Realizing Family Resilience during the Covid-19 Pandemic through Health Education and Counseling for Aisyiyah Cadre in Sewon District, Bantul

Dody Hartanto1, Ratu Matahari2, Desi Nurfita2
1Fakultas Keguruan dan Ilmu Pendidikan/Universitas Ahmad Dahlan
2Fakultas Kesehatan Masyarakat/Universitas Ahmad Dahlan
E-mail: ratu.matahari@ikm.uad.ac.id

Abstract: Domestic Violence (KDRT) is on the rise during the COVID-19 pandemic. According to data from the Ministry of PPPA, there are an average of three cases of violence against adult women (>=18 years) per day. Domestic violence experienced by women reached 114 victims during the pandemic era, which was caused by most people losing their jobs and the economy declining. It contributes to the deterioration of family resilience. This Community Service is intended to educate and train Aisyiyah cadres. This activity employs a health education and counseling method to foster family resilience. This community service activity helps participants understand pre- and post-test results. Community service activities have a positive impact on the family's knowledge and problem-solving skills. The role of Aisyiyah cadres in reducing domestic violence during the Covid-19 pandemic is significant.

Keywords: Family Resilience, Covid-19 Pandemic, Aisyiyah Cadre

Introduction

The Corona Virus, or COVID-19, is a major issue in Indonesia and around the world.1 On July 16, 2021, the COVID-19 case count in Indonesia reached 2.67 million. The Corona virus that is now present in Indonesia is a delta variant virus that is more difficult to control than the alpha variant virus that first entered Indonesia in May 2020.2 COVID-19-related issues affect more than just the health sector due to an increase in the number of cases and a high mortality rate.3 COVID-19 has had an impact on a variety of sectors,

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including social and economic. The government has mandated the Implementation of Community Activity Restrictions (PPKM), which has a significant impact on the social and economic sectors. This disrupts community activities in earning a living or activities that cannot be done at home, increasing stress levels due to the difficulty of meeting daily needs in the family.  

People who spend a lot of time at home today are divided into two groups: those who are happy and safe, and those who are stressed and threatened. People who are stressed because they cannot leave the house to work for a living can have an impact on the violence that occurs in the household, because family members will use violence against other family members to channel their stress. Since the outbreak of the pandemic, the number of domestic violence cases has more than tripled, according to the annual report of the Women's Commission, with 64,211 cases in 2020, up from 23,126 in 2019. Divorce rates in Indonesia increased by 6.4 percent in 2020, with approximately 4.7 million couples divorcing as of 2020.  

According to data from the Yogyakarta Women’s Community Empowerment and Child Protection Service (DPMPPA), there were 13 cases of violence in January 2020, with 11 female victims and the rest men. There were nine cases of violence against women and one case against men in February 2020. In March, there were 18 cases of violence, with 14 female victims and 4 male victims. The situation was bolstered by the findings of field studies with village leaders, which revealed that social conflicts in the form of domestic violence (KDRT) remain the focus of the village government program, necessitating the implementation of preventive measures to reduce domestic violence cases.  

Domestic violence frequently occurs when the victim, usually the wife or child, is a structurally weak party who is financially dependent on the perpetrator or husband. Domestic violence has a significant impact on victims' physical, mental, and reproductive health. Domestic violence against the victim is frequently committed by the perpetrator, who hits or forces sexual relations with the victim. This violence and coercion will have an impact on the victim's health, particularly reproductive health, which may be disrupted as a result of the perpetrator's trauma. Women who live with a violent partner will have more severe gynecological problems than a nonviolent partner, and even this gynecologist may suffer from chronic pain.  

Domestic violence victims are predisposed to a variety of health issues and mental disorders. As a result, victims require a great deal of support from their families, the

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surrounding community, and the environment. The findings revealed that victims of domestic violence require care and warmth from their families and the environment in order to stabilize their emotions. The victim will feel safe and comfortable telling the problem to a family or environment that accepts it, rather than experiencing double anxiety as a result of telling the story of a domestic problem considered a disgrace. Good communication from the victim's family and a supportive environment will boost self-confidence and community survival, as well as make the victim stronger to face problems and find solutions.

The power of national development is based on the family as a micro-community in society. The family is the foundation for the integrity of strength and the sustainability of development. On the contrary, vulnerable and dispersed families foster shaky foundations in people's lives. As a result, a strategy for increasing family resilience among couples of childbearing age (PUS) is critical. According to the findings of the field review, the main social health problem in the partner area was domestic violence (domestic violence), particularly among PUS aged 15 to 49 years.

Based on the situation described above, the Universitas Ahmad Dahlan community service team is attempting to assist partner groups, specifically the Aisyiyah cadres of the North Sewon branch, Bantul, because Aisyiyah cadres have an extensive network, and members of strong community organizations so that they can become peer educators in creating family resilience during this pandemic. This activity seeks to educate participants on how to create a hopeful family from the perspectives of public health science, which focuses on the impact of domestic violence on health, and family counseling science. The anticipated impact of this community service activity is a better understanding of the partner group and a positive reaction to this activity.

**Method**

This community service program is carried out using the service learning approach. Because the number of cases of Covid-19 sufferers in partner areas increased, the Village government prohibited carrying out activities that caused crowding, and the policy of Implementing Emergency Community Activity Restrictions (PPKM) in Java-Bali.

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until the end of July 2021 was the reason for carrying out virtual service activities.

The service learning approach is used to improve partner groups’ understanding, experience, and ability to solve problems using case study techniques.\textsuperscript{11} This community service program seeks to assist partners in problem solving from various scientific perspectives, namely public health science and counseling education.\textsuperscript{12,13} This service program is carried out to assist partner groups in gaining scientific knowledge and experience about the impact of Covid-19 on family resilience. The impact of Covid-19 on family resilience is expected to be known by partner groups.\textsuperscript{14} Domestic violence's impact on health, and efforts to build hopeful families during this pandemic Mentoring partner groups takes place in three stages: preparation, implementation, and evaluation.\textsuperscript{15}

The service partners are Aisyiyah cadres aged 15 to 49 (including women of childbearing age), married, and willing to participate in service activities for two days in a row. The Aisyiyah Sewon Utara branch management chairman chose participants for the service activity based on these criteria. The phases of carrying out community service activities are as follows:

\textbf{Figure 1. Phases of Implementing Community Service Activities}


\textsuperscript{13} Ridwan Andi Kambau, Nurhira Abdul Kadir, Muthaminnah, Jamilah, \textit{Implementasi Service-Learning Di Uin Alauddin Makassar}.


The following is a detailed explanation of the implementation of community service activities based on Figure 1:

Preparation Phase, this preparation phase is divided into two sub-phases of activities, namely the sub-phase of place preparation and the sub-phase of implementation team preparation. It coordinates with the head of the North Sewon Aisyiyah branch as a partner of activities related to the implementation of community service activities during the preparation phase of the service place. The coordination process includes discussions about determining the activity's participants, the timing of implementation, and the method of implementation. The following tasks are completed during the sub-phase of implementation team preparation: creating educational materials and case studies, distributing activity modules to activity partners, and creating activity evaluation forms.

Before beginning the education process, the implementation team sends pre-test questions to partners via Google Forms during the implementation Phase. (https://tinyurl.com/preposttestPPM) The education process continues after the partner has completed the pre-test sheet. The Queen of the Sun, S.KM., M.A., M.Kes., delivered the first day’s education on domestic violence and its impact on health during the Covid-19 Pandemic. Desi Nurfitra, S.KM., M.Kes (Epid) presented Sexually Transmitted Infections (STIs) in Married Couples, and Dr. Dody Hartanto, M.Pd presented Realizing a Hopeful Family in the Covid-19 Pandemic Period. After presenting the material in a panel setting, the question and answer period began. The second day’s activities included a discussion of problem solving techniques using case studies. On the first day, the implementation team distributed the case questions, and participants were asked to discuss and debate the cases in small groups (3-4 people per team). The activity partner presents the discussion results after the partner has discussed and obtained a solution to the case.

Result

Preparatory Phase

During the venue preparation stage, it was discovered that this community service activity was conducted virtually using zoom technology to the Management of the Aisyiyah Sewon Utara Branch, Bantul Regency, which included 11 people. They met the predetermined inclusion criteria. The thing that was done during the team preparation stage before implementing the activity was to coordinate with community leaders at the village government level regarding the domestic violence situation in North Sewon during the pandemic. The implementation team then met with the management of the Aisyiyah branch in North Sewon to discuss community service activities. The deputy head of the North Aisyiyah Sewon branch assisted the team in coordinating the PPM participants.
Following the preparation of the participants, the team created an educational module titled "Realizing a Hopeful Family During the Covid-19 Pandemic." Following that, students assisted the team in compiling pre- and post-test questions consisting of ten questions covering three educational topics: domestic violence, sexually transmitted infections in married couples, and building a family full of hope during a pandemic, with correct and incorrect answer choices. Furthermore, the implementation team created activity evaluation sheets and case study questions.

**Implementation Phase**

Community service education activities were carried out for two days, on July 13-14, 2021, using the Zoom platform. Although 25 people were invited to participate in this activity, only 10 people stayed until the activity was completed. This is due to the fact that ten people served as cadres in the Kapanewon Sewon emergency shelter, three people stated that they were unfit, and two others failed to provide information to the service team. The educational process is carried out through material exposure and question and answer sessions. The facilitator provides three educational materials: Domestic violence and health impacts during a pandemic, STIs in married couples, and Creating a family full of hope during a pandemic. Participants actively ask the facilitator questions via the Zoom chat column and Whatsapp group.

![Delivery of PPM Material by Dr. Dody Hartanto](image)

**Figure 2. Delivery of PPM Material by Dr. Dody Hartanto**

**Evaluation Phase**

Based on the outcomes of the interventions, it was discovered that the partner group's understanding of the educational material provided increased. The average pre-test score was 76, while the average post-test score was 78. Figure 3 depicts the pre and post test values.
Although there was an increase in trainees' pre and post test scores, statistical analysis revealed that this training activity had no influence on the increase in trainees. Table 1 shows the results of the various test analyses that have been performed.

**Table 1. The results of the different test analysis**

<table>
<thead>
<tr>
<th>Paired Differences Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
<th>95% Confidence Interval of the Difference</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE TEST - POST TEST</td>
<td>-.200</td>
<td>1.317</td>
<td>.416</td>
<td>-1.142</td>
<td>.742</td>
<td>.480</td>
</tr>
</tbody>
</table>

The significance of > 0.05 (0.642) in the statistical analysis of the different tests indicates that this training activity has no effect on increasing trainees' knowledge of domestic violence. This is assumed because the participant's pre-test score is 76 points, which falls into the high category. In addition to assessing the impact of training activities on trainee knowledge, this activity includes an activity evaluation to determine whether or not the training activity can be repeated in the future. The following are the results of the activity evaluation of 8 questions given on a scale of strongly disagree (STS), disagree (TS), agree (S), and strongly agree (SS):
Table 2. Activity Evaluation Results

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>STS</th>
<th>TS</th>
<th>S</th>
<th>SS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The application/implementation of UAD PPM has been able to empower the community so that the community can work independently</td>
<td>4.5</td>
<td>0</td>
<td>77.3</td>
<td>18.2</td>
</tr>
<tr>
<td>2</td>
<td>The UAD PPM program is implemented in accordance with the needs of the community /partners</td>
<td>4.5</td>
<td>0</td>
<td>68.2</td>
<td>27.3</td>
</tr>
<tr>
<td>3</td>
<td>The application of the implementation of UAD PPM in community learning efforts has been able to increase public knowledge</td>
<td>4.5</td>
<td>0</td>
<td>45.4</td>
<td>50</td>
</tr>
<tr>
<td>4</td>
<td>The UAD PPM program has provided provisions to the community in the form of skills</td>
<td>4.5</td>
<td>0</td>
<td>77.3</td>
<td>13.6</td>
</tr>
<tr>
<td>5</td>
<td>The community has benefited / helped in raising awareness regarding the theme / title of PPM</td>
<td>4.5</td>
<td>0</td>
<td>72.7</td>
<td>22.7</td>
</tr>
<tr>
<td>6</td>
<td>The application / implementation of UAD PPM has been carried out by the plan that the PPM implementer has made</td>
<td>4.5</td>
<td>0</td>
<td>68.2</td>
<td>22.7</td>
</tr>
<tr>
<td>7</td>
<td>The cooperation of the UAD PPM implementation team is very good in implementing its programs</td>
<td>4.5</td>
<td>0</td>
<td>63.6</td>
<td>31.8</td>
</tr>
<tr>
<td>8</td>
<td>The UAD PPM program is carried out with adequate facilities and infrastructure</td>
<td>4.5</td>
<td>4.5</td>
<td>72.7</td>
<td>13.6</td>
</tr>
</tbody>
</table>

The partner group agreed with the implementation of community service activities that could increase the understanding and skills of partners in realizing family resilience based on the perspective of health and counseling, according to the results of the activity evaluation.

Discussion

The Covid-19 pandemic has affected every aspect of life. Government policies imposed on the community, such as Large-Scale Social Restrictions (PSBB), the Implementation of Emergency Community Activity Restrictions (PPKM) in Java and Bali, working from home (WFH), and school from home (SFH), reduce economic income, resulting in increased poverty and unemployment. A family's economic situation is linked to a domestic crisis that has the potential to result in domestic violence (KDRT).

During the Covid-19 pandemic, a person's life revolves around his or her family. The central government’s recent announcement of new policies restricting community

activities outside of the home has resulted in layoffs, worsening the economic situation of families.\textsuperscript{19} While the demands of life go on.\textsuperscript{20} Furthermore, the community is affected by social, psychological, and spiritual conditions as a result of restrictions on social activities. Given this situation, developing family resilience during the Covid-19 pandemic is an important goal to pursue. In both birth and mind, family resilience is defined as a situation that varies and has the characteristics of an independent, prosperous life.\textsuperscript{21} In order to provide knowledge about the prevention and impact of domestic violence on people’s mental health, transmission of reproductive infections to married couples during a pandemic, and realizing a hopeful family during a pandemic, preventive interventions are required. Partner groups are educated using public health and counseling perspectives. Counseling and discussion are the best interventions for meeting the target group’s knowledge needs in terms of creating a hopeful family during a pandemic.\textsuperscript{22} The person’s reaction in the form of a like or dislike reaction is an important factor in the formation of a person’s attitude toward educational and training activities. This community service activity is integrated with the following courses through a service learning approach: (i) Counseling Skills, (ii) Basic Maternal and Child Reproductive Health, and (iii) Infectious Disease Epidemiology.

The implementation of the virtual education process allows for the development of health and social education research based on social media, making it easier for the general public to gain access to the most up-to-date and accurate information. Based on the outcomes of this community service activity, it is clear that digital education can be an effective and engaging learning option, despite the fact that there are still challenges in online learning, such as facilitator and trainee technology skills.\textsuperscript{23,24} Because it reduces the emergence of crowds and physical separation, online learning options are an effective way to prevent the spread of Covid-19.


\textsuperscript{20} Radhitya, Nurwati, and Irfan, “Dampak Pandemi COVID-19 Terhadap Kekerasan Dalam Rumah Tangga.”

\textsuperscript{21} M.Pd Dr.Hj.Hibana, S.Ag., Meningkatkan Ketahanan Keluarga Di Masa Pandemi (Yogyakarta, 2020).


\textsuperscript{23} Oktafia Ika Handarini and Program, "Pembelajaran Daring Sebagai Upaya Study From Home (SFH) Selama Pandemi Covid 19,” Jurnal Pendidikan Administrasi Perkantoran (JPAP) Volume 8, no. 3 (2020).

\textsuperscript{24} Megawati, Marhaeni, and Herawati, “Pendampingan Pemenuhan Asupan Nutrisi Saat Pandemi COVID-19 Pada Orang Dewasa Perkotaan.”
Conclusion

Family knowledge and problem-solving skills improve as a result of community service activities. During the Covid-19 pandemic, the role of Aisyiyah cadres is critical in reducing the incidence of domestic violence. Assistance to Aisyiyah cadres must be facilitated on a regular basis by involving both government and private agencies.

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References


