduduk dan peningkatan kesehatan reproduksi, namun pelaksanaannya masih rendah seperti rendahnya minat masyarakat, terbatasnya jangkauan pelayanan, serta akses dan prosedur pelayanan yang belum optimal. Penelitian ini bertujuan untuk mengetahui implementasi Program KB IUD di Desa Telaga Sari serta faktor-faktor yang memengaruhinya.

Penelitian ini menggunakan pendekatan kualitatif dengan tipe deskriptif. Data dan sumber data diperoleh melalui wawancara mendalam dengan 12 informan yang dipilih menggunakan teknik *accidental sampling*. Teknik pengumpulan data dilakukan melalui observasi, wawancara, dan dokumentasi. Analisis data meliputi reduksi data, penyajian data, dan penarikan kesimpulan. Uji keabsahan data dilakukan melalui perpanjangan pengamatan, triangulasi sumber dan teknik, serta *member check*.

Hasil penelitian menunjukkan bahwa implementasi program KB IUD di Desa Telaga Sari belum optimal. Berdasarkan empat variabel implementasi kebijakan Edwards III, yaitu : *Pertama*, pada Pada dimensi komunikasi, sosialisasi belum dilakukan secara berkelanjutan dan pemanfaatan media informasi masih terbatas sehingga pemahaman masyarakat terhadap IUD masih rendah. *Kedua*, Pada dimensi sumber daya, keberadaan penyuluh KB, bidan desa, kader posyandu, dan tenaga kesehatan telah mendukung pelaksanaan program, namun keterbatasan tenaga, anggaran, dan media edukasi menyebabkan jangkauan pelayanan belum maksimal. *Ketiga*, Pada dimensi disposisi, pelaksana menunjukkan komitmen dan tanggung jawab yang baik, tetapi belum mampu meningkatkan jumlah akseptor karena dipengaruhi rendahnya penerimaan masyarakat serta faktor sosial budaya. *Keempat*, pada dimensi struktur birokrasi, pembagian tugas dan koordinasi antarinstansi telah berjalan cukup baik, meskipun mekanisme monitoring, evaluasi, dan koordinasi lintas sektor masih perlu diperkuat. Faktor pendukung implementasi meliputi koordinasi antar pihak yang baik dan kejelasan SOP pelaksanaan. Adapun faktor penghambat meliputi ketidakjelasan informasi, sosialisasi yang belum konsisten, keterbatasan tenaga kesehatan, serta keterbatasan sarana dan prasarana, yang berdampak pada rendahnya partisipasi masyarakat dalam penggunaan kontrasepsi IUD.

Disarankan kepada Pemerintah desa untuk meningkatkan konsistensi sosialisasi secara berkala dan terjadwal, pengadaan sarana informasi fisik seperti brosur dan baliho, pendekatan interpersonal langsung (*door-to-door*) ke rumah pasangan usia subur, penambahan tenaga kesehatan terlatih, serta pengadaan sarana dan prasarana pelayanan KB IUD yang memadai di tingkat desa melalui koordinasi intensif dengan Dinas Kesehatan dan BKKBN.

ABSTRACT

Wahyudi, Student ID: **2022110**. **"Implementation of the Intrauterine Device (IUD) Family Planning Program in Telaga Sari Village, South Amuntai District, Hulu Sungai Utara Regency."** Supervised by **Dr. Agus Surya Dharma, S.Sos., M.A.P.** as Supervisor I and **M. Ridha Anshari, S.Sos., M.A.P.** as Supervisor II.

The Family Planning (FP) Program is one of the Indonesian government's strategic policies aimed at promoting family well-being through population growth control and improved reproductive health. However, its implementation remains suboptimal, as reflected in the low public interest in using contraceptive methods, limited service coverage, and inadequate accessibility and service procedures. This study aims to examine the implementation of the Intrauterine Device (IUD) Family Planning Program in Telaga Sari Village and to identify the factors influencing its implementation.

This study employed a qualitative approach with a descriptive research design. Primary and secondary data were collected through in-depth interviews with 12 informants selected using an accidental sampling technique. Data collection techniques included observation, interviews, and documentation. Data were analyzed through data reduction, data display, and conclusion drawing. The trustworthiness of the findings was ensured through prolonged engagement, source and technique triangulation, and member checking.

The findings indicate that the implementation of the IUD Family Planning Program in Telaga Sari Village has not yet been optimal. Based on George C. Edwards III's policy implementation model, four dimensions were identified. First, in the **communication** dimension, public outreach has not been conducted consistently, and the utilization of information media remains limited, resulting in low public understanding of the IUD. Second, in the **resources** dimension, although family planning counselors, village midwives, integrated health post (*Posyandu*) cadres, and healthcare personnel have supported program implementation, shortages of personnel, budget allocations, and educational media have limited service coverage. Third, in the **disposition** dimension, implementers demonstrated strong commitment and responsibility; however, these efforts have not significantly increased the number of IUD acceptors due to low community acceptance and prevailing socio-cultural factors. Fourth, in the **bureaucratic structure** dimension, the division of responsibilities and inter-agency coordination have functioned relatively well, although monitoring, evaluation, and cross-sectoral coordination mechanisms require further strengthening. Supporting factors include effective inter-agency coordination and clear Standard Operating Procedures (SOPs). In contrast, inhibiting factors include unclear information dissemination, inconsistent public outreach, shortages of healthcare personnel, and inadequate facilities and infrastructure, all of which contribute to the low level of community participation in the use of IUD contraception.

It is recommended that the village government improve the consistency of scheduled public outreach activities, provide physical information media such as brochures and billboards, implement direct interpersonal and door-to-door communication targeting couples of reproductive age, increase the number of trained healthcare personnel, and enhance IUD family planning facilities and infrastructure at the village level through closer coordination with the Health Office and the National Population and Family Planning Agency (BKKBN).