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The Implementation of Gender Mainstreaming Program to Health Polytechnic Diploma in Jakarta III

Indra Supradewi

School of Midwifery, Health Polytechnics Jakarta III Kemenkes RI, Bekasi Jawa Barat, Indonesia

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Abstract

This study aims to determine the achievements, benefits and impacts of Gender Mainstreaming education for society. The research was carried out on graduates students of the Diploma III Midwifery Study Program, Jakarta III Poltekkes and their working areas. The approach used was evaluative, qualitative research by combining the CIPP and Logic Model models. Data were collected using a questionnaire, observation, documentation study and interviews. The results showed that: 1) the implementation of the program was accordance with the objectives, vision and mission; 2) Participants in the scholarship program are female high school graduates from disadvantaged families and live in remote areas, preferably a shaman family; 3) the program was developed in nine modules in eight selected subjects; 4) Graduates returning to their home villages demonstrate their ability to provide midwifery services by prioritizing gender justice and equality: 5) Graduates are able to bring access to health services for the community, especially women/mothers: 6) Increased awareness of women's reproductive health rights. The evaluation results recommend that the program should be continued and replicated with some improvements.

Keywords: *Gender Mainstreaming; Analysis Systems; Gender Training; Reproductive and Sexual Health Rights*

Introduction

Gender mainstreaming (GM) is a strategy to achieve gender equality and justice. The aim of this program to give opportunities for women to access the programs. GM focused on meeting basic needs related to the feasibility of living conditions, health services, health facilities, namely the availability of clean water and family planning consultations. In connection with the issuance of Presidential Instruction No. 9 the year 2000 concerning GM in National Development, in Health Development it is necessary to include a gender perspective, especially in the provision of women's reproductive health services. This Presidential Instruction has demonstrated the government's commitment to the Millenium Development Goals / MDG's goals signed by government leaders of UN member countries including Indonesia on September 2000, which is now being followed by the Sustainability Development Goals (Minister of Health, 2016). The indicator of the millennium development goals is achieving gender equality and

empowerman. The concept of them are education, employment, and political participation (Kabeer, 2005). Previously the government had ratified the Convention to Eliminate the Forms of Discrimination Against Women through Regulation Number 7 the year 1984.

Midwives are the health workers who have an important and strategic role position, especially in reducing maternal mortality, morbidity and infant mortality. Midwives provide continuous and complete services, focusing on aspects of prevention, promotion based on partnerships and community empowerment together with other health workers in serving anyone who needs them, whenever and wherever they are (Professional Standards, 2007: 5). Beside that, the role of health providers participate to help patient and families in making decisions based on their values, spiritual dimensions, the ethical principles (Pujiastuti, R. S. E., Arwani, A., Marsum, M., & Agussalim, 2020).

The GM program in the Diploma III Midwifery Education Poltekkes Jakarta III is a midwifery education program by adding the concepts of gender, leadership, and reproductive rights into the curriculum and learning process. (Decree of the Minister of Health 2006). This program aims to enable graduates to provide midwifery services with a gender justice perspective. Besides, midwives must be competent in carrying out their duties and be able to help prevent gender imbalances that occur in their patients.The gender difference creates many injustices because gender is a system and a structure in which the men and women become the victims of the system (Nurpratiwi, H., Joebagio, H., & Suryani, 2017). In order to help women, especially the community, poor and marginalized families, to be free from reproductive risks that threaten health, and women are more confident in taking responsibility for their own reproductive life.

Every woman should have the ability to regulate and control her reproductive health. According to Cook, R. J., Dickens, B. M., & Fathalla (2003), it was explained that women's reproductive organs, functions and processes are controlled by other people such as health workers, husbands, family planning officers, culture, and the State. Women cannot make decisions for themselves because they do not long to themselves (Guillaumin, 2002). Sometimes a certain cultures boys are more respected than women because as the successor of the offspring. The determination of the number of children, the spacing of pregnancy and childbirth is determined by the husband, even the extended family, society however the professional women activity influences by determine a number of children (Moors, H., Cliquet, R. L., Dooghe, G., & Kaa, 2012).

Not all sexual relations expect pregnancy, it is evidenced by the presence of data from husband and wife partners that they want to limit the number of children by 53%, 7% do not want to have more children, 62% of wives use contraceptives, most of the users of contraception are women, men only contributed 0.2% to the use of *Male Permanent Sterilization* ccontraception and 3.1% condoms and 92.5% not using contraception (IDHS, 2017: 118). Data from the Women's Health Foundation (2002) showed that abortions are mostly performed by those who are married (89%) and unmarried (11%), performed at the productive age between 20-29 years (51%).

Women are the pillars at a country because in their hands were born the nation of generation and educated. However, the health status of women in Indonesia is still in a quite concerning condition, marked by the high maternal mortality rate, namely 305 / 100,000 live births (Sondakh, L., Adam, J., & Musa, 2019).

Maternal mortality is also an indicator of reproductive failure and gender inequality to gain access to social, health services, nutrition services and economic opportunities (Crespí-Lloréns, N., Hernández-Aguado, I., & Chilet-Rosell, 2021). Problems with pregnancy, childbirth and postpartum and family planning considered solely women's concerned, support and roles of husbands and the community are still lacking. It showed the importance of increasing men's participation in their duties as husbands or fathers.

In Central Java, the Neonatal Mortality Rate in 2018 was 7.3 per 1000 live births and the neonatal mortality rate in Semarang City in 2018 was 4.57 per 1000 live births (Wati and Adi, 2020). It was also stated that every mother who dies, two children will become orphans.

Furthermore, Puji *et al.*, (2020) explained the determinant role of maternal death as an underlying condition and a direct and indirect cause of maternal death. Apart from the direct causes, there are still many cases related to the factors of three Too Late and four Too. The delay factor includes the first delay at the family level, namely the delay in deciding to seek help, the second delay, namely the delay in reaching health service facilities and the third delay is the delay in obtaining assistance at service facilities due to limited personnel, equipment, medicine, blood or quality of service.

Meanwhile, factors including four too include too old pregnant (pregnant over 35 years old, too young to get pregnant (pregnant under 20 years), too many (number of children who have been born more than 4 children) and too close (less distance between births than 2 years).

Based on the concern about the conditions above and to meet these demands, it was felt necessary to educate gender-sensitive midwives in order to provide gender-equitable health services, so in 2003 the Women's Health Education Foundation, supported by the Ford Foundation Jakarta, collaborated with non-governmental organizations, and professional organizations such as the Indonesian Association of Gynaecological Obstetrics and the Association of Indonesian Midwives and individuals who care about women's health develop modules on integrating gender, leadership and reproductive rights into the Diploma III Midwifery curriculum, hereafter referred to as the Gender Mainstreaming Program in Midwifery Diploma III Education.

This program supported by Anwar (2018) stated that the gender sensitivity through in various ways including workshops, classroom discussions, inserted into the syllabus, analysis of teaching materials and focus group discussion. Chirimuuta, C., Bhukuvhani, C., & Gudhlanga, (2012) Explained, the results of the school curriculum analysis in Zimbabwe showed that there were still stereotypical roles between men and women, even though gender has inserted into the learning process. To increase awareness about gender and the need to include gender inclusively into the module.

Poltekkes Jakarta III is one of the first institutions in Indonesia implemented Gender Mainstreaming in midwifery education. The teaching modules were developed to support the program. Currently, the midwife graduates from the program have been working to carry out their professional duties in their area of origin since 2007. In this regard, it is important to conduct evaluation research on gender mainstreaming intervention programs. Through the research evaluation, it is hoped that it can become a study material to develop of the next gender-based midwifery education.

Research Methodology

The evaluation research approach used is a qualitative approach. The study evaluated gender mainstreaming programs in Diploma III Midwifery education with the aim of assessing program achievement, benefits and impact. The method used is evaluative research with a modified evaluation model between the CIPP model from Stufflebeam, D. L., & Coryn (2014) and the Logic Model from Laurel House (McDavid, J. C., Huse, I., & Hawthorn, 2018), then the model components are the context, input (input), process (process), output (output), utilization (outcome) and impact (impact) program. In order to ensure the accuracy of the data collected, validation was carried out using triangulation. The triangulation used was source triangulation, method and data triangulation. The informants were selected from graduates of the Diploma III Midwifery Education Program Health Polytechnic in 2007 at the Jakarta who represented the regions of origin and work areas of graduates covering the Thousand Islands, Banten and Jakarta.

Results and Discussion

1. Context Component

The context of component is demonstrated through the Gender Mainstreaming Program Policy. This program was aimed to educate graduates to become strong and skilled midwives. Provide health services for women to get closer to the reach of health services for poor women living in rural areas. With the hope the increasing the empowerment of marginal women and alleviating poverty.

The implementation of the program is based on the Decree of the Head of the Center for Health Personnel Education NO HK.00.06.1.1.1242 concerning the Appointment of the Jakarta III Poltekkes as the Educational Provider for the Midwifery Diploma III Program which focuses on implementing gender mainstreaming programs. The decree is a follow-up to the cooperation agreement between the Women's Health Education Foundation and the Center for Health Personnel Education on the implementation of the Midwifery Diploma III Program.

2. Input Component

Special requirements added to the recruitment process for admission of prospective scholarship recipients. The selection of special requirements includes women who have graduated from high school, are interested in becoming midwifery, preferably come from rural / remote areas, are kinship with traditional birth attendants, disadvantaged socio-economic conditions, and are willing to receive scholarships from the Ford Foundation while attending education. After graduating, they are willing to return to their hometown to serve at least 7 years.

Before participating in the registration for new student selection at Poltekkes, a recruitment process was carried out by a selection committee from the Women's Health Education Foundation (YPKP) team to select conformity to the criteria required by the program to get a scholarship. There are quite a lot of applicants for the YPKP scholarship program, since registration was opened on February 1, 2004 until the close of June 7, 2004, 1,321 applicants have been accepted.

Furthermore, the committee conducted verification, 309 applicants who met the requirements to be verified and who passed the verification were 162 people. In the end, 90 candidates for the scholarship recipients passed, 22 were accepted, the rest were accepted at the Poltekkes Bandung, Poltekkes Malang and Poltekkes Jambi, to attend midwifery education from September 2004 to June 2007.

The students profiles who take part in the program according to the required criteria are shown in the following figure 1:

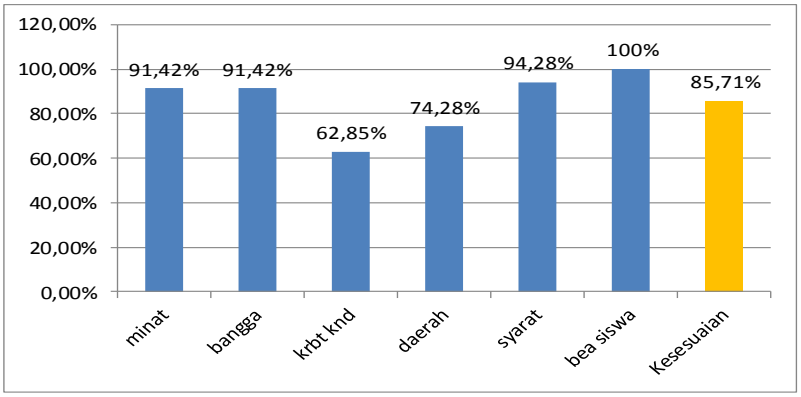

Figure 1 :Student Profile Based on Conformity Recruitment Requirements

Based on Figure 1 above, it can be explained that the percentage of less than 80% is the kinship variable with the physician 62.9% and the origin of the area of the graduates is 74.3%. Meanwhile, other things such as interest, pride, fulfilling the requirements, getting a scholarship of more than 80% means that the student profile fits the required criteria.

Furthermore, the prospective students pass the selection by YPKP, they are submitted to the Midwifery education institution, Jakarta III Poltekkes, to participate in the selection of new student admissions that apply under the guidelines for new student admission system Pusdiknakes BPPSDM Health RI.

Based on the results of the YPKP and Jakarta Health Poltekkes team selection results, 11 (eleven) graduates came from the Lebak Banten area, 1 (eleven) people from Pamulang Banten, 1 (one) person in Serang Banten, 1 (one) Pandeglang Banten, 2 (two) people, and the Thousand Islands 6 (six) people. They have graduated in 2007 and all of them returned to their respective villages of origin and devoted themselves as midwives. They are grateful and proud to be a midwife. Although, there were some graduates who move to work outside their villages because they follow their husbands.

The gender mainstreaming program has helped empower village women to improve their knowledge and skills as midwives. In addition, they can empower women with gender sensitivity and help alleviate poverty. Even, Gutiérrez and Castaño (2021) Gender mainstreaming has the potential to not only improve business cultures but also ‘accelerate’ the achievement of development goals.

Besides the gender mainstreaming program prepares prospective students specifically, it also prepares lecturers to teach courses. Lecturers were trained on the use of learning modules that have been integrated with gender. Lecturer training was carried out in stages according to the course schedule to be taught to the lectures. Prioritized for lecturers who will teach courses using modules that have been integrated with gender. It is hoped that lecturers who have been trained in gender can also replicate them to their peers in the internal and external environment of the Diploma III Midwifery Education Institution at the Jakarta III Health Polytechnic.

Heretofore, the gender mainstreaming program is still being implemented, but there are still lecturers who feel they do not understand about gender mainstreaming programs. So that some lecturers do not integrate gender in their learning process and do not use modules that have been integrated with gender. This may be due to a lecturer who has just joined the midwifery department of the Jakarta III Poltekkes.

Based on the results of the interview, it was obtained that the lecturers who did not use the module were 4.54%, rarely, often and always had the same percentage, respectively 31.81%. So the average number of lecturers who use modules is 25%. It can be said that not all lecturers have applied the values of a gender perspective.

3. Process Components

The teaching process was aimed at forming gender-sensitive attitudes by integrating the concept of gender and reproductive rights. It was expected that graduates have gender-sensitive attitudes and the ability to empower women to prevent violence against women. Through efforts to eliminate the tradition of male domination so that women were able to make decisions to control themselves. There were 8 (eight) gender-integrated courses and it packaged in 9 (nine) of teaching modules as a guide for lecturers and students.

Table 1: Teaching Module and Lecturer Guide

No.	Module Title	Integrated subjects
1.	integration of gender and human rights in the concept of midwifery care	concepts of midwifery
2.	reproduction health	reproduction health
3.	religion	religion
4.	reproductive health counseling	communication and counseling
5.	social analysis with a gender justice perspective for community midwifery	community midwifery
6.	professional ethics and health law	professional ethics and health law
7.	violence against women and children	reproduction health
8.	psychology	psychology
9.	autonomous management of midwifery services	autonomous management of midwifery services

Integrated teaching material includes the concept of gender, reproductive rights and human rights, gender analysis techniques and strategies to solve gender inequality problems. The variety of teaching methods which prioritize gender equality and justice, such as discussion, and role-playing method. The lecturer method was not used in teaching because it was only one way and showed gender injustice and equality.

Even though gender socialization and training has been carried out for lecturers, however not all lecturer understand about it. However, all the lecturers support this program. All lecturers acknowledge that the importance of learning gender concepts to make midwives gender-sensitive. If the program is not carried out then the issue remain marginal. This situation does not only occur in formal schools, but even in the industrial world it can be happen (Khalikova, Jin and Chopra, 2021). Midwives in providing services that pay attention to gender equality are efforts to eliminate gender inequality. Lecturer training was conducted to provide insight into the concept of gender, reproductive health, reproductive rights, gender analysis, effective communication, gender-sensitive midwifery services, advocacy activities, women's empowerment, and gender-integrating practices. Teaching materials were useful toward the graduates in carrying out their duties as midwives. The increasing the ability to carry out reproductive health education, gender equality and justice, the ability to take the role of a leader in society to make changes, for example increasing the involvement of husbands in maintaining their wives' pregnancies, the importance of women deciding in family planning become an important thin for the lecture to sustain the gender maistreaming.

Although there are still graduates who show weaknesses in advocating for women's reproductive rights. However, graduates have gender-sensitive attitudes. The weaknesses of these graduates are most likely related to lecturers who do not teach advocacy and leadership practices and the lack of support for the graduate work environment. Therefore, it is important to increase the capacity of lecturers, practice supervisors and graduate workplaces. In addition, lecturers should also have experience about advocacy for that lecturers also become activists in the struggle for reproductive rights.

Besides that, the learning process should also be carried out by prioritizing gender justice, namely non-discrimination, non-judgmental, respect for human rights/dignity and empowerment, but in fact, there are still learning practices that discriminate, judge or impose personal will in the educational environment because the problems of gender are affected by the socio-religious aspect of society (Munira, Akhyar and Djono, 2018). This may be due to personal traditions or habits brought from home. For this reason, the application of this gender concept needs to be initiated from the smallest community environment, namely the family.

4. Komponen Output

After students (midwives) attend midwifery education for 3 (three) years by integrating the concepts of gender and human rights, they showed gender sensitivity. Gender-sensitive midwives can be seen patients from the context of their social life. Midwives are able to be aware of the values that disadvantage / marginalize women. Midwives not only handle the physical problems of their patients but consider various aspects that affect women's reproductive health as human rights and women's reproductive rights.

In general, all graduates are enthusiastic about the gender-integrated curriculum. they showed a better understanding of gender related to reproductive health issues, and to apply creative thinking. They could apply the knowledge what they have learned when they return to the village. They applied skills to provide services to the community from the perspective of women's rights as human rights; and assume reproductive rights as part of women's human rights.

All graduates have made efforts to eliminate various forms and causes of gender inequality, such as minimizing the domination of power in the family, the double burden of women, subordinating women, encouraging the independence of women in making decisions, encouraging the involvement of men. Then they did various efforts such as reproductive health education, discussing elections contraceptives, pregnancy planning. Thus it can be concluded that learning the concept of gender values has shaped gender-sensitive attitudes for graduates.

The importance of midwives realizing that gender issues are key in improving the health of women, men throughout the family and society. The provision of women's health services is important considering plurality, ethnicity, age, politics, economy, social and culture, and tolerance. In this connection, it is necessary to increase the capacity of advocacy so that gender equitable services can be realized. Strengthening the leadership abilities of midwives so that they are able to act as agents of change to eliminate gender inequality. Therefore, it is important to support legal aspects for midwives in applying the gender concept, namely revising standard operating procedures not only emphasizing clinical aspects but also non-clinical aspects.

5. Komponen Outcome

At the beginning of returning the graduates, all of them return and work in their respective areas of origin. After several years of work, some moved from their home village because they followed their husbands who worked outside their home villages. The graduates were well received by the community even most of the community asked midwives not to be moved or to leave the village. They felt comfortable being served by midwives who graduated from Poltekkes Jakarta III. It was found by the graduates' superiors, they have worked well and responsibility. In addition to receiving gender-fair services, the community also participates in empowering women. Midwives give the the way of reproductive education health, encourage women to make decisions about their own reproductive health, independence, and inform them free from sexually transmitted diseases. Giving knowledge like this will have a positive impact on women so that women will get equality like men, healthy women will be automatically give healthy generations. Principlely, Women also need communities and leaders who will support healthy behavior, create healthy environments, and increase access to quality health care (Kent, 2003).

The community experienced a change in behavior, at first the village community did not want to come to the health worker because of midwife want to help them. Mothers felt the benefits of having a midwife in their village. Midwives are able to provide health services according to community needs.

6. Impact Component

Midwives are able to carry out their professional duties and empower women, especially in maintaining reproductive health and reproductive rights. The women are the ability to regulate pregnancy spacing, midwives bring changes to health behavior in the community, pregnant women and the community want to be examined and assisted by midwives. Although not all women have an awareness of the importance of contributing to the public sphere to control policies that affect their reproductive health.

Likewise, efforts to eliminate marginalization of women are still difficult to achieve because the biggest obstacle is socio-culture. Society still considers the role of women only in the domestic context, such as taking care of the household and raising children. A taboo for men or husbands if they have to help their wives to take care of the household. This assumption can trigger violence as a result of the dual role of women. Whereas, woman and man have equal roles, opportunities, rights, and responsibility to be a leader in the society (Munira, Akhyar and Djono, 2018).

All graduates are able to apply the values of gender equality and justice in their families, the division of roles and responsibilities within the family fairly. Midwives demonstrate the ability to discuss and negotiate with their husbands and families. In fact, most of the graduates are able to carry out public advocacy through various means such as broadcasting on the radio, becoming resource persons, facilitators in seminars and workshops on reproductive health and gender.

Conclusion

The gender mainstreaming program in the Diploma III Midwifery Education Poltekkes Jakarta III has succeeded in producing gender-sensitive graduates, benefiting midwives themselves and their families. Midwife services are used by the community; midwives have changed the behavior of the community from asking for traditional help to becoming a midwife. In addition, the existence of a midwife can increase awareness of women's reproductive rights such as controlling herself in making choices in using contraception and making decisions to seek medical help. After a midwife has worked for more than 7 years, she has shown a tough character, willing to sacrifice in order to improve the health of the community in her working area. Midwives demonstrate leadership abilities, are able to influence families and communities to behave reproductively healthy.

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