



Initiation of Violence against Women and Children Prevention through Community-Based Resilience Strengthening in Pedak, Srandakan, Bantul

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Abstract: Violence against women/children (VaW/C) has bio-psycho-socio-economic impacts. The Pedak community has not been exposed to efforts for violence prevention, although some VaW/C cases have arisen. Hence, this community service aimed to increase public awareness to prevent and reduce VaW/C. Community-based resilience is carried out through a cycle of action research, including diagnosing, planning, action, and evaluation in Padukuhan Pedak, Trimurti, Srandakan, Bantul, and Yogyakarta Province. Observation of the community conditions and in-depth interviews with community leaders were used in the diagnosing stage. The action stage includes three priority actions: VaW/C education for community representatives (a quasi-experiment), VaW/C education in children's reading corners, and youth Posyandu coaching. These activities increased public knowledge and reactivated community activities to prevent and overcome societal violence. Multisector role involvement and a multifaceted approach are needed to increase community awareness of VaW/C and assist them in designing applicable and sustainable programs.



Introduction

The World Health Organization (WHO) states that health is a state of complete well-being both physically, mentally, and socially, not just free from disease or disability.¹ Unresolved poverty, low parental education levels, the number of children in the family, weak parental supervision, and natural disasters trigger increased violence against women and children (VaW/C) physically, mentally, sexually, and neglected. The VaW/C is a global problem related to human rights and gender inequality.² Recent WHO data and other studies indicate that VaW/C can manifest from a young age. During their lifetime, 1 in 3 women, or as many as 736 million, are subjected to physical or sexual violence by a partner or sexual violence from a non-partner.³

Indonesia's 2016 National Women's Life Experience survey noted high VaW/C.⁴ The data showed that physical violence against women was 18.1%, sexual violence was 24.2%, emotional violence was 20.5%, economic violence (unemployed women and others) was 25%, and violence against activity restrictions on women was 42%. The same survey also showed that physical violence in children <18 years, especially boys (40, 6%) higher than girls (7.6%), and emotional violence in boys <18 years (13%) higher than girls (3.8%). The report also confirms that the violence incidence has remained unchanged over the past decade.

The COVID-19 pandemic has impacted the incidence of VaW/C in many countries.^{5;6} There has been a decrease in the coverage of government programs, including health, as well as limited access to health services that occurred during this pandemic, causing VaW/C victims to be unable to access the services they should have received.⁷ The same condition might be valid for adult women who are unable to report

¹ WHO, "Investing in Mental Health," *Investing in mental health* (2003): 3–49, https://www.who.int/mental_health/media/investing_mnh.pdf.

² Kemenkes RI, *Pedoman Pengembangan Puskesmas Mampu Tatalaksana Kasus Kekerasan Terhadap Perempuan Dan Anak*, 2009.

³ WHO, *Violence against Women Prevalence Estimates, 2018: Global, Regional and National Prevalence Estimates for Intimate Partner Violence against Women and Global and Regional Prevalence Estimates for Non-Partner Sexual Violence against Women.*, *World Report on Violence and Health*, 2021.

⁴ Badan Pusat Statistik and Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, *STATISTIK GENDER TEMATIK Mengakhiri Kekerasan Terhadap Perempuan Dan Anak Di Indonesia*, Badan Pusat Statistik Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, 2017.

⁵ WHO Regional Office for Europe, "Responding to Violence against Women and Children during COVID-19: Impact on Service Provision, Strategies and Actions in the WHO European Region, WHO Regional Office for Europe" (Copenhagen: WHO Regional Office for Europe, 2021), <https://apps.who.int/iris/bitstream/handle/10665/349504/9789289056403-eng.pdf?sequence=2&isAllowed=y>.

⁶ Tia Palermo, Jennifer Bleck, and Amber Peterman, "Tip of the Iceberg: Reporting and Gender-Based Violence in Developing Countries," *American Journal of Epidemiology* 179, no. 5 (March 1, 2013): 602–612, <https://academic.oup.com/aje/article-lookup/doi/10.1093/aje/kwt295>.

⁷ Amber Peterman, Megan O'donnell, and Tia Palermo, "COVID-19 and Violence against Women and Children What Have We Learned So Far?," *CGD Note*, no. June (2020): 1–8, [https://www.alnap.org/help-library/covid-19-violence-against-women-and-children-what-have-we-](https://www.alnap.org/help-library/covid-19-violence-against-women-and-children-what-have-we-learned-so-far)



because of proximity to the perpetrator or because of loss of income and lockdown orders, loss of bargaining power within the home, and loss of access to their support network outside the home.⁸ Emergency services and institutional responses are overwhelmed by the COVID-19 health crisis in many cities and communities. Service providers are rapidly losing the capacity to respond to the needs of women and girls who have survived violence.⁹ Reporting VaW/C is a sensitive issue. From previous studies, only about 7% of victims reported violence to the informal sector.¹⁰ These conditions ultimately cause VaW/C to remain like an iceberg phenomenon. There is not clear enough data on the number of victims during the pandemic, although, in general, the prevalence is thought to be increasing.^{11,12,13}

Cross-sectoral roles, such as those of community leaders, communities, health agencies, law enforcement, and education, are required to avoid and overcome the occurrence of VaW/C.^{14;15} The challenges faced in preventing violence in society are the lack of an optimal legal framework that plays a role in prohibiting all forms of violence, inadequate law enforcement, and a culture of forgiving violence because of a lack of knowledge and understanding of the root causes of violence.¹⁶

learned-so-far.

⁸ Chris G. Sibley et al., "Effects of the COVID-19 Pandemic and Nationwide Lockdown on Trust, Attitudes toward Government, and Well-Being," *American Psychologist* 75, no. 5 (July 2020): 618–630, <http://doi.apa.org/getdoi.cfm?doi=10.1037/amp0000662>.

⁹ William Peraud, Bruno Quintard, and Aymery Constant, "Factors Associated with Violence against Women Following the COVID-19 Lockdown in France: Results from a Prospective Online Survey," *PLoS ONE* 16, no. 9 September (2021): 1–11, <http://dx.doi.org/10.1371/journal.pone.0257193>.

¹⁰ Tia Palermo, Jennifer Bleck, and Amber Peterman, "Tip of the Iceberg: Reporting and Gender-Based Violence in Developing Countries." *American Journal of Epidemiology* 179, no. 5 (March 1, 2013): 602–612, <https://academic.oup.com/aje/article-lookup/doi/10.1093/aje/kwt295>

¹¹ (WHO Regional Office for Europe, "Responding to Violence against Women and Children during COVID-19: Impact on Service Provision, Strategies and Actions in the WHO European Region, WHO Regional Office for Europe" (Copenhagen: WHO Regional Office for Europe, 2021), <https://apps.who.int/iris/bitstream/handle/10665/349504/9789289056403-eng.pdf?sequence=2&isAllowed=y>

¹² Tia Palermo, Jennifer Bleck, and Amber Peterman, "Tip of the Iceberg: Reporting and Gender-Based Violence in Developing Countries." *American Journal of Epidemiology* 179, no. 5 (March 1, 2013): 602–612, <https://academic.oup.com/aje/article-lookup/doi/10.1093/aje/kwt295>

¹³ Amber Peterman, Megan O'donnell, and Tia Palermo, "COVID-19 and Violence against Women and Children What Have We Learned So Far?," *CGD Note*, no. June (2020): 1–8, <https://www.alnap.org/help-library/covid-19-violence-against-women-and-children-what-have-we-learned-so-far>

¹⁴ WHO Regional Office for Europe, "Responding to Violence against Women and Children during COVID-19: Impact on Service Provision, Strategies and Actions in the WHO European Region, WHO Regional Office for Europe" (Copenhagen: WHO Regional Office for Europe, 2021), <https://apps.who.int/iris/bitstream/handle/10665/349504/9789289056403-eng.pdf?sequence=2&isAllowed=y>

¹⁵ Amber Peterman, Megan O'donnell, and Tia Palermo, "COVID-19 and Violence against Women and Children What Have We Learned So Far?," *CGD Note*, no. June (2020): 1–8, <https://www.alnap.org/help-library/covid-19-violence-against-women-and-children-what-have-we-learned-so-far>

¹⁶ Penny Naluria Utami, "Pencegahan Kekerasan Terhadap Anak Dalam Perspektif Hak Atas Rasa



Pedak Hamlet is one of the areas in the Trimurti Village, Srandakan, Bantul, Yogyakarta Special Region. Based on the results of the preliminary study, it was found that most of the people who live in residential and yard areas inhabited this community service area. Most of the community's employment is in the informal sector, including MSMEs (micro, small, and medium companies), traders, and laborers, among many others. This hamlet does not yet have an up-to-date database covering the population, and specific programs for the health of women and children resilience, especially violence prevention. The community also reported that several cases of suspected violence occurred, but they did not know how to manage it. Residents, especially adolescents and children have never been exposed to education on violence both in family and relational relationship prevention. In addition, along with developing development priorities in the Bantul Regency area, which targets to improve the resilience of women and children, the Pedak community chose this topic as a priority to be initiated in an actual program. Hence, this community service aimed to increase public awareness to prevent and reduce VaW/C through a multifaceted approach. This study is expected to initiate community-based efforts establishment of VaW/C prevention and management.

Method

This community service was conducted in Pedukuhan Pedak, Trimurti District, Srandakan, Bantul, Yogyakarta Special Region in February 2022. We conducted the AR/Action Research method in one cycle, including diagnosing, planning, action, and evaluating action (Figure 1).¹⁷ This method was selected because it increases the likelihood of prioritizing problems whose solutions entail community engagement based on reflection, data collecting, and action aimed to be continued even after the research is over.¹⁸ The involvement level of subjects in this study was consultation, where subjects were encouraged to express their opinions to prioritize problems to be solved, plan problem-solving, and were invited to take problem-solving actions jointly.¹⁹ However, the implementation of problem-solving is facilitated by the authors. Action research was carried out in one cycle by performing the following steps.

Aman Di Nusa Tenggara Barat," *Jurnal HAM* 9, no. 1 (2018): 1,
<https://ejournal.balitbangham.go.id/index.php/ham/article/view/421>.

¹⁷ David Coghlan and Teresa Brannick, *Doing Action in Your Own Organization*, 2nd ed. (London: SAGE Publications, 2005).

¹⁸ Fran Baum, Colin MacDougall, and Danielle Smith, "Participatory Action Research," *Journal of Epidemiology and Community Health* 60, no. 10 (2006): 854–857,
<https://jech.bmj.com/content/60/10/854>.

¹⁹ H Waterman, D Tillen, and R Dickson, "Action Research: A Dynamic Discipline for Advancing Professional Goals," *Health Technology Assessment* 5, no. 23 (2001): 1–166.

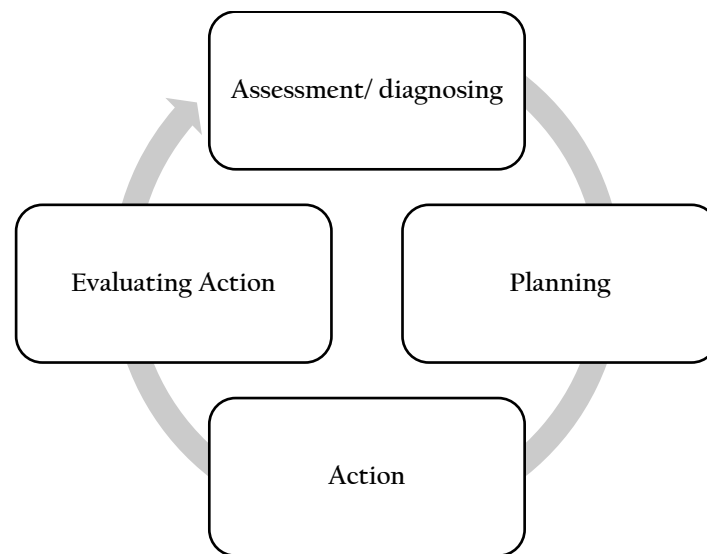


Figure 1. Action Research Cycle

Assessment and diagnosing.

This stage aimed to identify the problems that exist in the community and the capacity and potential for problem-solving owned by the subjects of the community service. The authors conducted in-depth interviews with Pedak community leaders to explore problems and potential solutions to problems related to the resilience of women and children in terms of protection against VaW/C (Figure 2). In addition, the authors conducted observations on residential conditions to assess clean and healthy living behavior and examine potential problems that arise and their solutions.



Figure 2. Diagnosis/Assessment Process

Planning

Authors and subjects of the community service planned problem-solving activities in some meetings according to the assessment results. The activities undertaken as a solution to the problem are determined based on priority among the various other proposed efforts. We planned indicators to evaluate in the evaluation stage: a) increased knowledge of VaW/C; b. re-activation of youth posyandu that is aware of violence prevention and its management; c. inclusion of an introduction to violence prevention program for children. At this stage, we also compiled a pocketbook VaW/C as educational



media (Figure 3).



Figure 3. Educational Media in the form of a Pocketbook VaW/C

Action

This stage was the implementation of three priority activities as planned in the previous stage (planning).

First, Education using the talk show method was carried out to the community regarding VaW/C, including materials about prevention, reporting, and management, where the targets were representatives of community leaders, health cadres, and youth. The intervention was quasi-experimental (without control, non-randomization) on all participants attended. Besides that, an introduction to VaW/C was also performed using multimedia, play, and song in several sessions at the kids' reading corner.

Second, coaching for youth cadres' enrichment for VaW/C prevention and management in youth Posyandu was also held due to specific characteristics of adolescents that usually need a peer approach.

Third, an introduction to efforts in sexual violence prevention against children through reading corners is carried out, considering that children are a vulnerable group.

Evaluating

The evaluation consisted of a review of the indicators established in the previous phase, such as indicators of improving knowledge, participant involvement, and reflection on the programs carried out to provide recommendations for improvement for subjects of the community service. Knowledge improvement was evaluated by giving pre-test and post-test questions to the participants of community education. Evaluation of the activeness of the participants was carried out by open observation. Furthermore, the



reflection of activities was carried out by evaluating the entire series of activities that had been carried out in this community service.

The knowledge evaluation questionnaire consisted of 8 questions with true or false answers. There was an open question about the subjects' experience regarding VaW/C that had been seen or experienced. To ensure face and content validity, the questionnaire was assessed by an expert and piloted on individuals whose characteristics are similar to the participants. Participants' responses at the pretest and posttest were analyzed descriptively to know the mean, standard deviation, frequency, minimum, and maximum value. The normality test was conducted using the Shapiro-Wilk normality test ($p=0.000$). Due to the data was not normally distributed, then it continued with Wilcoxon's Signed Ranks Test. In addition, the results of open observations were recorded in audio recording, photo, and video documentation.

Trustworthiness in this community service was built with various efforts. Credibility was ensured by triangulation of data sources and double-checking before data was input. We also conducted a double check in the data entry process.

Result

Assessment and diagnosis

The results of the assessment showed a wide range of information regarding the challenges in the community related to the resilience of women and children in protection from violence. There was no established program for the prevention and management of VaW/C in this community, which was the primary obstacle found in community service. In addition to low resources, a lack of curiosity about violence prevention, reporting, and management also contributes to a lack of awareness when violence happens in households and society. In addition to being a cause of VaW/C, unstable family finances and a lack of community information also contribute to this condition. Meanwhile, the Pedak community also had several opportunities to develop programs for the protection of women and children, particularly concerning the prevention and management of VaW/C.

Several community-based activities existed in Pedak Hamlet, such as youth Posyandu and a reading corner for children. The existence of youth health cadres who did not actively participate in youth Posyandu activities during the COVID-19 pandemic must also be addressed. Youth Posyandu is a community-based activity that can be utilized as a platform for physical and mental health counseling. During the pandemic, the lack of programs for educating and conducting youth Posyandu activities was due to insufficient resources, finance, facilities, infrastructure, and social restrictions.

The existence of a children's reading corner has not been utilized well for educational purposes. These community-based learning activities were inactive during



the pandemic. In addition, this reading corner lacked the necessary equipment to support the children's reading corner.

Priority issues identified by the community service subjects were to address the low level of public knowledge about VaW/C, the absence of VaW/C prevention activities in children's reading corners, and the need for activities for youth cadres that can raise awareness about adolescent self-health and VaW/C. Meanwhile, other socio-cultural and economic aspects of the community did not become a focus at this moment of community service. Education and community support were deemed a top priority as an early attempt to enhance knowledge and ability subject of community service to prevent and manage VaW/C in the community.

Planning Action

A plan was created with the study subjects. This phase includes the following: (a) Community Education, (b) Educating children's reading corners, and (c) Coaching youth Posyandu.

First, Community Education. An acceptable education was expected to improve understanding of VaW/C. In this stage, participants planned the location, accommodation, and invitations. The authors also coordinated with subjects on education techniques and speakers needed. Education material is also provided as a pocketbook about VaW/C.

Second, Educating children's reading corners. Educating children should reduce the risk of VAW/C. In this case, the participants of community service prepared the reading corner's placement and encouraged children for these activities.

Third, Coaching youth Posyandu. This activity was necessary as a result of a brief vacuum among the youth of Posyandu. This activity can also be a starting point for reactivating monthly youth Posyandu programs. The material planned was about health services and assistance in recognizing, preventing, and managing VaW/C, especially in the adolescent case.

Action

Community education on VaW/C prevention, reporting, and management

This quasi-experimental education was given to all participants (without control, non-randomization). The attendees were representatives of community leaders, health cadres, and youth (n=21). This education (Figure 4) began with a pretest and closed with a post-test to assess the community's understanding of the material. The education session by two speakers (a forensic doctor and an NGO representative) was then followed by a question and answer session. The participants were accompanied by a pocketbook



(Figure 3) consisting of general information regarding VaW/C to help them comprehend.



Figure 4. Community Education Activities About VaW/C

Providing education on VaW/C at the children's reading corner

The education carried out to children (Figure 5) in this study aimed to increase children's knowledge about VaW/C, especially in sexual violence prevention and how to report it. Education material was provided with multimedia, songs, games, and explanations in language that is easily accessible to children.



Figure 5. VaW/C Education for Children in the Reading Corner

Youth Posyandu coaching

Another activity that supports the VaW/C activities is assisting youth cadres in implementing youth Posyandu (Figure 6). The assistance of youth cadres aimed to train youth to have the ability to organize youth Posyandu with additional skills for standard 4-table health checks, neater health records, and recognize signs or symptoms of VaW/C as well as how to prevent and manage such cases.



Figure 6. Youth Posyandu Coaching

Evaluating Action

Based on open observation, community participation and excitement were high. The community's queries throughout the education session prove this. All the young cadres paid attention and practiced their roles well when assigned the task of role play in the youth Posyandu. Observations also indicated that the children were enthusiastic about obtaining education, based on their presence and how they interacted with educators. At the end of the activity, children could point out certain body parts that other people should not touch and practice it by singing a sexual violence prevention song using the correct movements. Since this service was carried out, the youth posyandu and children's reading corners have begun to be held regularly again according to schedule.

The demographic characteristics of the community representatives who attended the VaW/C education can be seen in Table 1. The majority of participants were women (57.1%). VaW/C education was attended by various community elements, including village apparatus, religious leaders, health cadres, and youth cadres. The mean age of the participants was 31.48 years (median 21 years, standard deviation 15.53 years) (Table 1).

Table 1. Characteristics of VaW/C Community Education

Variable	Category	Frequency (n=21)	Percentage (%)
Gender	Laki-laki	9	42.9
	Perempuan	12	57.1
Age (year)	< 30	12	57.1
	30 - 50	5	23.8
	>50	4	19.0
Education	Elementary school	1	4.8
	Junior high school	1	4.8
	Senior high school	17	81.0
	Diploma	1	4.8
	Undergraduate	-	-
	Postgraduate	1	4.8
Profession	Village apparatus	1	4.8
	Entrepreneur	1	4.8
	Retirement	1	4.8



Variable	Category	Frequency (n=21)	Percentage (%)
	Labor	2	9.5
	Housewife	3	14.3
	Student	12	57.1
	Not filling	1	4.8

Based on participants' responses to open-ended questions in the pretest stage, most of the participants had experience with VaW/C being seen or experienced (Table 2). These answers showed their limited understanding of the type of violence. Most of the violence experienced is physical and psychological violence. Physical violence experienced or seen was physical violence in the form of threats/coercion behavior without reason, domestic violence behavior with beatings, fights with sharp weapons and even physical/body disability. In addition, some of them have the experience of seeing or experiencing psychological violence ranging from bullying to physical conditions, as well as causing mental stress.

Table 2. Participants' Statement Regarding Experience Related to VaW/C

Category	Participants' Statements
Physical abuse	"Yes, threatening behavior/coercive behavior without reason..." (R2)
	"... Seeing domestic violence so badly ..." (R14)
	"I saw what my aunt experienced until she was physically disabled..."(R17)
	"... fighting and physical violence using sharp weapons..." (R18)
	"... arguing with each other, and also holding each other with sharp objects such as knives, wanting to threaten each other with murder because of their husband's infidelity..." (R19)
Psychological Violence	"Yes, Psychic violence." (R4)
	"Yes, self-bullying about physical conditions (body disabilities), as well as psychological violence." (R1)
	"I've seen what my aunt went through to experience.... and mental stress." (R17)

Table 3. Knowledge Test Results

Variable	Mean	Standard Deviation	Shapiro-Wilk Test		Wilcoxon Signed Ranks Test
			degree of freedom	p	p
<i>Pretest score</i>	6.24	0.995	21	0.000	0.248
<i>Posttest score</i>	6.48	0.602	21	0.000	

The results of VaW/C education assessed from the pretest and posttest conducted showed that there was no significant increase between before and after counseling, where $p=0.248$ (Table 3). However, the score average shows that there was an increase from 6.24 to 6.48. The highest rating/maximum for all correct answers was 8.

Discussion

This community service was the initial effort to increase public awareness of



violence against women/children (VaW/C) through an action research cycle approach. This study design allowed to involvement of subjects in each stage of the study and may increase their ownership of the programs arranged jointly.²⁰ Due to limited resources and the likelihood of realization based on the capacity of the community service partners, the solved problems were ranked in order of priority. In general, this community service showed the results of increasing the knowledge of partners and community active involvement in the 3 priority efforts being pursued.

In this study, participants' initial experience was still limited to physical and psychological violence. This finding was possible because the participants' knowledge of other types of violence was still lacking. Meanwhile, VaW/C is defined as any sort of threat, coercion, or deprivation of liberty, and behaviors that cause physical, sexual, mental/emotional pain or suffering.²¹ Research shows that VaW/C has physical, psychological, health (infectious disease spread), and economic impacts (injury-related income loss).²² VaW/C also leads to murder and affects the future of children who suffer violence, causing them to drop out of school or have trouble keeping jobs.²³ Thus, as this community research was conducted, an educational session with the speakers was needed to improve their limited understanding of VaW/C.

The study findings showed an increase in knowledge of the educated community representatives although not statistically significant. This can be influenced by various factors such as the measurement instrument factor, the cultural background of the participants, as well as the knowledge baseline that they generally have. Nevertheless, educational activities regarding VaW/C are useful for increasing knowledge, forming better attitudes, and appropriate actions that the community can take for the prevention and treatment of VaW/C.²⁴ The educational level of women is also a strong predictor of their awareness of domestic violence, although a third of those with good education have a tolerance for VaW/C.²⁵ The benefits of health education with education media have

²⁰ Merita Arini, Fitriana Nurul Hidayah, and Denny Anggoro Prakoso, "Pemberdayaan Pasien Kelompok Prolanis DM Melalui Edukasi Pencegahan Dan Deteksi Dini Komorbiditas Tuberculosis-Diabetes Melitus (TB-DM)," *Jurnal Pengabdian Kepada Masyarakat* 27, no. 4 (2021): 339-345, <https://jurnal.unimed.ac.id/2012/index.php/jpkm/article/view/23377>.

²¹ Kemenkes RI, "Pedoman Pengembangan Puskesmas Mampu Tatalaksana Kasus Kekerasan Terhadap Perempuan Dan Anak" (2009).

²² Gina Alvarado Merino et al., "The Health and Economic Costs of Violence Against Women and Girls on Survivors, Their Families, and Communities in Ghana," *Public Health in Developing Countries - Challenges and Opportunities* 9 (2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6325419/pdf/jpha-9-2-860.pdf>.

²³ WHO, "Violence Against Children," last modified 2020, <https://www.who.int/news-room/fact-sheets/detail/violence-against-children>.

²⁴ Fatmariza et al., "Peningkatan Pengetahuan Dan Pemahaman Masyarakat Nagari Pasie Laweh Tentang Kekerasan Terhadap Perempuan Dan Anak Melalui Penyuluhan," *VIVABIO: Jurnal Pengabdian Multidisiplin* 2, no. 1 (2020): 8, <https://doi.org/10.35799/vivabio.2.1.2020.28398>.

²⁵ Awawu Grace Nmadu et al., "Cross-Sectional Study on Knowledge, Attitude and Prevalence of Domestic Violence among Women in Kaduna, North-Western Nigeria," *BMJ Open* 12, no. 3 (March 8, 2022): e051626, <https://bmjopen.bmj.com/lookup/doi/10.1136/bmjopen-2021-051626>.



proven to be effective in increasing knowledge and changing attitudes.²⁶

In this study, the public was educated about the prevention and control of VaW/C, including introducing government and non-government referral facilities that can be accessed by the public if a VaW/C occurred. As conducted in this study, the initial prevention that can be done is to increase knowledge and understanding of the impact of VaW/C.²⁷ Research shows that community participation affects the prevention of violence, including preventing the occurrence of criminal acts, providing emergency assistance and protection to victims, and assisting in the process of determining protection.^{28,29} Bomar (2004) explained that families also play an important role in the recovery of victims such as emotional support, reward support, informational support, and instrumental support.³⁰

The training carried out can increase the knowledge and skill of posyandu youth cadres based on an open observation although there was no structured assessment for each cadre participant. Youth Posyandu was formed as an effort to empower the community to make it easier for teenagers to obtain health services and improve education for youth cadres, thereby preventing violence against adolescents.³¹ This is in line with the findings regarding the prevention of sexual violence against children by 52.9%, giving lectures increased knowledge by 16.4%, and giving leaflets increased knowledge by 23.7%.³² This shows the need for cross-sectoral collaboration, especially with health workers to provide education to Posyandu cadres about preventing youth violence.³³

²⁶ Herawati Yulia and Nur Aini, "Efektivitas Penyuluhan Dengan Media Poster Terhadap," *Jurnal Ilmiah Kesehatan* 11, no. 1 (2019): 57–63, <https://doi.org/10.37012/jik.v11i1.68>.

²⁷ Ake Royke et al., "Penyuluhan Pencegahan Kekerasan Terhadap Perempuan Dan Anak Pada Mahasiswa Baru STIKES Graha Medika Education To Prevent Violence Against Women Dnd Children In New Students of STIKES Graha Medika," *ARSY: Aplikasi Riset kepada Masyarakat* 1, no. 1 (2020): 36–40, <http://journal.al-matani.com/index.php/arsy>

²⁸ Semahegn et al., "Community based intervention to prevent domestic violence against women in the reproductive age in Northwestern Ethiopia: A protocol for quasi-experimental study," *Reproductive Health* 14, no. 1 (2017): 1–12, <https://doi.org/10.1186/s12978-017-0414-2>

²⁹ Puccetti et al., "Exploring readiness for change: Knowledge and attitudes towards family violence among community members and service providers engaged in primary prevention in regional Australia," *International Journal of Environmental Research and Public Health* 16 no. 21 (2019), <https://doi.org/10.3390/ijerph16214215>

³⁰ Pandeiroto Marjory Nancye, "Pengaruh Terapi Keluarga Terhadap Dukungan Keluarga Dalam Merawat Klien Dengan Masalah Perilaku Kekerasan Di Kota Surabaya," *Jurnal Keperawatan* 4 no. 01 (2015): 1–12, <https://doi.org/10.47560/kep.v4i1.182>

³¹ Ema Waliyanti and Faudyan Eka Satria, "Restorasi Masa Depan Kesehatan Remaja Dusun Petung Melalui Program Posyandu Remaja," *Jurnal SOLMA* 10, no. 02 (2021): 348–355, <https://journal.uhamka.ac.id/index.php/solma/article/view/5604/2545>.

³² Anisa Fariani and Ira Paramastri, "Kader Posyandu Sebagai Agen Pencegahan Primer Tindakan Kekerasan Seksual Pada Anak," *Gadjah Mada Journal of Professional Psychology* 1, no. 2 (2015): 138–149, <https://journal.ugm.ac.id/index.php/gamajpp/article/view/9215>.

³³ Siska Dwi Ningsih, Erwin Silitonga, and Taruli Rohana Sinaga, "Edukasi Pencegahan Kekerasan Remaja Pada Kader Posyandu Remaja Di Lembaga Pembinaan Khusus Kelas 1 Medan," *Jurnal Abdimas*



Our community service also initiated the prevention of VaW/C education for children in the community using multimedia, song, and play and showed a promising result. This finding is also in line with previous research that education for children can increase children's understanding of how to prevent violence, as well as how to report when violence occurs.^{34;35} Research also shows that media-based health education is effective in increasing children's knowledge and skills to prevent sexual violence against children by 92% and only 63% without media.³⁶ However, the prevention of violence against children should not stop in education on a community basis due to it requiring the role of various sectors in breaking the chain of acts of violence.³⁷ The role of schools and violence prevention integration in the curriculum are essential strategies to prevent VaW/C in young age groups.³⁸

The various activities conducted in this community service demonstrate the complexity of community requirements where VaW/C prevention and control necessitate a multifaceted strategy. The concept of preventing violence includes preventing new negligence, increasing public awareness about violence against women through health education, fostering/developing individual competencies and skills, as well as advocating long-term institutional and social activities such as gender equality, human rights, and healthy relationships.³⁹ Indonesian law on the elimination of violence has also explained that the prevention of domestic violence is the responsibility of the government, where the government makes policies by eliminating domestic violence, increasing communication, information, and education about domestic violence, information dissemination, and advocating domestic violence, as well as provide education and training on gender-sensitive and domestic violence issues, and establish

Mutiara 3, no. 1 (2022): 50–61, <http://114.7.97.221/index.php/JAM/article/view/2592>.

³⁴ Irmawati dan Ery Khusnal, "Child Abuse Terhadap Pengetahuan Dan Sikap Orang Tua Dengan Anak Usia 0-13 Tahun Di Dusun Sanggrahan Tirtoadi," (2014), http://digilib.unisayogya.ac.id/2114/1/NASKAH_PUBLIKASI_%28201210201035%29.pdf

³⁵ Henny Pongantung, Rosdewi, and Felisima Gamut, "Penyuluhan Pencegahan Kekerasan Pada Anak. *Celebes Abdimas: Jurnal Pengabdian Kepada Masyarakat* 1, no. 01 (2019): 62–65. <http://journal.lldikti9.id/CER/index>

³⁶ Indriati Andolita Tedju Hinga, "Pencegahan Kekerasan Seksual Pada Anak Melalui Edukasi Kesehatan Reproduksi Berbasis Media Pada Murid Sekolah Pendidikan Anak Usia Dini (PAUD)," *GEMASSIKA: Jurnal Pengabdian Kepada Masyarakat* 3, no. 1 (2019): 83, <https://jurnal.aiska-university.ac.id/index.php/gemassika/article/view/395>.

³⁷ Uswatun Hasanah and Santoso Tri Raharjo, "Penanganan Kekerasan Anak Berbasis Masyarakat," *Share : Social Work Journal* 6, no. 1 (2016): 80–92, <https://media.neliti.com/media/publications/181570-ID-penanganan-kekerasan-anak-berbasis-masya.pdf>.

³⁸ G. J. Melendez-Torres et al., "Integration of Academic and Health Education for the Prevention of Physical Aggression and Violence in Young People: Systematic Review, Narrative Synthesis and Intervention Components Analysis," *BMJ Open* 8, no. 9 (2018).

³⁹ Heather L. Storer et al., "Primary Prevention Is? A Global Perspective on How Organizations Engaging Men in Preventing Gender-Based Violence Conceptualize and Operationalize Their Work," *Violence Against Women* 22, no. 2 (February 2, 2016): 249–268, <http://journals.sagepub.com/doi/10.1177/1077801215601247>.



standards and accreditation of gender-sensitive services.⁴⁰ In addition to the knowledge aspect, public awareness should be continuously enhanced, and socioeconomic aspects also should be studied comprehensively to assist women's and children's resilience. Thus, cross-sectoral roles are required and essential for sustaining these efforts in society.^{41,42}

This community service had strengths and limitations that are important to note. The strength of this community service was the use of action research design as an appropriate approach to get community engagement by exploring problems and solving their problems. This approach also enables sustainability programs even though the community service ended. Meanwhile, the weakness of this study was the contextualized nature of action research, meaning that generalizations cannot always be formed due to the context of the environment in this community service. Furthermore, the short time frame and the fact that not all community service outcomes were measured in a structured manner, but rather through open observation, must be considered. As is well known, the output of increasing knowledge in various fields is also not always linear with behavior change due to the numerous factors that influence the community.

Conclusion

In conclusion, there was an increase in the VaW/C knowledge of the participants. Education is the initial step in raising public awareness and resiliency to prevent and overcome VaW/C, but it is not a sufficient solution as a standalone strategy. This program also reactivated youth posyandu and children reading corner as community-based efforts for VaW/C prevention. A multidimensional approach and multisectoral roles are required for sustainably accomplished programs. The authors suggested that subjects of community service should continue to convey knowledge to all levels of society regarding VaW/C through various social and religious activities. Additional community service is required, particularly regarding other economic and social factors that might influence the community's resiliency in preventing and regulating VaW/C.

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⁴⁰ Undang-Undang No. 23 tahun 2004 tentang Penghapusan Kekerasan dalam Rumah Tangga pasal 11 dan 12, <https://www.dpr.go.id/dokjdih/document/uu/24.pdf>

⁴¹ Puccetti et al., "Exploring Readiness for Change: Knowledge and Attitudes towards Family Violence among Community Members and Service Providers Engaged in Primary Prevention in Regional Australia," *International Journal of Environmental Research and Public Health* 16 no. 21 (2019), <https://doi.org/10.3390/ijerph16214215>

⁴² Semahegn et al., "Community Based Intervention to Prevent Domestic Violence against Women in the Reproductive Age in Northwestern Ethiopia: A Protocol for Quasi-Experimental Study," *Reproductive Health* 14, no. 1 (2017): 1-12, <https://doi.org/10.1186/s12978-017-0414-2>



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