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The Efforts to Enhance Gender-Based Health Promotion Among Beneficiary Families of the Family Hope Program (PKH) in Sukoharjo Regency

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ABSTRACT

This research aims to elucidate gender-based health promotion within the Family Hope Program (PKH). The research methodology employed is qualitative descriptive, utilizing data from secondary sources and related studies. Analysis reveals that the program targets beneficiary families. The focus of healthcare access for PKH recipients traditionally centers around seeking medical assistance when ill, pregnant, or during childbirth, necessitating a shift towards promoting healthy lifestyles for all family members with a gender equality perspective. Sukoharjo Regency has yet to receive the Parahita Ekapraya Award (APE) unlike other areas in Central Java. Training and advocacy for officials within the Regional Apparatus Organization (OPD) remain suboptimal. The research recommends utilizing families as the intervention base and adopting a fresh perspective in programs to instigate behavioral changes toward gender equality. The novelty of this research lies in its empirical, methodological, and theoretical dimensions, where gender theory serves as a primary component in program evaluation.

Keywords: Beneficiary Family; Family Hope Program (PKH); Gender-Based Health; Gender Mainstreaming; Health Promotion

INTRODUCTION

Health is a fundamental human right that must be advocated for by every individual, including beneficiary families of the Family Hope Program (PKH). Sukoharjo Regency, as one of the areas involved in the implementation of the program, faces various challenges in promoting health, particularly in the context of gender equality. Gender equality is an essential aspect of community empowerment, including PKH beneficiary families in Sukoharjo Regency.

Before detailing efforts to enhance gender-based health promotion among beneficiary families of the PKH in Sukoharjo Regency, it is necessary to comprehensively understand the conditions of the community partners to be empowered. Sukoharjo Regency, located in Central Java, has various geographical and demographic characteristics that influence community welfare.

Geographical Characteristics

Sukoharjo Regency consists of 12 districts with diverse geographical characteristics that can affect the accessibility of health services. Some areas of Sukoharjo Regency are peri-urban areas. These areas are interesting to note as peri-urban areas are transitions between urban and rural areas with different characteristics and attributes. This natural formation occurs due to the development and overflow from the core city.

One of the factors driving development is the interaction between the core city and peri-urban areas. The greater the interaction, the greater the development in peri-urban areas, related to the development of settlements, while others may be more connected to health service centers. This analysis is important to ensure that health promotion efforts are equitable and reach all PKH beneficiaries in those areas.

Understanding Partner Profiles

In the context of the community, a profound understanding of partner profiles is crucial. Demographic data such as the number of family members, educational level, occupation, and income level need to be obtained to form an accurate picture of the socio-economic conditions of partners. Additionally, information about daily habits, eating patterns, and health knowledge also needs to be analyzed comprehensively.

Based on recent theories in gender and queer studies from various parts of the Northern and Southern worlds, we find that a comprehensive understanding of gender includes gender identity and sexuality as well as social, economic, and geopolitical considerations (Subramanian et al., 2022).

The Gender Development Index (GDI) of Sukoharjo Regency from 2017 to 2021 tended to decrease from 96.98 in 2017 to 96.52 in 2021. This condition is not relevant to the average development of Central Java Province. Social inequality is a condition within society that manifests imbalance due to differences in various aspects, including economic, social, and cultural factors.

The approach to healthcare access in Sukoharjo Regency, particularly within the PKH implementation, has predominantly focused on ensuring medical access for PKH beneficiary families when sick, pregnant, or during childbirth (downstream sector). However, there is a need to shift towards promoting healthy lifestyles for all family members, communities, and society as a whole. Specifically, PKH beneficiaries need to be educated to understand and adopt healthy living practices. PKH interventions should

aim to create physically, socially, and psychologically healthy families, while recognizing the need for gender education interventions, both formal and non-formal, for spouses.

The PKH Implementation Guidelines for 2021-2024 (Indonesia. Ministry of Social Affairs, 2021), have not explicitly addressed or directed gender-aware health promotion. Henceforth, it is imperative to develop PKH Implementation Guidelines modules with a gender perspective.

Other feminist experts advocate for a transformative approach to healthcare services, emphasizing gender perspectives and strategic investment towards gender recognition, reduction, redistribution, appreciation, and representation of care work, aligning with their goal of promoting sustainable socio-economic development in developing countries (Trujano & Lévesque, 2022).

Identifying the issues faced by PKH beneficiaries is essential within the existing conditions of empowered community partners. For example, issues such as healthcare accessibility, lack of understanding about the importance of health promotion, or gender inequality in health-related decision-making need clear identification. Analyzing these issues will serve as the primary basis for designing efforts to enhance gender-based health promotion.

LITERATURE REVIEW

In the National Medium-Term Development Plan (RPJMN) 2020-2024, gender mainstreaming (GM) was established as a strategy to achieve gender justice and equality. This is because Indonesia's gender justice position compared to other countries still lags behind. In the United Nations Development Programme report (UNDP, 2022), Indonesia's GDI score was 0.90, calculated based on the Human Development Index (HDI) values of 0.69 for women and 0.738 for men. Indonesia's GDI is still below the East Asian average and countries classified as "high" HDI, with an average of 0.96.

In addition to GDI achievements, the Maternal Mortality Ratio (MMR) in Indonesia is still far from the SDGs target of 70 deaths per 100,000 live births by 2030. Although the proportion of births attended by skilled health personnel reached 94.71% in 2019, data on sexual development from the Central Bureau of Statistics Indonesia (BPS Indonesia, 2021) shows that the prevalence of first marriage for women under the age of 19 is still very high. Those under 16 years old are 20.74%, and 15.48% (Inayati, 2015).

Ensuring women's reproductive health is still crucial because of the significant gap between men and women. This is evidenced by the prevalence of early marriages, unwanted pregnancies, and the limited availability of male contraceptive methods for women. Out of Indonesia's 255 million population, there are 46 million adolescent girls aged between 10 and 19 years. According to the UNICEF (n.d.), 1 in 9 girls gets married before the age of 18. Furthermore, the phenomenon of early marriage is influenced by economic factors. Girls from households with the lowest expenditures are five times more likely to marry before the age of 18 than girls from households with the highest expenditures. BPS Indonesia, the National Development Planning Agency (Bappenas), UNICEF, and the University of Indonesia's Center for Child Protection and Advocacy (PUSKAPA) reported that girls are married in Indonesia. In 2018, an estimated 1,220,900 girls were married before the age of 18. This could make Indonesia one of the top 10 countries with the highest absolute number of child marriages in the world by 2024. Pregnant women and children under 2 years of age may also have difficulty accessing

basic health services, increasing their vulnerability to the risks of delayed fetal or child growth (Rahmita et al., 2016)

Research shows that an examination of the impact of the PKH on gender relations was conducted by The SMERU Research Institute (2021). This study shows that after receiving PKH remittances, gender relations within families do not always progress as politicians hoped. In both rural and urban areas, women can determine the financial distribution of the family but still rely on their husbands solely for family income. Traditional roles still dominate, public and private spheres are separated, and there is a double burden on women. Men determine the amount of expenditure, and women determine the implementation. It should be noted that women's opportunities are more dominant when women seek their own livelihoods.

The SMERU Research Institute's study (2021) also found that overall, PKH benefits all household members, but the monetary value is more beneficial in rural areas than in urban areas. However, looking at the relationship between men and women, there is no clear difference between PKH recipients and non-recipients; they are paid but not all fully aware of their responsibilities. Traditionally, families receive PKH, with a large amount of money for men but a small amount for women, and husbands still dominate the allocation.

Various studies related to PKH have been conducted both in terms of their impact on Household Food Consumption, conducted by Fatmawati and Badriyah (2020) and the Effectiveness of the PKH Program in the Sumber Kejayan Village, Mayang District, Jember Regency, conducted by Infitah et al. (2019). Similarly, Kushardiyanti (2020) studied the implementation of PKH in the Pancakarya Village, Ajung District, Jember Regency. PKH is also seen from the Empowerment perspective in Tigo Lurah District, West Sumatra, researched by Jafrianto et al. (2020), and the Influence of PKH on community welfare by Facilitators in Ciomas Village, Panjalu District, Ciamis Regency, conducted by Mawarni (2019).

Regarding PKH, from a conceptual perspective, Nainggolan (2019) stated that PKH intervention has gender bias because it generally does not affect family members and does not affect husbands if only mothers participate as managers in the program. PKH has not addressed gender inequality within recipient families, and it has not changed the relationship between female PKH recipients and their husbands. Meanwhile, studies on PKH and poverty alleviation conducted by Novieta et al. (2019) in Buleleng Regency showed that: (1) From the input aspect, there are still 53.3% of PKH recipients who do not qualify to receive PKH. This is because many respondents do not meet the poverty criteria set by the government. From a psychological aspect, the PKH program apparently has a positive psychological impact. The perception of PKH recipients is generally good, meaning they truly accept this program as a quality program with the potential to improve their current living conditions.

Saraswati (2018) in a study on PKH in Pecon Pandansurat found that PKH has an impact on poverty reduction by covering the costs of education and healthcare. PKH successfully reduced the indicator by 8.3%. However, there are still some challenges, including PKH being distributed below target, with most beneficiaries being fine. This is because of unreliable data, revealing that there are participants who have changed status to wealthy but still receive assistance, beneficiaries do not come from poor families, and some are close relatives of rural officials.

Various studies on PKH related to health have been conducted by previous researchers, but those focusing on gender-informed health promotion through PKH have not been conducted. Studies on gender have been presented by Nainggolan (2019) but the focus was only on gender bias without linking it to health promotion issues. Conversely, (Efendi, 2019) focused only on Health Promotion without linking it to Gender; their findings stated that health promotion behavior among beneficiaries of the family development program in Penanggungan Village is still not optimal, meaning there is still no balance between physical health, health education, emotional, social, spiritual, and intellectual health. Factors affecting health promotion behavior in the beneficiaries of the Family Hope Program in Penanggungan Village are (a) the sense of responsibility towards health is still lacking, (b) the sense of responsibility towards exercise is still lacking, (c) the sense of responsibility towards nutritious eating is quite good, (d) the sense of responsibility towards appreciating life is quite good, (e) the sense of responsibility towards interpersonal relationships is quite good, and (f) the sense of responsibility towards stress management is not good (Rex, 2019).

This research has novelty in at least three aspects. The first novelty is an empirical novelty. Studies on health promotion in PKH with a gender perspective have never been conducted in Sukoharjo Regency. Other studies were conducted in Sidoarjo Regency by Hanif et al. (2015) on the influence of PKH on social processes. The results of his research show that some aspects of social aspects, especially sexual relationships, can be predicted by unintentional effects. The first expected impact is the stagnation of social roles, allowing female PKH recipients to be financially independent on average and able to earn a living and bear the burden of household chores. PKH does not change the existing gender structure in Sidoarjo society. Second, although PKH provides access to basic education, it does not increase awareness of the importance of education for PKH recipients and their children. Third, PKH does not change sexual relationships when women do not have decision-making power and relatively little autonomy over their bodies. The unintended impact is the inaccuracy of data and information causing social tension in grassroots communities. Some PKH recipients do not qualify but receive assistance, while others qualify but do not receive assistance.

With this study in Sukoharjo Regency, it is hoped that data on gender-informed health promotion in PKH cases can be added. The second novelty is methodological novelty. In gender-perspective studies, rarely have previous researchers used the Gender Analysis Matrix (GAM) approach. They mostly use the Harvard Gender Analysis model, the Moser Gender Analysis model, and the Longwe Gender Analysis Framework, as well as the Gender Analysis Pathway. However, the GAM approach can identify the impact of program interventions on women, men, households, and communities in terms of employment, time, resources, and culture. The third novelty is the Theory used. In previous studies, theories about health promotion did not include a gender dimension, while in this study, gender theory became the main component in evaluating the success of the program.

Health promotion in the PKH program is a fundamental initial step with significant leverage in encouraging communities to change conventional behaviors that are less beneficial and commendable towards healthy, clean, and commendable behaviors. For example, addressing issues such as early marriage, unwanted pregnancies, and the significantly lower availability of male contraceptive methods compared to female methods requires serious attention from the government, private sector, and communities from the central level down to the village level.

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RESEARCH METHOD

This research is designed using a qualitative descriptive research model employing the logic model procedure approach, also known as program theory in the evaluation field, and alternative logic models (Hayes et al., 2011)
The investigation was undertaken in Sukoharjo. Based on preliminary research conducted by the author in August 2022, Sukoharjo Regency was selected as the research location due to its enthusiasm in implementing the PKH, not only in terms of distributing social assistance but also in terms of development to assist the community in becoming self-reliant. One of the initiatives includes the establishment of a legal cooperative for PKH savings and loans. The research implementation is planned for April 2022.

The research subjects (informants) in this study are those involved in managing the Health Promotion, Gender Mainstreaming, and PKH, namely: (1) Head of the Health Office Promotion Division, Sukoharjo Health Office; (2) Head of the Women's Empowerment Division PPKB3A; (3) Head of the UPPKH Sub-district (key informant), Coordinator of UPPK Sukoharjo Regency; (4) 4 PKH Facilitators in the Regency (key informants); and (5) 12 PKH/RTSM Participants (key informants).

The objectives of this research are as follows: (1) the commitment of PKH implementers; (2) gender-based health promotion approaches in the Family Hope Program in Sukoharjo Regency; (3) the roles of men and women in Health Promotion in the Family Hope Program in Sukoharjo Regency; and (4) the development of a health promotion planning model from a women's empowerment perspective to increase bargaining power post-PKH policy implementation.

In this study, data were collected through in-depth interviews with purposively selected informants (PKH companions, PKH beneficiary mothers, and PKH stakeholders). Observations were conducted to complement, verify, cross-check, and validate the data obtained from the informant interviews conducted at the research site (Author, year). The final step involved conducting a Focus Group Discussion (FGD) to gather information from the informants. The last step was to document or collect data as planned, including other documents that would strengthen the data in this study (Author, year).

RESULTS

Health Services

Understanding the level of health can be measured by life expectancy. The life expectancy in Sukoharjo Regency in 2021 was 77.73. This means that the people of Sukoharjo Regency can live up to the age of 78 years. Although the increase may not seem significant literally, it is not as simple as it seems. Life expectancy in Sukoharjo Regency is the highest compared to surrounding areas, and higher than the average life expectancy in Central Java Province and nationally.

In line with the Human Development Index of Sukoharjo Regency, Life Expectancy Age (LEA) increased from 77.49 in 2017 to 77.73 in 2021. In the spatial planning of Sukoharjo Regency for the period 2021-2026, LEA was set as the Regional Development Target Indicator. The comparison of LEA with the regional targets in the Regional Medium-Term Development Plan (RPJMD) is presented as follows:

Table 1. The Comparison of LEA with the Regional Targets in the Regional Medium-Term Development Plan (RPJMD)

Performance Indicator	Unit		Achievement in 2021 against RPJMD Target	RPJMD Target	Achievement (%)
	2020	2021			
Life Expectancy Index	77.65	77.65	77.73	100.10	99.78

Source: Indonesia. The Audit Board (BPK RI, 2021)

The government has implemented several policies and measures to address this issue, such as through PKH, where the health component is implemented through the Mother and Child Health Program at Integrated Health Centers (Puskesmas) and Integrated Health Posts (Posyandu). Special programs for populations vulnerable to malnutrition have also been conducted through the provision of supplementary feeding to children under five years of age. The government has also implemented maternal health programs. Additionally, programs related to maternal and child health are also supported by non-ministerial agencies through the establishment of the Ministry of Women's Empowerment.

The implementation of health services provided to PKH Beneficiary Families (KPM) is described by Informants (1), (2), and (3) as follows regarding the question: Are gender-related activities proposed in the intervention/program strategy included in the work plan? Informant (2) answered: All programs are gender-oriented. Informant (3) said that socialization in the environment. (4) did not answer.

Gender-Sensitive Health Services

To understand the role of gender in health promotion, it is necessary to examine the application of gender equality and women's empowerment in Indonesian society. The social roles and relations between genders need to be observed traditionally, as well as considering the strategies that have been applied to enhance women's empowerment in Indonesia. By understanding this condition, a better framework can be applied to improve the status of gender roles in the PKH.

Gender roles in the PKH can be seen from in-depth interviews with Informant (12). Although social empowerment of women is well accepted in society, gender roles and social relations are not yet fully equal. This condition is influenced by religious understanding and local cultural values. This inequality is also influenced by gender roles and equality at the household level. A woman who can participate in society and have the same social gender roles is them.

Responding to the researcher's question about their knowledge of Gender in PKH, Informant (said) explained as follows: Gender is the difference in roles, positions, responsibilities, and division of labor between men and women established by society based on the nature of men and women that God created everything and living beings in this universe in pairs, among others: day and night, moon and stars, sky and earth, sea and land, men and women. Each has strengths and weaknesses, all intended to create balance and harmony in this world so that justice and peace are created. Justice and peace can be realized by men and women if good and harmonious gender relations/relationships occur in their lives.

When asked about the existence of guidelines for monitoring and evaluation, Informant 11 answered affirmatively. The follow-up question was about how the screening could be used and how the program could be adjusted. Informant 11 explained that for health monitoring, midwives are involved, and for pregnant women, the KIA Book is used, while for toddlers, monitoring is done through Posyandu. When the researcher inquired if doctors often visit Posyandu, Informant 11 replied that there are regular visits. For instance, in February, Vitamin A is distributed, worm medicine is administered, and health workers are appointed to facilitate Posyandu activities, such as child development. Regarding home visits, Informant 11 mentioned that they occur once a month, while Posyandu activities are conducted monthly.

Family Planning Services

In the context of family planning services, it is important to consider the gender role in shaping reproductive health behaviors and outcomes. Traditional gender norms and power dynamics can significantly influence individual access and utilization of family planning services, as well as their ability to make choices based on information about reproductive health.

To further understand the intersection of gender and family planning in Sukoharjo Regency, it is necessary to examine how gender norms and power dynamics affect individual reproductive health decisions and behaviors. This may involve qualitative research to explore the views and experiences of men and women regarding family planning, as well as analyzing existing data on contraceptive use, fertility rates, and other relevant indicators.

Additionally, the efforts to promote gender equality and women's empowerment can play a crucial role in improving access to family planning services and promoting reproductive health rights. By challenging traditional gender norms and empowering women to make autonomous decisions about their reproductive health, it is possible to enhance the effectiveness of family planning programs and improve health outcomes for individuals and communities (Ricca & Antonio, 2021).

In conclusion, addressing gender inequality and promoting women's empowerment are critical components of efforts to improve reproductive health and access to family planning services in Sukoharjo Regency. By taking a gender-sensitive approach to health promotion and service provision, it is possible to create more inclusive and effective programs that meet the diverse needs of individuals and communities.

DISCUSSION

Health Promotion Approach Implementation in the Family Hope Program

The PKH deliberately chooses mothers as partners in program implementation to provide access to women. Since mothers are dominant figures in household management, particularly in domestic affairs, this choice makes sense. However, this policy flaw in the program excludes husbands. This intervention seems overly focused on mothers, making it gender biased and ineffective. Dealing with the PKH implementation requires careful consideration to ensure that policy decisions and instructions conveyed to the right personnel are accompanied by clear guidelines so that field implementers do not experience confusion about what they should do (Mollet & Mollet, 2024).

Prayitna et al. (2018) explain that at the regional government level, Central Java Province issued Regional Regulation (Perda) Number 4 of 2009 concerning the Medium-Term Development Plan (RPJMD) of Central Java Province for the 2008-2013 period, and one

of the strategic issues stipulated in this regulation was the unfulfilled gender equality and justice. BAPPEDA of Central Java (2009) stated that 30% of Regional Work Units (SKPD) must implement Gender Mainstreaming (PUG), and based on JDIH of Central Java (2021) dated April 11, 2010, 15 (fifteen) SKPDs were designated as pilot projects for implementing Gender Responsive Budgeting within the Central Java Provincial Government environment in the 2011 fiscal year. The ARG policy requires positive responses from each SKPD, and implementing it is not an easy task in drafting Regional Regulations.

In contrast to what happens in Sukoharjo Regency, which has not succeeded in having Regional Regulations on PUG like Central Java Province and Regencies/Cities in Central Java, as evidence that PUG is not an easy task. According to the Hakuhodo Institute of Life and Living ASEAN (HILL ASEAN, 2017), there are three types of families or household genders: (1) traditional, (2) sharing, and (3) reversed. Wives are responsible for child care and household chores in the traditional category, while husbands are responsible for other work and activities outside the home. There are three types of divisions: (1) task-based division, where husbands and wives share household chores, but are less flexible; (2) time-based division, where husbands and wives divide their time; and (3) flexible division, where household chores, child care, education, work, and daily expenses are shared among those capable of doing so. Conversely, husbands are responsible for housework, child care, and other household chores, while wives are responsible for work and activities outside the home.

According to the HILL ASEAN (2017), the modern gender category (androgynous) is a flexible sharing category where work is not divided based on traditional patriarchal cultural gender ideas but carried out by anyone who can do it regardless of a person's gender. Three-quarters of ASEAN households are flexible sharing types. Husbands and wives share all responsibilities, including household chores and child care. This indicates that the androgynous gender category has become a new trend in the region, but not a new norm. Cooking is the least divided household chore between husbands and wives, according to the same study, with only three out of ten husbands helping their wives in the kitchen. Gender equality has been applied in Indonesia but not in the kitchen (Putri & Lestari, 2015).

According to Putri et al. (2022), PKH benefits all family members in general, although the monetary value is more beneficial in rural areas than in urban areas. However, in terms of gender, there is no significant difference between beneficiary families (program participants) and non-beneficiaries. Regardless of their ability to make financial decisions, women only act as financial supporters for their husbands. Traditional roles continue to dominate, as evidenced by role separation in the public and private spheres and women's double burden. Men remain responsible for determining the allocation amount, while women are responsible for implementing it.

The results of in-depth interviews supported by statements from the KPM and PKH Assistants who later changed their name to Social Assistants in Polokarto District, Sukoharjo, and Grogol District, when interviews and FGD (Forum Group Discussion) were conducted with the same questions, namely: Have you ever received Gender Mainstreaming socialization materials or others from the DPPKB 3 A offices, what is your opinion? They stated that they had never received them, indicating that understanding of gender equality among all levels is still low, both among the community and local governments, and gender mainstreaming has not been integrated into the RPJMD.

CONCLUSION

The health promotion approach in the PKH has not addressed the issue of gender inequality among participants or beneficiary families. The program seems to reinforce asymmetric and unequal gender relations by re-traditionalizing gender roles and responsibilities. Messages promoting behavioral change, such as moving towards gender equality and justice as part of family social welfare, are not yet optimal.

The non-receipt of the Gender Mainstreaming award in Sukoharjo Regency is still insufficiently supported by policy instruments such as Regional Regulations and other procedural rules (SOP) to promote the concept of shared responsibility between women and men in family and community health care. The suboptimal performance of Local Government Agencies (OPD), particularly the Population Control, Family Planning, and Women and Children Empowerment Agency (PPKB3A), is evident due to their limited involvement in the PKH in Sukoharjo Regency.

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The authors declare that there are no conflicts of interest regarding the publication of this manuscript. We affirm that we have no financial, personal, or professional relationships that could influence our objective assessment of the research presented in this paper. All sources of financial support for this research are disclosed, and there are no competing interests that could potentially bias the interpretation or presentation of the findings.

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