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# Gender Responsivity of Family Planning Cadres in Family Resilience Counseling during the Covid-19 Pandemic in Ajibarang Subdistrict

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## Abstract

The Covid-19 pandemic has decreased resilience, particularly the socio-psychological aspects of many families, including the Ajibarang Subdistrict. This can be seen from the many cases of domestic violence and child marriage occurring in this part of the Banyumas Regency. In order not to continue, this condition needs to be prevented immediately through counseling activities that are appropriate in material and right on target, for both women and men. In other words, counseling must be gender-responsive. In this case, Family Planning Cadres in the village and RW levels play a vital role in helping family planning counselors take preventive measures. Therefore, it would be interesting to study the gender responsivities of family planning counselors. This study aimed to gather information about (1) the phenomenon of family resilience in their area and (2) the gender responsivity of family resilience counseling conducted in the subdistrict. By applying a descriptive qualitative approach, this study gathered data through questionnaires and direct discussions. The data were analyzed using interactive methods. The results showed that during the Covid-19 pandemic, there were a large number of divorced and married children. While counseling was provided to address this issue, the target clients were mostly females. Among the many reasons, cadres only partially understood the concept of gender and never attended training for gender-perspective counseling.

**Keywords:** Family Planning Cadres, Family Planning Counselors, Counseling on Family Resilience, Counseling with a Gender Perspective

## 1. Background

Counseling of family resilience is part of the family development policies stipulated in Law Number 52 of 2009 concerning Population and Family development, aiming to help establish a quality family. Chapter 1 of the law defines a quality family as a family established based on legal marriage and characterized by prosperity, health,

progressive, independence, the ideal number of children, progressive outlook, harmony, and piety to God Almighty. Inclusive in public services, family resilience counseling should remain relevant and responsive to the current conditions, including the Covid-19 pandemic that has severely robbed most families of their resilience in terms of health/well-being, economy, and socio-psychology. This affects both women (wives and daughters) and men (husbands and sons). Considering the differences in the gender roles of males and females in the community, specific needs, and issues resulting from the Covid-19 pandemic may differ between genders. Accordingly, family resilience counseling must be responsive to changes in family conditions and sensitive to different needs and issues relative to male and female members of the family. Accordingly, family resilience counseling must be responsive to changes in family conditions and sensitive to different needs and issues relative to male and female members of the family. In other words, family resilience counseling must be gender-responsive. Gender-sensitive and gender-responsive approaches to family counseling have been in high demand, corresponding to family dynamic issues, including shifts in gender roles where wives hold economic dominance (Puspita et al., 2014; Puspita, 2014), as well as a high rate of divorce (Puspita et al., 2019; Puspita et al., 2022; Fachrina & Rinaldi Eka, 2014).

Among many key actors in family resilience counseling is Family planning cadres in villages known as the Counseling Assistants of Family Planning Village/Pembantu Pembina Keluarga Berencana Desa (PPKBD). They are social workers/unpaid volunteers who help the village, and Family Planning Counselors (PKB) implement Family Planning programs. PKB refers to the formal counselors of Family Planning (KB/PH) currently employed as the State Civil Apparatus (ASN) in the Department of Family Planning, Women Empowerment, and Child Protection, or equivalent nomenclature at the level or regency.

Ajibarang Subdistrict is a part of Banyumas Regency that demonstrates interesting cases to investigate the gender responsiveness of family resilience counseling. Based on the Family Data Collection in 2021 held by the Department of Population Control, Family Planning, Women's Empowerment, and Child Protection (DPPKBP3A) of Banyumas Regency, Ajibarang Subdistrict recorded the lowest declining family resilience cases, particularly socio-psychological resilience, among other subdistricts in Banyumas. Based on the Family Data Collection in 2021 held by the Department of Population Control, Family Planning, Women's Empowerment, and Child Protection (DPPKBP3A) of Banyumas Regency, Ajibarang Subdistrict recorded the lowest declining family resilience cases, particularly socio-psychological resilience, among other subdistricts in Banyumas. The parameters included domestic violence (DV) during the Covid-19 pandemic in 2021, in which Ajibarang reportedly contributed 86 out of 1,113 cases in Banyumas Regency (7.73%). Likewise, Ajibarang recorded the highest number of cases of multiple domestic problems: one spouse left their marital home due to domestic conflict (206 of 3,308 cases; 6.78%), sleep divorce for seven consecutive days (275 of 3,910 cases; 7.03%), silent treatment between spouses for three consecutive days (295 of 4,287 cases; 6.88%), and divorce (1,298 of 28,528 cases; 4.59%) (DPPKBP3A Banyumas Regency, 2021).

A low level of family socio-psychological resilience across Ajibarang Subdistrict is in critical need of mitigation and prevention because it could lead to the escalation of divorce cases. Massive divorce in one area can negatively affect the family economy (Smock et al., 1999; Burstein, 2007), women and children in particular (Tobin, 1987), and further onto the community (Smock et al., 1999; Fagan & Curchil (2012) and the regional government (Fagan & Rector, 2000). This condition calls for immediate preventive actions, which include, but are not limited to, family resilience counseling carried out by Village Family Planning Cadres. Concerning this, the present study aims to analyze the following issues:

1. How is family resilience in the village according to Village Family Planning Cadres in Ajibarang Subdistrict?
2. To what extent is gender-responsive counseling during and after the Covid-19 pandemic?

## **2. Literature Review**

### *2.1. Counseling on family resilience*

Chapter 1 Paragraph 11 Law Number 52 of 2009 concerning the Population and Family Development stipulates that family resilience and welfare refers to a condition in which a family has the perseverance and determination

as well as physical-material capacity for independent living and individual and familial development in order to live in harmony with others to eventually improve their physical and spiritual bliss and welfare.

Family strength or resilience is a condition in which sufficient and sustainable access to income and resources is in place to fulfill a variety of basic needs, including food, clean water, health services, education opportunities, housing, opportunities for community participation, and social integration (Frankenberger, 1998). Family resilience may also refer to the capacity to survive and adapt to the different conditions that constantly change in dynamics and maintain a positive attitude to facing diverse challenges in the family (Walsh, 1996).

Family resilience is a parameter of a family's ability to solve current problems by harnessing available resources to meet family needs (Sunarti, 2001). In other words, resilient families can fulfill the following criteria: (1) physical resilience on fulfilled needs for food, housing, education, and health; (2) social resilience oriented towards religious values, effective communication, and highly committed family; and (3) psychological resilience, including mitigation of non-physical problems, positive control of emotions, and husband's care towards the wife. The Ministerial Regulations of the Ministry of Women's Empowerment and Child Protection (PPPP) Number 6 of 2013 on the Implementation of Family Development stipulated that the concept of family resilience and welfare includes: 1) Legal Foundation and Family Integrity; 2) Physical Resilience; 3) Economic Resistance; 4) Socio-Psychological Resilience; and 5) Socio-cultural Resilience. When one or more of these elements fail to function properly, family disorders may ensue, especially a harmonious relationship between husband and wife. The most severe consequence of this family disorder is the termination of marital bonds, also known as divorce.

Meanwhile, counseling or outreach programs refer to educational activities aimed at modifying the behaviors of targeted people or clients according to the expected outcomes, namely, a more modern society (Asngari, 2001). These people are expected to increase their capabilities, competence, and self-sufficiency to improve their welfare (Padmanagara and Slamet in Slamet et al. (2003). Accordingly, family resilience counseling is an activity to educate families to render behavioral changes into human beings who are aware of, want to, and are capable of improving welfare in terms of physical, economic, socio-psychological, and socio-cultural aspects based on the legal marriage foundation.

Effective counseling will accomplish its objectives if several principles are implemented, such as basing counseling practices on the needs and interests of targeted groups. In other words, counselors must thoroughly analyze the needs and interests of every individual and community as a whole (Dahana, 1980), including responsiveness to gender needs, especially in agriculture (Ragasa, 2014).

## *2.2. Gender Responsivity Counseling on family resilience*

Responsivity, along with responsibility and accountability, is an indicator of the quality of public services (Fitzsimmons in Sedarmayanti (2004). Responsivity, or responsiveness, is an organization's ability to identify the needs of a community, arrange a hierarchy of needs, and actualize these elements into multiple program services. Responsivity measures the response level of an organization to the expectations, desires, and aspirations of users of community services (Dwiyanto, 2006).

The purpose of public services is to fulfill the needs of users for desired and excellent services. Therefore, the service provider must be able to identify such needs and desires. Responsivity, in addition to responsibility and accountability, is a utilizable concept for evaluating the quality of public services (Levine et al. in Dwiyanto, 2006). A low responsiveness demonstrates misaligned government-provided services and community needs. Responsivity is a performance indicator that implies poor performance and the organization's failures to actualize its missions and objectives while anticipating recent aspirations, new developments, new pressures, and new knowledge.

The term gender refers to different characters between males and females based on social and cultural constructs, with respect to nature, status, positions, and roles in the community. Sex is the biological difference between the male and female sexes in terms of procreation and reproduction. While a male has sperm and a penis, a female has

an ovum, uterus, vagina, and breasts. These biological characteristics are inherent, permanent, and non-transferable (Abdullah 2004).

The gender perspective must permeate all development policies and programmes. In addition to being a global commitment, including one of the development objectives of the Millennium Development Goals/MDGs through the Sustainable Development Goals/SDGs. These goals mention practical needs arising from daily needs, such as access to clean water, food, and housing. Practical needs may include education and literacy training, household management, nutrition, health, access to finances and credits, reproductive health services, family planning programs, and sanitation procurement. Meanwhile, strategic gender needs are females' needs related to the changes in women's subordination to men embodied in job division, power, and control over resources, including the abolition of violence towards and discrimination against women (Ministry of Women's Empowerment, 2000).

Considering the differences in problems and needs between the male and female groups, every counseling program should exercise a gender perspective. In the National Population and Family Planning Agency (BKKBN), the gender perspective is known as gender-responsive Communication, Information, and Education (KIE). Gender-responsive KIE is a communication approach aimed at accelerating changes in knowledge, attitude, and behavior by paying attention to both male and female gender interests.

Gender perspective-based counseling is equivalent to gender-responsive counseling. Gender concern/responsiveness is a policy, program practice, or condition implemented by considering the interests of both genders (Center for Gender Training and Quality Women Improvement, BKKBN 2007). Accordingly, gender-responsive family counseling refers to counseling programs whose materials, methods, and delivery times consider the needs and interests of both females (wives and daughters) and males (husbands and sons).

### **3. Research Method**

This descriptive qualitative study was conducted in Ajibarang Subdistrict, Banyumas Regency, from August through October 2022, targeting 15 Village Family Planning Cadres in Ajibarang Subdistrict, Banyumas Regency and the Coordinator of Family Planning Counselors (PKB). Data were collected using an open-ended questionnaire and through in-depth interviews. The collected data were first validated using source validity techniques and then subjected to a series of interactive model analyses (Miles, Huberman, & Saldana (2014), namely data condensation, data display, and conclusion drawing and verification. Data condensation refers to the process of selecting, focusing, simplifying, abstracting, and transforming data.

### **4. Results**

#### *4.1. Informants' Profile*

All informants in this study were female, aged between 20 and 49 years, but mostly 40-49 years (43.8%) and 30-39 years (37.5%). Most of them had graduated from Vocational High School (50%), while others held a bachelor's degree (25%) and were Junior High School graduates (25%). These informants have been working as social workers or volunteers in Family Planning for approximately one to nine years. Besides serving as family planning cadres, many were active cadres or committees of Family Welfare Empowerment (PKK), integrated health care centers (Posyandu), and other social activities.

#### *4.2. Family resilience from the perception of the informants*

In the Regulation of the Ministry of Women's Empowerment and Child Protection Number 06 Chapter 1 of 2013 concerning the Implementation of Family Development, it is stipulated that family development is an effort to embody quality family living in a healthy environment. Family Resilience and Welfare are defined as the condition of a family with tenacity and perseverance and contain physical and material capabilities for self-sustained life and individual and family development to improve physical and spiritual welfare. This concept includes 1) Legal Foundation and Family Integrity, 2) Physical Resilience, 3) Economic Resistance, 4) sociopsychological

resilience, and 5) sociocultural resilience. This study, which considered the Covid-19 pandemic, focused on physical resilience (fulfilled needs for health), economic resilience (fulfilled economic demands), and socio-psychological resilience (family's capacity to mitigate non-physical problems, positive control of emotions, and husband's care to his wife).

Some informants mentioned that the Covid-19 pandemic (mid-2020-2021) had claimed many lives in their villages, and 12 people died in one village alone. These victims were generally adults in their 40s and 70s, so their children became fatherless or motherless. These orphans were then cared for by their relatives. The following is the excerpt from Informant D, whose village had 12 people who died of Covid-19

“Yes, we have, 12 people. Some of them have small children, four of them, now taken care of by one parent or their relatives” (Interview on September 25, 2022).

From an economic resilience perspective, many family heads in some villages lost their jobs due to government-mandated social restrictions that prohibited people from holding gatherings and activities outside of their houses. These family heads were factory laborers around Ajibarang Subdistrict, workers at tourism objects, and food stalls. However, the worst consequences were for families who lost part of their income because their business or place of work had reduced economic activity. These were wage laborers at the Bima cement plant in the sub-district, hawkers (at the market or peddlers), shop owners, and farm workers.

Income depreciation, which often occurred in informants' neighborhoods, resulted in a stunting incidence of eight to 82 families in all villages. The contributing factors were limited or no toilets or septic tanks, short interpregnancy intervals, or mothers with high-risk pregnancies (aged 40+ years).

Reduced or lost income in the family due to work termination has also led to a phenomenal gender role shift, in which wives are now the breadwinners/dominant power in the family. It was prevalent among families whose wives were Civil Servants (including teachers) or business owners, while their husbands were farm workers, bird breeders, or retirees. Despite this shift in gender and women's power over the family economy, these families stated that they were doing fine.

Regarding socio-psychological resilience, all informants mentioned that domestic violence in their villages was nonexistent. They had at least never heard stories or reports from victims of domestic violence, but there were seven villages in which informants found one or two cases of divorce. The main cause of divorce was that the spouses no longer felt compatible with each other. The other cause was economic problems, and one spouse left the other. According to an informant named Mrs. S, there was one divorce case in her village; the wife (28 years old) was the plaintiff, but she remarried. Mrs. Kh describes the situation of a divorced couple as follows:

“Yes, there is one, the wife is 34 years old, the husband is 38. The wife is unemployed but not laid off, they said they lack earnings.” (Interview on October 3, 2022).

Mrs. W is from a village where three divorces occurred. She said as follows:

“Case 1, early marriage, still so young, married before 19 years old... So, both have unstable minds and big egos. Their marriages lasted less than a year. In Case 2, the husband worked out of town and was remarried. Marriage has been ongoing for decades. In Case 3, the wife worked. Maybe she earned more than her husband or was ungrateful. Finally, she found another man.” (Interview on 3 October 2022)

Another case that contributed to the declining socio-psychological resilience was child marriage, which was found in five villages. Most child marriages occurred because the girls were pregnant due to committing free sex or being raised in a broken home family with limited parental care. Meanwhile, child marriages in one village were driven by the motivation to avoid adultery. The following is a statement from Mrs. A from a village where child marriage occurred:

“The wife is 19 years old, no longer in school, and her husband is working. Yes, they did not file for a dispensation because they were already 19, but in BKKBN, it must be 20. Because they are still young, they are directed to KB MKJP IUD” (Interview September 6, 2022).

Findings from the field illustrated above show that the Covid-19 pandemic has reduced family resilience, particularly the physical and economic factors of some families in Ajibarang District. This result confirms published findings in Banyumas Regency (Puspita et al., 2021), other regions in Indonesia (Sina, 2020; Shahreza & Lindiawatie, 2021), and other countries such as Vietnam (Tran, 2020), Brazil (da Silva, 2020), China (Ur Rahman, 2021), and America (Bruce et al., 2022).

One interesting thing about the informants' statements was that they believed no domestic violence ever occurred in their villages. In fact, the family data record in 2021 (PK21) by the Division of Population Control DPPKBP3A Banyumas Regency stated that domestic violence in Ajibarang Subdistrict was the highest across Banyumas Regency. In addition, the background section of this study stated that 86 out of 1,113 domestic cases (7.73%) were filed in this subdistrict.

Different information between informants and the secondary data of PK21 was interesting to probe deeper because PK21 data were sourced from family planning cadres and several neighborhood associations (Rukun Warga/RW). This discrepancy also demonstrated a lack of coordination between Family Planning Cadres at RW level and those at the village level, who were only one person in charge. It simultaneously showed a low understanding of Village Family Planning Cadres about the conditions of families in several RWs constituting one whole village.

On the other hand, the non-existent information about domestic violence during the Covid-19 pandemic reported to the informants could stem from the nature of domestic violence as a “hidden crime” (Soeroso, 2010). A study by Laurika (2016) stated that many victims were ashamed to report their domestic problems to others. Even if these victims reported the case, they retracted their reports and preferred non-legal actions to solve problems. Similarly, Patmiati et al. (2018) mentioned that domestic violence is notoriously taboo and a disgrace for telling others. However, Law No. 23 of 2004 concerning the Abolition of Domestic Violence stipulated that any individual could report such violence to other individuals who knew of such incidents.

Reflecting on several divorce cases reported by the informants, this study concludes that domestic violence occurred verbally, physically, or economically in the village. This may result from divorce as the culmination/accumulation of disharmonious relationships embodied in arguments that may easily translate into verbal abuse. According to the PK21 data, Ajibarang Subdistrict had the most cases of domestic violence; one spouse left their marital home due to conflict, seven consecutive days of sleeping in separate rooms (sleep divorce), and three consecutive days of silent treatment (not talking to each other).

Another prevalent case reported by the informants was child marriage, which has reached such a concerning state that it called for immediate preventive measures because, when left unaddressed, families were exposed to a high risk of stunting. Recently, the Indonesian government has persistently strived to accelerate the prevention of stunting. The increased prevalence of child marriage has also been found in many other countries such as Indonesia (Perempuan, 2021; Pitrianti, 2021; Marwa, 2021), India (Paul & Mondal, 2021), Bangladesh (Hossain et al., 2021), and Nigeria (Musa et al., 2021).

#### *4.3. Gender-responsive counseling during and after the pandemic*

Responsivity is the ability of an organization to identify public needs, arrange a hierarchy of needs, and develop these elements into a variety of program services (Dwiyanto, 2006). The definition of counseling, in terms of family planning counseling, according to the Regulation of the Ministry of Apparatus Bureaucratic Reform Number 21 of 2018 concerning the Functional Position of Family Planning Counselor, is the activity of disseminating communication, information, and education (KIE) of KKBPK programs to increase knowledge, attitudes, and behaviors of individuals, family, and/or community (individual or group KIE). KKBPK refers to

population, family planning, and family development programs. In other words, family planning counselors address the number of births, birth spacing, maternalised quality, and resilient families.

In this counseling effort, Village Family Planning Cadres known as the PPKBD (one in every village) play a crucial role in assisting the Family Planning Counselor (PKB). While Village Family Planning Cadres are social workers, PKB is a formal counselor (employed Civil Servant) in the department of KBPPPA or other agency/nomenclature. They usually carry out counseling activities through several activity groups (*poktan*), namely Fostering Family with Toddlers (BKB), Fostering Family with Adolescence (BKR), and Fostering Family with the Elderly (BKL). As implied by its name, each group focuses on a family with its corresponding members.

According to the PKB Coordinator in Ajibarang Subdistrict, during the Covid-19 pandemic, PKB coordination meetings were conducted offline by adhering to 3M health protocols (wearing masks, hand hygiene, and social distancing). Meanwhile, communication with the Village Family Planning Cadres (PPKBD) was not constantly person-to-person, but occasionally through WhatsApp. Similarly, cadres directly communicate and carry out counseling (Communication, Information, and Education/KIE) with the community. Cadres/informants conducted different activities; for example, Mrs. S mentioned both online and offline programs as follows:

Cadres resumed working in the field during the pandemic. The onsite meeting is not allowed, but cadres may visit pregnant mothers, provide counseling about the vaccine, and find birth plan acceptors to partake in the family planning program (interview on October 3, 2022).

Similar activities were conducted by Mrs. Kh, Mrs. F, Mrs. W, and others. They continued their visitation to fertile age couples (PUS) to find acceptor candidates who would voluntarily use long-term contraceptions (IUD or implant) provided freely at the Center of Community Health (Puskesmas). On the other hand, Mrs. D stated that BKD activities in her village were put on hold since the pandemic (2020-2021) up until recently. Cadres at the RW level maintained communication through WhatsApp, either a group chat or a personal line.

During the outbreak of the Covid-19 pandemic, most informants helped in socializing health protocols (especially the mandatory mask) and assisting the marginalized community (distributing daily groceries and vegetables and fundraising). Counseling delivery took multiple means, but most focused on preventing stunting and early marriage.

Although cadres should have targeted families, they focused more on wives, pregnant women, postpartum mothers, mothers with toddlers (under two years), and preschoolers (under five years). Regarding premarital preparation, the main target was male and female adolescents, while for men/husbands, stunting prevention, birth control, and preparedness for childbirth (Suami SIAGA). Interestingly, most informants never conducted counseling with men because they found a limited forum for men (mostly carried out in the evenings) in the village, the cadres did not comprehend the materials to deliver, and there were no family planning groups for men. Mrs. Su mentioned the following reasons:

“Never, a forum for husbands is limited to neighborhood regular meeting which is usually at night.” (Interview on September 27, 2022).

Mrs. I stated her reason for not fully mastering the topic.

“Never, I haven’t had the comprehension on the counseling materials for husbands.” (Interview on 27 September 2022).

From the answers above, it can be concluded that during the Covid-19 pandemic, most informants participated in family counseling and mitigation of the Covid-19 pandemic. During the pandemic, counseling activities for mass gatherings were canceled; however, visits to the community to disseminate the KIE about family planning focused on planning the number of children using the Long-term Contraception Method (MKJP). Meanwhile, counseling to prevent domestic violence, divorce, and child marriage was not intensive. As the counseling targeted more women, it was therefore less gender-responsive.

## 5. Discussion

Counseling for family resilience needs to exercise gender responsiveness to mitigate problems and needs among women and men. Therefore, it is imperative to adjust the targets, delivery methods, and time according to the conditions of the community. This would specifically help prevent domestic violence, which is crucial to involve men because, according to Ramadani and Yuliani (2017), there is a correlation between childhood and a history of abuse with domestic violence. Even worse, teenagers who violently act toward their romantic partners may have previously experienced abusive behavior in their families (Wilson Tiffany & Maloney, 2019).

Accordingly, information about domestic violence (definition, impact, preventive, and corrective measures) should be disseminated not only to women, but also to men, either married or adolescents. It is expected that, upon acquiring knowledge about domestic violence, both men and women can actively prevent domestic violence in all forms at home, including abuse in a romantic relationship.

Several factors contributing to the lack of gender sensitivity in counseling were generally because the informants only partially comprehended the concept of gender and lacked training from a gender perspective in outreach programs. In addition, there was no 'instruction' from the PKB to address this issue, and the PKB themselves were neither trained for gender issues nor instructed by the DPPKBP3A to implement gender sensitivity in their counseling activities.

The importance of gender responsiveness in development programs, including counseling, is intended to include all related institutions (government and non-government) to implement the principles of Gender Mainstreaming in Development, as stipulated in President Instruction Number 9 of 2000 concerning Gender Mainstreaming in National Development. This commitment was stated in the National Medium-term Development Plan (RPJMN) IV 2020-2024, in which gender is one of the mainstreaming strategies together with the other three mainstreams, namely Sustainable Development Goals, Social and Cultural Capital, and Digital Transformation. At the global scale, the core values of PUG are strengthened by Sustainable Developmental Goals (SDGs), which include gender equality (the fifth goal).

The implementation of PUG must permeate counseling activities. However, the PUG approach has been carried out only partially, including counseling in the fishery (Yanfika, 2021), agriculture, breeding, and forestry (Puspitasari, 2012), environment (Rohmawati & Ismail, 2018), premarital counseling (Bachtiar, 2019), and religious counseling (Gultom, 2021). Gender sensitivity is also crucial in the practice and policy of health services (Celik et al., 2011; Gill & Stewart, 2011).

## **6. Conclusion**

The analysis of robust data gathered in this study concluded that, first, a high prevalence of divorce and child marriage occurred during the Covid-19 pandemic, second, most communities responded to this issue by providing counseling but mostly targeting only women. In other words, the counseling was not gender-sensitive, and among many reasons was that most cadres only partially understood the concept of gender, and they had limited training in gender-perspective counseling.

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