



# ASEAN Social Work Journal

- **Psychosocial Reaction and Trauma  
Aftermath Natural Disaster:  
The Moderating Influence of Coping  
Behaviors Among Disaster Survivors**  
ADI FAHRUDIN
- **Community Based Disaster Risk Reduction  
and Management Projects: Pre-, During and  
Post- Disaster Phases**  
ALELI B. BAWAGAN
- **Urban Poverty: The Invisible Poor  
Population in Malaysia**  
AZLINDA AZMAN AND  
JAMALLUDIN SULAIMAN
- **Baitul Maal wat Tamwil (BMT) as  
Microfinance Institution: Bringing the  
'Promise' of Poverty Reduction**  
BAGUS ARYO
- **Empowerment of the Domestic Identity:  
Mobilizing Mothers in HIV Prevention  
Program**  
JOHANNA DEBORA IMELDA
- **Coping Strategies and Psychological Health  
among Emergency Workers: Implication  
for Social Work**  
MOHD DAHLAN HJ. A. MALEK ET AL
- **Social Work Education in Vietnam:  
Implications in the Period of Welfare  
Reform**  
VAN KHAM TRAN
- **Social Work Field Instruction Program:  
A Practice of Governance**  
YOLANDA G. EALDAMA



**List of Teams**

---

*Advisory Board*

---

**Toto Utomo BS**  
**DR. Sahawiah Abdullah**

*Editor-in-Chief*

---

**Fentiny Nugroho, Ph.D**

*Editors*

---

**Prof. Martha Haffey, DSW**  
**Prof. DR. Zulkarnain Hatta**  
**Prof. Linda Briskman, Ph.D**  
**Prof. Abikusno Nugroho, Ph.D**  
**DR. Kanya Eka Santi**  
**Miryam Nainggolan, Psi., MSW**

*Managing Board*

---

**Drs. MPR Siahaan, M.Si**  
**Dra. Mily Mildawati, M.Si**  
**Johanna Deborah Imelda, Ph.D**  
**Drs. Tata Sudrajat, M.Si**  
**Rr. Endah Sulistyarningsih, M.Si**  
**Nurul Eka Hidayati, M.Si**

*Secretariat*

---

**Jl. Salemba Raya No.28 Jakarta Pusat**  
**10430 Indonesia**  
**Phone/Fax: + 62 21 3156927**  
**E-mail: aseansocialwork.journal@gmail.com**

---

*© All Rights Reserved*



**published by Indonesian Social Work Consortium**

# ASEAN Social Work Journal

- **Psychosocial Reaction and Trauma  
Aftermath Natural Disaster:  
The Moderating Influence of Coping  
Behaviors Among Disaster Survivors**  
ADI FAHRUDIN
- **Community Based Disaster Risk Reduction  
and Management Projects: Pre-, During and  
Post- Disaster Phases**  
ALELI B. BAWAGAN
- **Urban Poverty: The Invisible Poor  
Population in Malaysia**  
AZLINDA AZMAN AND  
JAMALLUDIN SULAIMAN
- **Baitul Maal wat Tamwil (BMT) as  
Microfinance Institution: Bringing the  
'Promise' of Poverty Reduction**  
BAGUS ARYO
- **Empowerment of the Domestic Identity:  
Mobilizing Mothers in HIV Prevention  
Program**  
JOHANNA DEBORA IMELDA
- **Coping Strategies and Psychological Health  
among Emergency Workers: Implication  
for Social Work**  
MOHD DAHLAN HJ. A. MALEK ET AL
- **Social Work Education in Vietnam:  
Implications in the Period of Welfare  
Reform**  
VAN KHAM TRAN
- **Social Work Field Instruction Program:  
A Practice of Governance**  
YOLANDA G. EALDAMA



# Contents

---

<b>Psychosocial Reaction and Trauma Aftermath Natural Disaster: The Moderating Influence of Coping Behaviors Among Disaster Survivors</b> ADI FAHRUDIN .....	1
<b>Community Based Disaster Risk Reduction and Management Projects: Pre-, During and Post- Disaster Phases</b> ALELI B. BAWAGAN .....	21
<b>Urban Poverty: The Invisible Poor Population in Malaysia</b> AZLINDA AZMAN AND JAMALLUDIN SULAIMAN .....	43
<b>Baitul Maal wat Tamwil (BMT) as Microfinance Institution: Bringing the 'Promise' of Poverty Reduction</b> BAGUS ARYO .....	63
<b>Empowerment of the Domestic Identity: Mobilizing Mothers in HIV Prevention Program</b> JOHANNA DEBORA IMELDA .....	77
<b>Coping Strategies and Psychological Health Among Emergency Workers: Implication for Social Work</b> MOHD DAHLAN HJ. A. MALEK ET AL .....	109
<b>Social Work Education in Vietnam: Implications in the Period of Welfare Reform</b> VAN KHAM TRAN .....	125
<b>Social Work Field Instruction Program: A Practice of Governance</b> YOLANDA G. EALDAMA .....	137



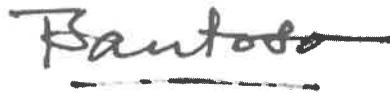
# Foreword

Welcome to the first issue of the ASEAN Social Work Journal in October, 2011. The journal is published twice a year by The Indonesian Social Work Consortium (ISWC), is a networking forum among 10 government and non-government social work organizations, social workers and social work education associations in Indonesia. The main mandate of ISWC is to facilitate strategic initiatives for promoting the roles of the social work profession and social work education to improve the nation's social development policies and welfare services. Social Work in Indonesia has become stronger, including in social work education which two universities offer doctoral level programs.

This journal belongs to us, the ASEAN country members. The birth of the journal is a significant part of the dynamic movement of the ASEAN country members. They have endorsed the common directions of the association toward the creation of the "ASEAN Community" by 2015. The road map representing the process toward this direction has been clearly outlined in the ASEAN Socio-Cultural Community/ASCC Blueprint. The ASCC Blueprint also suggested the creation of "ASEAN Social Work Network" and the "ASEAN Social Work Consortium" (ASWC). In particular, the Philippines and Thailand were assigned to facilitate the creation of the ASWC. Hence, ASWC has been completed early 2011 in the Philippines. To follow up this regional-level initiative, in Indonesia, *Indonesian Social Work Consortium* was also established on August 10<sup>th</sup>, 2011. Furthermore, the ASCC Blueprint also provides strategic approaches for regional cooperation in several critical areas, including education and social welfare. The blue print also highlights equitable opportunities for women, children, older persons and people with disabilities. This journal is published as an implementation of the work plan designed at the ASWC meeting in the Philippines. It will contribute to social work education and profession in the midst of scarcity of literature on ASEAN social welfare policy and programs.

We greatly hope that this journal will be able to facilitate productive exchanges of research, practice, knowledge and ideas among social work practitioners, social work educators and students, social policy scholars, government officials and decision makers to explore common challenges and potential partnership in promoting social welfare mainstreaming in the ASEAN region. The spirit of this journal should lean on these fundamentals

On behalf of the Indonesian Social Work Consortium (ISWC), I am thanking ASEAN Secretariat, the article contributors, distinguished editors and the Journal team. A fruitful collaboration of ASEAN members is crucial to ensure the sustainability and development of this journal.



**Toto Utomo BS**

Secretary General, Ministry of Social Affairs of the Republic of Indonesia  
Chairman of the Indonesian Social Work Consortium

## Editorial Note

The first edition of ASEAN Social Work Journal – a historic edition - can only be published by a great support of many people. I would like to express my greatest gratitude to the contributors, editors, the Indonesian Social Work Consortium and the solid journal team.

This edition contains a variety of articles, which consists of some topics related to disaster management, poverty, microfinance, woman and HIV/AIDS, occupational stress, and social work education and policy

**Adi Fahrudin** writes an article based on his research on the relationship between psychosocial reactions and trauma and the moderating influences of coping behaviors in survivors of natural disaster in West Java, Indonesia. The research findings indicate that psychosocial reactions, coping and psychological trauma were significantly different between victims and non-victims. Further, dealing with disaster survivors needs to be addressed.

**Aleli B. Bawagan** discusses cases of community-based disaster risk reduction and management projects, with focus on pre and post-disaster phases as implemented by non-government organizations, people's organizations, local government units, academic institutions and other civil society organizations. The issues discussed include projects that build disaster resilient communities; participatory processes engaged in reconstructing homes and re-building potable water supplies damaged by a strong typhoon

**AzlindaAzman and Jamalludin Sulaiman** examine the impact of Malaysia's rapid economic growth on urbanization. Its consequences are the facts that some of the less fortunate rural migrants without a more stable job continue to struggle in their new environment. Although some people earn an income above the national poverty line income (PLI), the higher living cost in urban centres causes them to be unable to meet their basic needs

**Bagus Aryo** argues that the main criticism of microfinance is the failure to fulfil its 'promise' to reduce poverty. A faith-based organization (BMT) offers a clear roadmap to achieve two objectives of microfinance: poverty reduction and financial sustainability. The Baitul Maal (social and welfare activities) and Baitul Tamwil (economic activities) as the existing functions of BMT, help to achieve those objectives. Finally, BMT successfully shows its independency from donor aid.

**Johanna Debora Imelda**, through her research examines to what extent the identity of motherhood is used to empower mothers in a government-led and politically well-structured women's organization in Indonesia. This institution is regarded as a channel of dominant patriarchal culture by the state that views women as housewives and traditionally powerful community members. The study analyzes how this organization provides instrumental support to mobilize pregnant women to have an access to the HIV prevention program

**Mohd Dahlan Hj. A. Malek and Beddu Salam Baco, et.al** describes the sources of occupational stress and coping strategies in dealing with stress among emergency workers (firefighters, police and military personnel). The research finds that the sources of occupational stress have significant positive correlations with job stress. Furthermore, the research results indicates that the relationship between the sources of stress and coping strategies are significantly positively related.

**Van Kham Tran** argues that social work is a new profession in Vietnam which was officially approved since 2004. Currently more than 40 universities and colleges offer undergraduate and master's programs. He analyzes the social work policy strategy from 2010 to 2020 in order to describe the specific challenges faced by social work.

**Yolanda G. Ealdama** discusses how a social work field instruction program has improved students' competence in governance and becomes a practice of governance. Social work students need to practise governance as it is an important aspect of the social workers duties. Accordingly, social work education should take this into account.

Finally, we will make great attempts to publish a journal representing the current issues encountered by ASEAN countries. Through this journal, the ASEAN community may have "lessons-learned" by sharing the research and practice in social work, as well as establish a stronger network. Therefore, we are hoping that for the next editions, we will obtain many more contributors from all ASEAN countries.

Fentiny Nugroho  
Editor in Chief

# Psychosocial Reaction and Trauma Aftermath Natural Disaster: The Moderating Influence of Coping Behaviors Among Disaster Survivors

ADI FAHRUDIN, Ph.D\*

---

*Adi Fahrudin, Ph.D is Associate Professor of Social Work, Bandung College of Social Welfare. Teaching and research interest in disaster management, disaster mental health, social gerontology, social work theory and practice, clinical social work, assessment and measurement, traumatic*

\*Correspondence concerning this article should be addressed to Adi Fahrudin, Ph.D Bandung School of Social Welfare, 40135 Bandung, West Java, Indonesia. Email: fahradi@yahoo.com or fahrudinadi@yahoo.com.my

## Abstract

The purpose of this study was to examine the relationship between psychosocial reactions and trauma and the moderating influences of coping behaviors in survivors of natural disaster in West Java, Indonesia. One hundred and ninety six subjects were studied. The study showed that psychosocial reactions, coping and psychological trauma were significantly different in victims and non-victims. Finally, this study also found that coping behavior had a moderating influence on the interaction between psychosocial reactions and traumatic stress among disaster survivors. The results of the study suggest that the management of the psychosocial reactions and coping in the aftermath of natural disaster is important in order to prevent and reduce psychological trauma among disaster survivors.

**Keywords:** Psychosocial reaction, trauma, natural disaster, coping behavior, disaster survivor

## Introduction

Natural disasters are occasions when accidents or events occur which are beyond human control. The consequences affect numerous individuals, groups, communities, and societies. Also the events result in loss: death and bereavement, injury and disability, loss of home, livelihood and sometimes

local power, transport and civic infrastructure, and varying degrees of trauma (thought, feeling and behavior) for survivors, relatives and the helping personnel (Fahrudin,2000). Several studies have been carried out exploring the psychosocial consequences of natural disasters especially earthquakes, landslides, floods, and tsunamis on affected populations. The common finding of research is the detection of massive acute stress reactions, posttraumatic stress disorder (PTSD), and an accumulation of depressive and anxiety symptoms (McMillen et al., 2000; Green, 1994). Natural disasters have serious economic and psychosocial effects on a community. When large population areas are hit by disastrous earthquakes causing tremendous material and personal losses, their social and economical support systems and resources are violently disrupted, causing major traumatic experiences (Bland et al.,1996). In Indonesia especially in West Java, earthquakes, landslides, floods, and tsunamis are an ancient and frequent phenomenon due to the geological structure and the high seismic activity of Indonesian especially West Java province.

## Literature Review

Psychosocial consequences of natural disasters have been systematically investigated after the Aceh Tsunami in 2004. Disasters are traumatic events; such events are dangerous, overwhelming, and usually sudden (Figley, 1985). The American Psychiatric Association (1994) defines a traumatic event as a psychologically distressing event, outside the range of usual human experience that would be markedly distressing to almost anyone. A traumatic event, under this definition, contains two elements: It involves actual or threatened death or serious physical injury to the individual or to others, and it involves intense fear, horror, and helplessness. Disaster studies reveal a typical sequence that victims go through as they come to grips with what has happened. In general, Rice (1999) describes three distinct stages ---the *impact* period, lasting only as long as the disaster event itself; the *recoil* period, lasting in some cases for



several days; and the *post-trauma* period, lasting up to a lifetime.

Traumatic events may impact a single individual; a disaster is also a traumatic event that affects an entire community or a large part of a community. Unlike traumatic events affecting individuals or small groups, disasters can overwhelm available community resources and further threaten individuals' and the community's ability to cope (Ursano, McCaughey, & Fullerton, 1994). As a result, when making conclusions about the social and psychological impacts of a disaster, one needs to look at both the generic features and those specific to the situation of the event (Bolin, 1988).

The Missouri Model, developed in 1995, explains the phases of disaster (Lystad, 1995) in terms of its recovery. It begins with the *heroic phase*, a time when a community bands together in attempts to save its town from natural disaster. It then continues with the *honeymoon phase*. Community support is high in this phase; citizens are elated about surviving the catastrophic event. The honeymoon phase is short-lived however, and is followed by the *disillusionment phase*, which is often the longest and most problematic part of the recovery. Another stage model focusing on behavior of different groups in reaction to disaster has been noted by Leach (1995). In his article, Leach notes that the first group remains relatively calm and clear in their thinking and calculating in their actions. These people are called the '*super cool*'. The second group appears very dazed and confused. Their thinking process is faulty and they show clear symptoms of high anxiety. The third group shows a variety of inappropriate behaviors that increase their risks. Some seem frozen in time and space.

Rice (1999) reports that many studies carried out worldwide over the past 25 years provide insights about what can be expected from such catastrophes. In brief, the psychosocial experience of shock and grief is nearly universal, and survival guilt also occurs. Rice also states that the fear of a recurrence of the dreadful event may erode decision-making ability and interferes with appropriate problem-solving behavior. Sleep disturbances are common, as is loss of appetite. To deal with anxiety and depression, disaster victims often

increase their use of alcohol, cigarettes, sleeping pills, antidepressants, and tranquilizers (Joseph, Yule, William, & Hodgkinson, 1993).

It is important to remember that no matter how effective someone's coping skills may be, there are events that can easily overwhelm those skills. Lazarus and Folkman, (1984) distinguish two basic forms of coping: *problem-focused coping* and *emotion-focused coping*. Coping describes a process of responding to stressful demands. Coping is problem-focused when it is directed at managing and altering the problem that is causing the distress. Geen (1995) divides coping into three types: (1) attacking the problem itself in order to modify stress at its source; (2) modifying the meaning of the experience in a way that removes some or all of its aversive character; and (3) controlling the emotional consequences of the problem, described as attacking the state of stress per se instead of its causes. Research on the use of coping strategies sometimes fails to go into the effectiveness of coping, but in recent years several studies on this subject have been reported, with mixed results. The clearest finding to emerge from these studies is that problem-focused coping appears to be more effective in reducing stress than the emotion-focused types. A lot of research over the past few decades has examined the beneficial effects of coping behavior on health and mental wellbeing especially among disaster survivors. Frydenberg and Lewis (1996) identified three dimensions of coping behavior: solving problems, reference to others and non-productive coping. Coping behavior of disaster survivors has also been divided into five categories: emotional coping, physiology coping, cognitive coping, social support coping and social behavior coping (Fahrudin, 2002a).

Stress reactions after disaster events are common, normal reactions to any unusual and highly stressful situations. People can experience several types of stress; *Anticipatory stress* - concerns over the future ("What if...?", "Am I ready for this?", and "Here we go!"); *Situational stress* - the concerns of the moment (newness, uniqueness, and magnitude); *Chronic stress* - worry over time ("I thought this would end sooner!" and "I miss my family"); and *Residual stress* - unresolved issues from previous incidents. For example, research on traumatic

stress of the 1972 Buffalo Creek, West Virginia, dam collapse and flood suggests that virtually everyone was affected (Lifton & Olson, 1976), with 90% of the survivors symptomatic after 2 years and over one third still suffering from disabling psychiatric symptoms 5 years later (Gleser, Green, & Winget, 1981). Most of the symptoms fell into the categories of generalized anxiety disorder (GAD) and major depression disorder (MDD). Many years later, these data were reanalyzed for probable posttraumatic stress disorder (PTSD) that had not been a diagnosis at the time of the original study (Green et al., 1990, 1991). They found a rate of PTSD at 2 years was 44% among adults and 32% among children. Rates of PTSD remained high 14 years after this disaster (Norris et al., 2002).

Studies of the Exxon Valdez oil spill disaster in Alaska in 1989 showed that even when technological disasters do not injure or kill human beings, they may have quite serious mental health consequences (Norris et al., 2002). Palinkas, Russel, Downs, and Petterson (1992) found that 43% of people highly exposed to the environmental damage had one or more psychological disorders, compared to 23% of those not exposed. Severity of exposure also predicted declines in social relations and increased conflicts with family members. Arata, Picou, Johnson, and McNally (2000), in a study that began 6 years after the spill, found that psychological consequences of the disaster were long lasting. Norris and Uhl (1993), in a survey of 1,000 adults following Hurricane Hugo, found that disaster-related acute stressors (including personal loss, financial loss, and especially injury and life threat) predicted elevations in seven domains of chronic stress (marital stress, parental stress, filial stress, financial stress, occupational stress, ecological stress, and physical stress), as well as symptoms of depression, anxiety, and somatization. Norris and Kaniasty (1996) found that many adverse mental health effects from Hurricane Hugo were related to deterioration in perceived social support.

McLeod (1984) believes that many psychological and physical symptoms appear after a natural calamity. Psychological symptoms include initial panic, anxiety, phobic fear, vulnerability, guilt, isolation, withdrawal, depression

(including some suicide attempts), anger, and frustration, as well as interpersonal and marital problems. Koopman, Classen, Cardena, and Spiegel (1996) refer to these psychological symptoms as the *dissociative responses* that commonly occur in response to disaster. These reactions include numbing of responsiveness, and detachment usually expressed as *depersonalization* and *derealization*. The common feelings and reactions that most victims will express and/or display have been identified as: basic survival concerns, grief over loss of loved ones and/or prized possessions, separation anxiety and fears for safety of significant others, regressive behavior (e.g., thumb sucking in children), relocation and isolation anxieties, need to express thoughts/feelings about experiencing the disaster, need to feel one is part of the community and rebuilding efforts, and altruism and the desire to help others cope and rebuild (Farberow, 1978).

Based on the research above, the intensity of the each person's reaction to stress can be modified by several factors; *Duration* - longer exposure to any stressful event usually makes it more severe; *Multiplicity* - the more stresses there are, the greater the potential reaction; *Situational importance* - greater importance of the event means greater reaction; *Individual's evaluation of the stress* - how threatening is the situation and how prepared am I to cope with the consequences; *Reminders that trigger vivid memories* (press coverage, trials/law suits, and similar incidents); and *Stress tolerance* - general ability to tolerate plus benefits of stress inoculation (Fahrudin, 2010).

## **Purpose of the Study**

The purpose of this study was to identify the characteristics of disaster victims and non-victims, to identify differences in psychosocial reactions, the traumatic impact of the disaster and the coping behavior of victims and non-victims, and to identify the moderating influence of coping behavior on psychosocial reaction and traumatic stress among disaster survivors.

## Hypothesis of the Study

The major hypothesis of the study is that disasters have traumatic impact on both victims and non-victims. Specifically, several hypotheses were tested:

1. The degree of psychosocial response in disaster is higher for victims than non-victims.
2. The coping behavior of victims and non-victims in disaster is different.
3. The degree of traumatic stress in disaster is higher for victims than non-victims.
4. There is a significant correlation between psychosocial reaction, coping behavior and traumatic stress.
5. Coping behavior has a significant moderating influence on the relationship between psychosocial reaction and trauma in the aftermath of disaster.

## Research Method

### Design

A cross sectional survey was conducted in the Sukamanah (Pangalengan) and Pasirjambu (Ciwidey), Bojongsari (Bojongsoang) in Bandung Regency, and Pangandaran (Ciamis Regency) from December 2009 to Mac 2010. These four areas experienced the natural disasters of earthquake, landslides, floods, and tsunami.

### Subject

A total of 196 disaster victims were chosen as subjects. They were chosen using a *purposive sampling technique*. The distribution of the subjects by disaster location is shown in Table 1.

**Table 1: Composition of Subjects by Disaster Location**

Location	Types of Disaster	Subject		Total
		Victims	Non Victims	
Sukamanah, Pangalengan	Earthquake	30	27	57
Pasirjambu, Ciwidey	Landslide	30	26	56
Pangandaran, Ciamis	Tsunami	19	20	39
Bojongsari, Bandung	Flood	22	22	44
Total		101	95	196

## Instrument

One questionnaire was used. The survey contained both close-ended and open-ended questions. Close-ended questions were used to measure traumatic stress, psychosocial responses to disaster and coping behavior, while open-ended questions were used to get information about demographic data. The questionnaire was divided into four sections. The first section collected demographic data. The second section measured traumatic stress. This instrument was adapted from the short-form of the *Multi Score Depression Inventory* (Berndt, 1986) an instrument developed to measure acute stress disorder. The responders had four choices: Not at All, Sometimes, Always and Every time. The third section measured psychosocial reactions to disaster. This instrument was adapted from Kaniasty & Norris (1993). The last section measured coping behavior. The *Adolescent Coping Scale* developed by Frydenberg and Lewis (1996), also modified for purposes of this study used three types of responses for each statement: Not at All, Sometimes, Always and Every time. The reliability coefficients of traumatic stress scale; psychosocial reaction scale and coping behavior scale are .85, .79, and .87 respectively.

## Procedures

The researchers collected basic general demographic information by visiting the affected locations and meeting the headmen and some significant others who became contact persons during the actual fieldwork. These data and



information were used to plan the research design and methodology. The contact persons played a very important function during the actual fieldwork in all areas. Ten enumerators for each district were given intensive training on how to interview, how to use the questionnaire and how to collect data. The enumerators were final year social work students in the *Bandung School of Social Welfare*. The research was conducted from December 2009-October 2010 in four phases. The first phase was done in Sukamanah, Pangalengan, a village about a two-hour drive by car south of Bandung City. It took two days to complete the fieldwork. The second phase was in Pasirjambu, Ciwidey, also, about a two-hour drive from Bandung City. The fieldwork here took two days. The third phase in Pangandaran, a sub district about five hours east of Bandung City, took two days to complete. The fourth phase was done in Bojongsari, a village about one hour from Bandung City. In this location we also needed two days to complete data collection.

### **Data analysis**

The data obtained were analyzed by using descriptive and inferential statistics such as percentage, mean, standard deviation, t-test, Pearson correlation, and Multi Regression Analysis

## **Result of the Study**

### **Socio-Demography Characteristics**

From the total number of subjects, victims accounted for 51.5 percent (101) while non-victims accounted for 48.5 percent (95). A t-test was used to compare the characteristics of victims and non-victims. The result showed no significant differences between the two groups in all the variables except in the ethnic variable. The characteristics of the population of all subjects were as follows: The age of the respondents ranged from less than 20 to 60 up years, with a mean of 37.3 years and standard deviation of 13.5 years. Males accounted

for 44.2 percent (84) and females for 55.8 percent (106). Ten and seven-tenths percent (11) of the respondents had no formal education, 52 percent (102) had attended primary school, 23.5 percent (46) had attended secondary school, 12.8 percent (25) had attended senior secondary school, and only 1.0 (2) had attended college/polytechnic level education. Eighty-six percent (154) of the respondents were married, 9.9 percent (19) still single, 9.4 percent (18) widowed. The majority of the respondents were employed and their monthly income averaged between Rp251.000 to Rp500.000.

**Table 2 : Socio-Demography Characteristic of Subject**

Socio-Demography Variable	Victim		Non-Victim	
	Frequency	Percent	Frequency	Percent
<b>Sex (n=190)</b>				
Male	39	40.2	45	48.4
Female	58	59.8	48	51.6
<b>Age (n=192)</b>				
<20 years	12	11.9	9	9.5
21-30 years	25	24.8	30	31.6
31-40 years	22	21.8	22	23.2
41-50 years	19	18.8	26	27.4
>51-60 years	13	12.9	5	5.3
>60 years	10	9.9	3	3.2
<b>Marital Status</b>				
Marriage	79	80.6	75	80.6
Single	7	7.1	12	12.9
Widowed	12	12.2	6	6.5
<b>Religion (n=196)</b>				
Islam	99	98.0	98	98.9
Other	2	2.0	1	1.1
<b>Education (n=196)</b>				
No formal education	10	9.9	7	7.4
Primary school	49	48.5	53	55.8
Junior school	27	26.7	19	20
High school	11	10.9	14	14.7
College/Polytechnic	2	2.0	-	-
<b>Employment (n=196)</b>				
Unemployed	42	41.6	35	36.8
Self employed	28	27.7	32	33.7
Private sector	26	25.7	27	28.4
Government agency	3	5.0	1	11.1
<b>Average Income</b>				
<RP250.000	32	31.7	23	33.7
RP251.000-RP500.000	66	65.3	60	63.2
RP501.000-RP750.000	3	3.0	2	2.1
RP751.000-RP1.000.000	-	-	1	1.1

## Traumatic Stress Impact of Natural Disaster

Table 3 shows the differences of traumatic stress between victims and non-victims. On traumatic stress, the mean (M) and standard deviation (SD) of victims are found to be significantly different from the mean and standard deviation of non-victims. The mean for victims is higher indicating that the victims suffer higher traumatic stress level than non-victims.

**Table 3: Comparison on Traumatic Stress Between Victim and Non-victim**

Variable	Victim		Non-Victim		t	Sig. (2-tailed)
	Mean	SD	Mean	SD		
Traumatic stress	47.22	10.15	41.61	9.14	7.771	.000
Traumatic exposure related to thoughts	19.13	4.21	17.15	4.04	6.326	.000
The traumatic stress exposure related feeling	15.70	3.87	13.80	3.50	6.900	.000
Traumatic stress exposure related behavior	12.38	3.49	10.65	3.20	6.898	.000

The study also found the traumatic feeling level of victims and non-victims to be significantly different indicating that the victims experienced a higher level of traumatic feeling when compared with the non-victims. On traumatic behavior, the mean and standard deviations of victims and non-victims were found to be significantly different. The level of traumatic stress related behavior of victims was higher than for non-victims. Overall, the traumatic stress of disaster has been found to be significantly higher for victims than non-victims in the three aspects studied. The results obtained supported the hypothesis that states that the traumatic stress impact (thought, feeling and behavior) of disaster is higher for victims than for non-victims.

## Psychosocial Reaction of Natural Disaster

**Table 4: Psychosocial Response Between Victims and Non-victims**

Variables	Victim		Non-victim		t	Sig. (2- tailed)
	Mean	SD	Mean	SD		
Psychosocial Responses	42.64	8.20	38.47	8.52	6.657	.000
Blaming other people	8.14	2.35	6.75	2.20	8.164	.000
Anger at other people	7.27	2.03	6.30	2.01	6.433	.000
Attitude toward aid provider	12.60	3.82	12.64	3.98	-.128	.898
Attitude toward aid assistance	5.45	1.67	4.64	1.61	6.553	.000
Response and action related to disaster impact	9.21	2.67	8.12	2.60	5.506	.000

Based on table 4, the overall means (M) and standard deviations (SD) of psychosocial reactions between victims and non-victims were found not to be significantly different. The hypothesis that states the psychosocial reaction of victims and non-victims to be different is not supported

## Coping to the Disaster Situation

Every individual either victim or non-victim has coping behavior to handle and manage his or her problems related to natural disaster. The means (M) and standard deviations (SD) of coping behavior between victims and non-victims are found not to be significantly different.

**Table 5: Coping Behavior Between Victims and Non-victims of Disaster**

Variable	Victims		Non-victims		t	Sig. (2-tailed)
	Mean	SD	Mean	SD		
Coping Behavior	50.24	9.07	47.73	8.56	3.006	.003
Cognitive	11.50	2.32	10.87	2.08	3.063	.002
Social behavior	10.71	2.75	10.61	2.69	.400	.689
Physiology	7.07	1.84	6.84	1.95	1.317	.188
Social support	11.90	4.10	11.29	3.72	1.678	.094

Based on table 5, the comparison between the means of all types of coping showed that the mean for the victims is same as that for non-victims. Therefore, all types of coping measured in this study for victims and non-victims are not significantly different.

## The Influence of Coping Behavior on Psychosocial Reaction and Traumatic Stress

The Pearson correlation test was used to correlate coping behavior with psychosocial reaction to disaster and traumatic stress. The result showed that coping behavior has a significant correlation with psychosocial responses to disaster ( $r = .597$ ,  $p = .000$ ) and with traumatic stress ( $r = -.445$ ,  $p = .000$ ).

**Table 6: Influence of Coping Behavior in moderating the relationship between Psychosocial reaction and Traumatic Stress**

	Traumatic Stress		
	Model 1	Model 2	
		A	B
1. Coping Behavior – CB <sub>(n)</sub>			
R <sup>2</sup>	.225	.246	.248
R <sup>2</sup> Change	-	.020	.002
Sig. F Change	.000	.000	.191
Durbin Watson	-	-	1.409
Constant	21.975	17.049	6.807
Beta [PR <sub>(n)</sub> ]	.475*	.372*	.588*
Beta [CB <sub>(n)</sub> ]	-	.176*	.368*
Beta [PR <sub>(n)</sub> x C <sub>(n)</sub> ]	-	-	-.366

Regression analysis found that psychosocial reaction (model 1) had a significant influence on traumatic stress. When psychosocial reactions and coping behavior are integrated (model 2a), regression analysis found that both psychosocial reaction and coping behavior had a significant influence. Meanwhile focusing on psychosocial reaction, coping behavior and the interaction of psychosocial and coping (model 2b), regression analysis found that psychosocial and coping behavior are significant but the interaction of psychosocial and coping behavior is not significant.

## Discussion

This paper studied the impact of traumatic stress in a disaster. The traumatic stress was defined by thought, feeling and behavior. It also measured victims and non-victims coping behavior in relation to the traumatic stress experienced. The study attempted to identify the characteristics of disaster victims and non-victims and their traumatic stress, psychosocial responses and coping behavior.

The results showed, overall, disasters produced negative psychological impact even at the post-trauma period. This finding is congruent with the finding of Rice (1999) that stated that disaster could have a negative physical and psychological impact on victims. McLeod (1984) corroborated this finding when he emphasized that many psychological and physical symptoms appear after a natural calamity.

The result also shows that victims experienced significantly higher traumatic related thoughts, feelings and behaviors than non-victims. This finding is substantiated by Rice (1999) who also found the psychological impact of disaster affected not only victims but also non-victims such as relief workers, other services providers, and the surrounding community. Caplan (1968) also labeled the effect or trauma associated with disasters '*post-traumatic stress disorder*' (PTSD). Whatever the debates about PTSD as a psychiatric condition, more commonly acknowledged stages in grief reaction have been attributed to the survivors of disasters. Thus, people are likely, initially, to be 'in shock', that is, numb and detached, with an increase in anxiety or anger or possible denial as realization dawns. Gibson (1991) states that a phase of acknowledgement may result in pain, anxiety or depression related to mourning, the adaptation to victim status or flashbacks or nightmares might nevertheless accompany survivor status.

Similar psychosocial reactions to disaster have been found in both victims and non-victims. In all aspects (blaming other people, anger at other people, attitudes toward assistance provider, and attitudes toward



tangible aids, reaction and action to disaster impact) are not significant but different (Fahrudin, 2007). Disasters are not the most common traumatic event we encounter, nor are they generally the most serious in terms of their psychological sequelae (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Norris, 1992). Victims, even those who sustain serious tangible losses, usually rebuild their home and lives; however, images of families surveying a disaster scene where a loved one died or the faces of victims as they stand amidst the ruins of their homes linger in our minds. And although evidence of widespread or chronic psychopathology following disaster is rare (Rubonis & Bickman, 1991), shorter-term stress reactions are common. At a community level, disasters may threaten basic need, feelings of security and mental wellbeing, irrespective of whether that disaster is a common experience. A sense of loss may stem from both tangible and intangible sources (Fahrudin, 2002c). The conditions of disaster drive people to help seeking from other communities. Most psychosocial reactions like blame and anger are directed at other people mostly to officials in disaster committee (Fahrudin, 2002a)

The finding concerning coping behavior is interesting. Irrespective of the status of the subjects (victim vs. non-victim), there was no significant difference in the coping mechanism exhibited by the subjects. This finding is consistent with results in other studies Kreps (1984) and Kaniasty and Norris (1995) that found communities (primary victims and secondary victims) perceive a disaster as a negative experience that affect the ability of the community to cope. Another finding of this research is the significant correlation between coping behavior with psychosocial reaction and traumatic stress. Coping behavior as a variable has a significance influence on moderating the relationship between psychosocial and traumatic stress. Victims' coping behaviors can prevent and reduce psychosocial reactions and traumatic stress in the aftermath of disaster. The important finding from this research is the implication that traumatic stress has a different impact on victims and on non-victims, but that coping behaviors have a similar impact on psychosocial reactions for both groups. (Fahrudin, 2010).

This finding may be of use to clinical social workers and other human service professions because they can fine-tune their preparation appropriately so as to maximize the positive outcomes of social intervention and save valuable time and other resources. The importance of social workers developing mental health and post-disaster practice skills has been noted previously. (Fahrudin et al.,2002; 2002c; 2002d). Whatever model or practice skill clinical social workers use, they need to allow time for people to ventilate, to encourage expression of the most vivid or graphic, negative images and memories. Social workers also need to teach people about stress reactions and provide stress inoculation about anniversary reactions and other problems that communities will eventually face. Social workers can be extremely helpful to victims of disaster by helping to normalize their life experiences (Fahrudin, 2003; 2007).

## **Conclusion and Recommendation**

The study has identified characteristics of victims and non-victims of four types of disaster. The results of the study show that disasters have negative impact on victims and non-victims, with significantly varying degrees of seriousness. Although the psychosocial reaction and coping behavior of the subjects do not differ significantly according to their status as either victim or non-victim, it nonetheless allows us to propose a disaster psychosocial management model based on the social work perspective by taking stress to be the core of the model. Disaster is treated as a stressor and thus its psychosocial management would require intervention models appropriate to this field of practice.

From the results of this research, several recommendations can be made:

1. There is a need to undertake further research regarding the differential psychosocial impact in various kinds of natural disasters. The research should be longitudinal in nature.
2. Further research should extend its scope by including the function of social support in the context of friends, family, society and government

and non-government institutions. It can also assess various other mental disturbances that may affect disaster victims.

3. Further research should also widen the types of disaster to be studied to include social disasters.
4. There is also an urgent need to plan, update and realize a program of action at the state and national level to manage impact of disaster especially the psychological post-trauma impact experienced by victims, their families, helpers, social workers and other individuals in the vicinity of the accident. The plan should incorporate actions to be taken before, during and after the disasters.

It is suggested that management of disaster can be multi-factored and would benefit from a social work perspective.

## References

- American Psychiatric Association.(1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Arata, C., Picou, J., Johnson, G., & McNally, T. (2000). Coping with technological disaster : An application of the conservation of resources model to the Exxon Valdez oil spill. *Journal of Traumatic Stress, 13*, 23-39.
- Bolin, R. (1988). Response to natural disasters. In M. Lystad (Ed.), *Mental health response to mass emergencies: Theory and practice*. New York: Brunner/Mazel.
- Bland, S. H., O'Leary, E. S., Farinato, E., Jossa, F., & Trevisan, M. (1996). Long-term psychological effects of natural disasters. *Psychosomatic Medicine, 58*, 18-24.
- Fahrudin,A. (2010). *Psychosocial impact and intervention strategies for natural disaster survivors: experience from West Java, Indonesia*. Paper presented at Asian Symposium on Disaster Impacts and Its Assessment in Asia, organized by MICRODIS and Hue College of Economic, Hue University, 25-27 August 2010, Park View Hotel, Hue City, Vietnam
- Fahrudin, A. (2007). *Mediating effect of coping behavior on psychosocial reaction and psychological trauma: A Study of short-term and medium-term consequences of tsunami among children*. Poster presented at APASWE at Asia Pacific Social Work Conference 2007, organized by Social Work Program, School of Social Science, University Science Malaysia, Institute of Social Malaysia (ISM) and Asia Pacific Association for Social Work Education (APASWE).

- Fahrudin, A. (2003). *Rehabilitasi psikososial pasca bencana: Re-posisi peranan pekerja sosial di Indonesia*. Naskah Orasi Ilmiah Wisuda STKS Bandung, Rabu, 17 September 2003.
- Fahrudin, A. (2002). *Disaster and disaster management: A case study in Sabah, Malaysia*. Top Down Research Project PP007/2000. Report submitted to Deputy Vice Cancellor (Research and Development) Universiti Malaysia Sabah. Kota Kinabalu, Sabah, Malaysia.
- Fahrudin, A., Baco, B.S., Malek, M.D. & Haji-Yusuf, M. (2002a). Disaster Management and Post-Disaster Services: The need prepare of social work students in practice in disaster setting. *Jurnal KINABALU Bil 7 & 8*. Universiti Malaysia Sabah.
- Fahrudin, A., Yunus, A.R. & Sipon, S. (2002b). Community Perception toward Hazard of Fire and Participation in Prevention of Fire Disaster. Dalam Juhari Ali et al. (Eds.), *Proceeding of the International Conference on Disaster Management: Strengthening the National Security Capabilities*. 5-6 May 2002, Kuching, Sarawak, Malaysia.
- Fahrudin, A. (2002c). Disaster and Post-Traumatic Stress Disorder. Dalam Adi Fahrudin & Beddu Salam Baco (Eds.), *Kerja Sosial dan Psikologi: Isu-isu terpilih*. Universiti Malaysia Sabah, 2002, 85 - 95.
- Fahrudin, A. (2002d). Social Work Practice in Disaster Setting. Dalam Adi Fahrudin & Beddu Salam Baco (Eds.), *Kerja Sosial dan Psikologi: Isu-isu terpilih*. Universiti Malaysia Sabah, 2002, 59 - 68.
- Fahrudin, A. (2001). Social work and disaster management, Dalam Abdul Halim Othman et al. (Eds.). *Malaysian Contemporary Psychology: Work Papers Selected*. Kota Kinabalu: University of Malaysia Sabah.
- Fahrudin, A., Baco, B.S. & Malek, M.D., Haji-Yusuf, M. (2000). *The Need for professional training on disaster management and its social services: A case study of social work education*. Paper presented at International Conference on Disaster Management: Lessons to be Learnt, organized by Universiti Utara Malaysia, at City Bayview Hotel, Kuah, Langkawi, Malaysia, 29-30 April 2000.
- Farberow, N. L. (1978a). *Field Manual for Human Service Workers in Major Disasters (DHHS Publication No. ADM 78-537)*. Rockville, MD: NIMH.
- Figley, C. R. (Ed.). (1985). *Trauma and its wake: Vol. 2. Traumatic stress theory, research, and intervention*. New York: Brunner/Mazel
- Frydenberg, E. & Lewis, R. (1991). Adolescent coping: The different ways in which boys and girls cope. *Journal of Adolescence*, 14, 119-133.
- Gleser, G., Green, B., & Winget, C. (1981). *Prolonged psychosocial effects of disaster: A study of Buffalo Creek*. New York: Academic Press.

- Green, B., Lindy, J., Grace, M., Gleser, G., Leonard, A., Korol, M., et al. (1990). Buffalo Creek survivors in the second decade: Stability of stress symptoms. *American Journal of Orthopsychiatry*, 60, 43-54.
- Green, B. L., Wilson, J. P., & Lindy, J. D. (1985). Conceptualizing post-traumatic stress disorder: A psychosocial framework. In C. R. Figley (Ed.), *Trauma and its wake: Vol. 1. The study and treatment of post-traumatic stress disorder*. New York: Brunner/Mazel.
- Geen, R. G. (1995). *Human motivation: A social psychological approach*. Pacific Grove, California: Brooks/Cole Publishing Company.
- Gibson, M. (1991). *Order from chaos: Responding to traumatic events*. Birmingham: Venture Press.
- Joseph, S., Yule, W., William, R., & Hodgkinson, P. (1993). Increasing substance use in survivors of the *Herald of Free Enterprise* disaster. *British Journal of Medical Psychology*, 66, 185-191.
- Kaniasty, K., & Norris, F.H. (1993). A test of support deterioration model in the wake of a natural disaster. *Journal of Personality and Social Psychology*, 64, 395-408.
- Kaniasty, K., & Norris, F.H. (1995). In search of altruistic community: Patterns of social support mobilization following hurricane Hugo. *American Journal of Community Psychology*, 23, 447-478.
- Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048-1060.
- Kreps, G.A. (1984). Sociological inquiry and disaster research. In R.H.Turner & J.M.Short (Ed.), *Annual Review of Sociology*, 10, 309-330.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer-Verlag.
- Leach, J.(1995). Psychological first-aid: A practical aide-memoire. *Aviation, Space, and Environmental Medicine*, 66, 668-674.
- Lystad, M. (1995). *Phase of disaster: The Missouri model*. Rockville, MD: Center for Mental Health Services, U.S. Department of Health and Human Resources.
- Lifton, R. J., & Olson, E. (1976). The human meaning of total disaster: The Buffalo Creek Experience. *Psychiatry*, 39, 1-18.
- McLeod, B. (1984). In the wake of disaster. *Psychology Today*, 18 (10), 54-57.
- McMillen, J. C., North, C. S., & Smith, E. M. (2000). What parts of PTSD are normal: Intrusion, avoidance or arousal? Data from the Northridge, California earthquake. *Journal of Traumatic Stress*, 17, 133-141.

- Norris, F.H. (1992). Epidemiology trauma: Frequency and impact of different potentiality traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology*, 60, 409-418.
- Norris, F., & Kaniasty, K. (1996). Received and perceived social support in times of stress: A test of the social support deterioration deterrence model. *Journal of Personality and Social Psychology*, 71, 498-511.
- Norris, F., & Uhl, G. (1993). Chronic stress as a mediator of acute stress: The case of Hurricane Hugo. *Journal of Applied Social Psychology*, 23, 1263-1284.
- Norris, F.H. (1992). Epidemiology trauma: Frequency and impact of different potentiality traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology*, 60, 409-418.
- Palinkas, L., Russel, J., Downs, M., & Petterson, J. (1992). Ethnic differences in stress, coping, and depressive symptoms after the Exxon Valdez oil spill. *Journal of Nervous and Mental Disorders*, 180, 287-295.
- Rice, P. L. (1999). *Stress and health*. Pacific Grove, California: Brooks/Cole Publishing Company.
- Rubonis, A.V., & Bickman, L. (1991). Psychological impairment in the wake of disaster: The disaster-psychopathology relationship. *Psychological Bulletin*, 3, 384-399.
- Ursano, R. J., McCaughey, B. G., & Fullerton, C. S. (Eds.). (1994). *Individual and community responses to trauma and disaster*. Cambridge, UK: Cambridge University Press.



# Community Based Disaster Risk Reduction and Management Projects: Pre-, During and Post- Disaster Phases

ALELI B. BAWAGAN PH.D\*

---

*Aleli B. Bawagan is a member of the faculty of Department of Community Development, College of Social Work and Community Development, University of the Philippines Diliman Quezon City (UP CSWCD). She finished her bachelor, graduate and Ph.D studies from the University of the Philippines. Her research interests include community development efforts among indigenous peoples and children in difficult circumstances. She is also involved in the CSWCD research clusters in social protection and disaster risk reduction. She is currently the chairperson of the Community Development Society of the Philippines (CDSP).*

\*Department of Community Development  
College of Social Work and Community Development  
University of the Philippines  
Diliman, Quezon City, Philippines  
Email: abbo2ph@yahoo.com

## Abstract

This paper shares examples of community based disaster risk reduction and management projects, with focus on pre and post-disaster phases as implemented by non-government organizations, people's organizations, local government units, academic institutions and other civil society organizations. Examples of projects and activities wherein development workers can get engaged will be discussed, such as: projects that build disaster resilient communities; and, participatory processes engaged in reconstructing homes and re-building potable water supplies damaged by a strong typhoon.

**Keywords:** Community based disaster risk reduction and management, disaster resilient communities, post-disaster responses

## Introduction

The Philippines is considered as one of the most disaster prone country in the world. Filipinos experience volcanic eruptions, earthquakes, landslides, and

typhoons (Heijmans, Annelies & Victoria, 2001). On the average over the past 59 years, twenty typhoons hit the Philippines annually, of which nine make a landfall (Kanae, Kasuhara, Iseri, & Imada).

Some typhoons result to massive flooding, landslides, loss of lives and property and damage to infrastructures such as roads and bridges. In November 2004, a series of typhoons hit the Philippines and caused massive landslides in the province of Quezon, specifically in the municipalities of Real, Infanta and Gen. Nakar in Southern Luzon. These typhoons were as follows: Unding (Mufia- international name) on Nov. 14-21; Violeta (Merbok) on Nov. 22-23; and Yoyong (Nanmadol) on Nov. 30 – Dec. 4. Tropical depression Winnie hit the islands on Nov. 28-30. Not one of these was a super typhoon. But rains were persistent and since they came one after another, the slight damage brought by Unding was compounded by the succeeding typhoons. In June 2008, typhoon Frank (Fengshen – international name) lashed the province of Iloilo and caught its residents by surprise due to an unprecedented high level of flooding in the city. In September 2009, the heavy rains brought about by typhoon Ondoy (Ketsana - international name) wrought havoc in the metropolis as floodwaters quickly rose and reached more than five meters high. Homes in both urban poor communities and in posh subdivisions were inundated. Appliances, equipment, vehicles were washed away by the rampaging waters. Everyone was caught by surprise since the typhoon signal on that day was only Signal No. 2, something which does not worry most residents. Even the weather bureau was surprised with the unusually heavy volume of rain that poured in a matter of six hours.

In the past, various non-government organizations and people's organizations in the Philippines responded to disasters through disaster relief operations and disaster preparedness activities. However, they deemed that these activities were not enough and developed a more comprehensive community-based disaster risk reduction and management (CBDRRM) framework to guide their work. The framework has three main phases,

as follows: pre-disaster preparedness and mitigation; disaster emergency response; and, disaster rehabilitation and recovery. The main objective of the framework is to increase capacities and decrease vulnerabilities of communities to face hazards and disasters in their area.

The Disaster Risk Reduction Network Philippines (DRRNetPhils) actively advocated for the streamlining of the CBDRRM framework in the new Philippines Republic Act 10121 (AN ACT STRENGTHENING THE PHILIPPINE DISASTER RISK REDUCTION AND MANAGEMENT SYSTEM, PROVIDING FOR THE NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT FRAMEWORK AND INSTITUTIONALIZING THE NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT PLAN), which was passed into law in June 2010.

On June 2011, typhoon Falcon (Ma-on-international name) hit Southern Luzon, and once again brought heavy rains to Metro Manila. This time, most of the communities which were previously hit by Ondoy, heeded warnings given by the weather bureau and evacuated early. Only one died due to drowning (Lopez & De Leon, 2011), compared to thousands who died and hundreds who went missing from the typhoons of 2004 and 2009, respectively. What could have caused the major difference this time?

This paper aims to share the CBDRRM framework as it is being implemented by various stakeholders, such as non-government organizations, people's organizations, local government units, academic institutions and other civil society organizations. Examples of projects and activities done before and after disasters wherein social workers and community development workers in the ASEAN can get engaged will be discussed, such as for:

- preparedness and mitigation, projects that build disaster resilient communities will be highlighted;
- rehabilitation and recovery, participatory processes engaged in rebuilding potable water supplies will be discussed.

## **Community-Based Disaster Risk Reduction and Management (CBDRRM) Framework**

Due to the country's yearly experiences with typhoons, non-government organizations (NGOs) implemented emergency response programs for communities directly affected by disasters. Activities were mainly in the form of disaster relief to address emergency needs of the people such as food, clothing and shelter. They would usually solicit and stock up on these goods so that they will have materials to distribute once disaster struck in communities where they worked.

However, NGOs realized that this type of activity was not enough. Communities and families need to be prepared for the onslaught of disasters. In 1999, the Center for Disaster Preparedness (CDP) was organized as a resource center for community based disaster risk management, primarily for capability building for NGOs, people's organizations and the government sector. Other NGOs in various regions in the Philippines which always faced disasters, such as Central and Southern Luzon, were likewise organized. They promoted community based disaster preparedness and risk reduction projects and activities. The NGOs likewise advocated the community based framework to other institutions, such as academe, people's organizations and international organizations and later organized a network named the Disaster Risk Reduction Network Philippines (DRRNetPhils). DRRNetPhils then engaged in advocacy towards the formulation of a national law which would recognize the importance of community based disaster risk reduction framework as a response to the increasing occurrences of disasters in the Philippines, which has been heightened by climate change globally (Agsaoay-Saño, 2010). Through the concerted efforts of various networks, including environmental NGOs, Republic Act 10121 "AN ACT STRENGTHENING THE PHILIPPINE DISASTER RISK REDUCTION AND MANAGEMENT SYSTEM, PROVIDING FOR THE NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT FRAMEWORK AND INSTITUTIONALIZING THE NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT PLAN", was passed into law in June 2010.

This Act addresses disasters responsively and proactively through a framework that recognizes important roles and participation of different sectors of local communities, focuses on the most vulnerable sectors such as the elderly and people with disabilities; and addresses root causes of disaster risks.

Moreover, this Act defined community based disaster risk reduction and management as a process in which at-risk communities are actively engaged in the identification, analysis, treatment, monitoring and evaluation of disaster risks in order to reduce their vulnerabilities and enhance their capacities, and where the people are at the heart of decision-making and implementation of disaster risk reduction and management activities.

Generally, this framework identified three major phases for the development interventions, namely pre-disaster, disaster, and post-disaster phases. Pre-disaster interventions would mainly involve disaster preparedness and mitigation activities. Interventions during disasters involve responding to the emergency phase, while post-disaster activities would engage in rehabilitation and recovery. All of these activities lead to the enhancement of people's capacities and reducing their vulnerabilities to disasters.

RA 10121 adheres to international laws and protocols approved by most countries, some of which are the following:

### **Millennium Development Goals**

In achieving the Millennium Development Goals (MDGs), the Philippines recognized disaster risk reduction as important component for sustainable development, hence DRR was mainstreamed into legislation and planning processes. MDG 7 is to ensure environmental sustainability with one of its targets – integrate the principles of sustainable development to country policies and programmes and reverse the loss of environmental resources. This target is largely in line with disaster risk reduction measures which address climate change concerns, such as reforestation and decreasing emissions of greenhouse gas.

## Hyogo Framework for Action

HFA is a 10-year plan adopted by 168 members of the United Nations in 2005, shortly after the Indian Ocean tsunami. It described the roles that various sectors, such as communities, donor agencies, government and the private sector, needed to do to reduce disaster losses. When the Philippines expressed its commitment to and signed the Hyogo Framework for Action, it also made a promise to promote and institutionalize risk reduction efforts within the context of sustainable development. The Hyogo Framework for Action (HFA) has identified priority areas for preparedness activities. The HFA identified five priorities for action, together with guiding principles to achieve disaster resilience (UNISDR, 2007). These are as follows:

**Priority Action 1: Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation.** Countries that develop policy, legislative and institutional frameworks for disaster risk reduction and that are able to develop and track progress through specific and measurable indicators have greater capacity to manage risks and to achieve widespread consensus for, engagement in and compliance with disaster risk reduction measures across all sectors of society

**Priority Action 2: Identify, assess and monitor disaster risks and enhance early warning.** The starting point for reducing disaster risk and for promoting a culture of disaster resilience lies in the knowledge of the hazards and the physical, social, economic and environmental vulnerabilities to disasters that most societies face, and of the ways in which hazards and vulnerabilities are changing in the short and long term, followed by action taken on the basis of that knowledge.

**Priority Action 3: Use knowledge, innovation and education to build a culture of safety and resilience at all levels.** Disasters can be substantially reduced if people are well informed and motivated towards a culture of disaster prevention and resilience, which in turn requires the collection, compilation and dissemination of relevant knowledge and information on hazards, vulnerabilities and capacities.

**Priority Action 4: Reduce the underlying risk factors.** Disaster risks related to changing social, economic, environmental conditions and land use, and the impact of hazards associated with geological events, weather, water, climate variability and climate change, are addressed in sector development planning and programmes as well as in post-disaster situations.

**Priority Action 5: Strengthen disaster preparedness for effective response at all levels.** At times of disaster, impacts and losses can be substantially reduced if authorities, individuals and communities in hazard-prone areas are well prepared and ready to act and are equipped with the knowledge and capacities for effective disaster management.

### **ASEAN Agreement on Disaster Management and Emergency Response (AADMER)**

The ASEAN Agreement on Disaster Management and Emergency Response or AADMER was ratified by ten ASEAN Member States in July 2005 and entered into force on 24 December 2009. It is the first ever HFA – related binding instrument in the world. The vision of AADMER: disaster resilient nations and safer communities in the ASEAN region by 2015 and its goal is to substantially reduce loss of life. It has three main objectives: improve the capacities of ASEAN for regional risk assessment, regional early warning activities and continued monitoring for well-targeted response and recovery activities; assist Member State in mainstreaming disaster risk reduction into national development policies, plans and sectoral programmes in formulating and implementing risk reduction measures that link climate change adaptation and key sectors to ensure sustainable development; and enhance disaster preparedness of Member States and improve ASEAN’s responsiveness to major disasters in a manner that is collective, fast, reliable and in line with humanitarian standards through common operational procedures and mechanisms and rapid mobilization of resources (Reyes, 2010).

## **Building Disaster Resilient Communities**

Disaster preparedness and mitigation activities start with risk and hazards assessment in at risk communities. This assessment primarily aims to make the communities safer from hazards.

Christian Aid and its partners in the Philippines engaged in a project called “Building Disaster Resilient Communities” (BDRC), using the priority actions defined by HFA. Generally, the projects of the partners can be categorized as follows: advocacy with national and local government for laws and local ordinances responsive to disaster risk reduction (Priority Action 1); enhancing early warning systems (Priority Action 2); and enhancing people’s livelihoods to respond to disaster risks (Priority Action 4). Here are some examples of the projects (Dela Cruz, Ferrer & Pagaduan, 2010).

### **1. Enhancing early warning systems (Priority Action 2):**

The Social Action Center in Infanta, Quezon (Garcia, 2010; Luna, 2010) and the “Reduction of Flood Risk in Bicol River Basin II” (Wamil, 2010) projects highlighted the use of early warning systems at the community level. The communities where these projects were implemented experience flooding along the major rivers. According to ISDR (in Luna, 2010), there are four elements of people-centered early warning system:

- Knowledge of disaster risks in the communities: there is a need to collect data for purposes of risk assessment (identifying hazards and vulnerabilities, patterns and trends, availability of hazard maps);
- Monitoring and warning service: (ensuring that the right parameters are monitored; ; having scientific basis for forecasting; ensuring that accurate and timely warning will be generated);
- Dissemination and communication: (ensuring that warnings reach those at risk, can be easily understood and are clear and useable);
- Response capability (ensuring that response plans are up to date and tested, that local capacities and knowledge are used, and that people are prepared and ready to react to warnings).



Using these four elements, the two projects set out to establish their early warning systems which were envisioned to improve the monitoring and forecasting of information to guide communities in their preparation. In Quezon, they used radio communication technology which can reach the whole community. They trained community volunteers, most of whose mindsets have been changed by the tragic events of November 2004. They already saw the need for emergency responses and community preparedness. The project people coordinated with an academic institution, University of the Philippines – National Institute for Geological Sciences (UP-NIGS) who trained them on the data that have to be gathered, especially hydrological data gathering on precipitation, water level, river width and elevation which were used as basis for installing water level measuring stations. UP NIGS also provided simple rain gauges. Community involvement was essential in the data gathering. This system consisted of the following elements: prediction and weather forecasting; detection – observation of rainfall and flood levels; communication – relay information to disaster agencies; decision – making; and, mobilization. These early warning systems help at – risk individuals and communities to act early to avoid injury, loss of life, damage to property and livelihood.

Bgy. Banaba, San Mateo, Rizal is a village bounded by Marikina and Nangka rivers. During typhoon Ketsana, floodwaters covered the second level of homes near the river and flooded homes near the highway. This never happened to them before. Because of their very precarious location, the people's organizations in these communities, together with the local government units, have established a very effective early warning system that people have heeded for their own safety. When the river water reaches 17.5 meters, residents are warned to prepare for evacuation. Local government officers and members of the people's organizations are then closely monitoring the water levels. The first alert comes at 18 meters, where all residents are urged to evacuate. The second alert comes at 19 meters and on the third alert at 20 meters, residents are forced to evacuate from their houses.

Homes located near the river banks have learned to be prepared for evacuation. Their experience in the past years where they stay in evacuation centers have made them aware of what needs to be prepared. Whenever the typhoon season starts, they pack their evacuation bags in case there is an urgent need to evacuate. They know they will stay for at least for three days in the evacuation center and hence pack domestic supplies good for three days, e.g. clothes, food packs. The students would usually put their school supplies and materials in plastic bags for protection.

The local government has also assigned where families should go when they have to evacuate. They already know which elementary school they will have to proceed. Fourteen families are assigned to each classroom. Others go to the multi-purpose center.

## **2. Advocacy among local governments for ordinances responsive to disaster risk reduction (Priority Action 1):**

FORGE (Fellowship for Organizing Endeavors, Inc.) is a non-government organization based in Cebu City, Philippines, mainly working among urban poor communities in the city. The Mainstreaming Disaster Risk Reduction Pilot Project in Bgys. Apas, Bulacao and Kalunasan in Cebu City was implemented by FORGE with the support of Christian Aid from October 2008 to March 2009 (Balang, 2010; Bawagan, 2010). The presence of large urban areas in Cebu City has transformed it as the urban core and center of commerce both in the province and in Central Visayas region. In the urban commercial and residential areas, the most common problem regularly confronting the populace are clogged drainage systems which easily result to floods during a heavy downpour. During dry months, fire disasters threaten the communities due to housing congestion and illegal tapping of electrical connections. There are also communities in the urban and rural barangays near the river banks and hills which are prone to landslides.

By virtue of a Resolution, a partnership between the three barangays and FORGE was crafted to develop the medium term Barangay Development

Plan incorporating disaster risk reduction strategies. The main activity was a Participatory Capacity and Vulnerability Assessment (PCVA) wherein barangay officials, members of people's organizations and other key informants met to surface community experiences and issues related to hazards and disasters.

The entire Barangay Development Planning process consisted of three modules of three days each. The first module is the 'Training of Trainers' where the participants learned participatory learning and action methods and the PCVA process. For the second module, the participants from the first module facilitated the data gathering process, using interviews with around 50 key informants from various sectors in the village. The facilitators and key informants discussed the following concerns: economic; environment and health; infrastructure; development administration; human development; and, disaster risk management. Various data gathering tools were used: work division matrix; secondary data; resource mapping; timeline; and Venn diagram. During the PCVA Workshop, the facilitators ask the participants the three major hazards that they faced in the past ten years. They also identify the most vulnerable among women, men, children and elderly and those who have the capacity to respond during disasters. Each group presented their reports to the plenary who in turn provided comments and further suggestions. For the third module, the participants formulated plans in response to the issues discussed in module two.

The final output of the barangay development planning workshops is the five-year barangay development plan which is based on the community issues and concerns. The community vision and goals is likewise formulated. Community leaders, sectoral representatives (youth, women, elderly), and barangay officials who were involved in the participatory planning process became the members of the Barangay Development Council responsible for the implementation, monitoring, and evaluation of the BDP.

The participants identified the most common community problems that contribute to the hazards. In Bgy. Apas, one of the problems identified was improper garbage management which makes community members, especially

children and elderly, prone to diseases. According to the participants, if every household is responsible for their own garbage, the problem of drainage clogging will be addressed and health risks minimized. In Bgy. Kalunasan, the participants identified the lack of community awareness on the impact of small scale quarrying and charcoal making on landslide and flooding. The Barangay Local Government Unit (BLGU) also does not have enough funds for the construction of river bank stabilization measures which could decrease the adverse effects of landslides and flooding. While in Bgy. Bulacao, flooding affects the informal settlers living at the foot of the mountain and along the riverbanks.

The project used the thematic area 4 of the Hyogo Framework for Action on risk reduction and social protection which includes the following:

- adoption of sustainable environmental management practices to reduce hazard risks;
- enhancing collective knowledge and experience in managing hazards and crises;
- putting in place structural mitigation measures to protect communities using local labor, skills, materials and appropriate technologies; and,
- developing local disaster plans to be incorporated into the local government development and land use planning.

Some of the activities implemented under this project are: riverbank stabilization in Bgy. Kalunasan, using the gabion type riprap; tree planting activities along the riverbanks and other upland areas; and, solid waste management program. Community organizing and education were regular components of these activities.

### **3. Enhancing people's livelihoods to respond to disaster risks (Priority Action 4):**

Enhancing people's capacities to address disaster risks in farming communities is important to ensure food security and environmental sustainability. This was the objective of the BDRC project in Bgy. Sianon, Badiangan, Iloilo implemented

by the Panay Rural Development Center Inc. (PRDCI) together with the local government unit and the community organizations (PRDCI & Tionko, 2010). The villages experience typhoons, flooding, landslide and drought within the year, making their sources of livelihood very vulnerable.

The primary project was introduction of sustainable agriculture practices to the communities, which for a long time have been practicing mono-cropping. Farmer cooperators were trained and demonstration farms were established to convince more farmers to adopt sustainable agriculture techniques, such as use of botanical pesticides and planting botanical plant protection agents. Bio-intensive backyard vegetable gardening was also introduced. The community also engaged in vermin-composting to provide affordable organic inputs for farmers. Rice straws and animal dung were also used for the compost. To mitigate landslides and soil erosion, madre de cacao were planted to strengthen and stabilize the sloping areas. And to address problems brought about by drought, the community implemented rainwater harvesting and construction of rainwater ponds. Vegetables were planted in raised bamboo containers. Plastic sheets were also used to cover vegetable plots during the rainy season. People's enthusiasm to participate in the project can be attributed to the awareness-building sessions conducted among the farmers where they discussed disaster risks and climate change and how sustainable agriculture techniques can help to strengthen their capacities and reduce vulnerabilities.

From this project, communities learned food security measures such as having home gardens, seed storage, production of root crops and legumes that have longer shelf life. They were able to identify the characteristics of a food self-sufficient community within the framework of building a disaster resilient community, as follows: capacity to produce and store food until the next harvest; presence of buffer stock for disaster emergency purposes; changed outlook about food; protection and conservation of community resources; engagement in rain water harvesting and storing (Tanchuling, 2010, p.185).

The case studies showed the importance of various elements in building disaster resilient communities, namely: community organizing; community participation; access and use of disaster information and knowledge, good governance, development of appropriate technology, disaster preparedness and management planning, and complementation of local and scientific knowledge. The cases also showed that it was important that communities learn from previous experiences of disasters for their future protection.

“Communities have inherent capacities that they can draw from to help each other, and eventually recover and rebuild their lives. The critical task of external service providers like NGOs and government is to support community so that they go beyond being ‘victim’ or ‘disaster survivor’ and move to asserting agency. Through participatory activities like capacities and vulnerabilities assessment and contingency planning, people are put back on the driver’s seat. Furthermore, community organizing and community building processes have engaged the people to build their capacities and confidence to face future disasters” (Dela Cruz, et al, 2010, p. 8).

## **Participatory Processes in Disaster Recovery and Rehabilitation**

In November 2004, four strong typhoons successively hit the Philippines which caused landslides and flooding in the major river of Gen. Nakar in Quezon province, South Luzon. A lot of lives were lost. Some bodies were not recovered, others were buried deep in mud. Most of the town government officials were caught by surprise by the sudden rise of the river waters, bringing with it a lot of logs from the mountains. Homes along the riverbanks were swept by the strong current. Villages were buried as high as ten feet. This story shows how the community engaged in participatory processes in their disaster recovery projects (Bawagan, 2011).

After the disaster, relief efforts soon poured into Gen. Nakar and other affected towns. But more than relief work, there had to be a lot of rehabilitation

that needed to be done. International NGOs came to provide support to the communities. Two particular experiences show the community effort to address the needs of the villagers after the disastrous event, specifically bringing back the potable water system in almost all the villages of Gen. Nakar and rebuilding homes which were totally or partially damaged by the typhoon. These cases highlight the lessons learned from a stronger cooperation established among the community people, local officials, local non-government organizations as well as international organizations in addressing rehabilitation needs of communities after a disaster, which community development practitioners as well as officials will learn from.

### **Rehabilitation of Water supplies**

Since almost all of the sources of potable water in Gen. Nakar were destroyed by the typhoons, GENADEV (General Nakar Development Initiatives Inc.), a non-government organization working in the area, focused its efforts towards the rehabilitation of the water system to achieve the following: access to safe and potable drinking water; decrease in incidence of water borne diseases among children and adults; and, community participation and accountability for the usage and management of the potable water systems.

They conducted the following major activities:

- a. Mobilization: rapid area appraisal, data validation, community consultations, organizing local volunteer groups for water system installation;
- b. Set-up implementation and management schemes: formulate Memorandum of Agreement among the barangay officials, neighbourhood associations, municipal officials and GENADEV regarding the project grant, draft regulations in the operation and management of the community potable water system, formulate barangay resolutions for guidelines on local water resource management;
- c. Installation of water systems: draft specific installation plans and designs, acquisition and delivery of materials, turn-over of materials to

barangay officials and volunteer groups, actual installation and water testing;

- d. Monitoring and evaluation: monitoring and mapping the installation of the potable water system, turn-over of operational management of the potable water system to community leaders, evaluation with barangay officials and community organizations.

GENADEV is a member of the Municipal Disaster Coordinating Council composed of NGOs, POs and government agencies. For the potable water project, GENADEV coordinated with another donor agency in identifying appropriate sites for the installation of specific water systems and training and orientation of community people regarding effective management of the water system. The local government unit on the other hand provided technical assistance while the barangay units mobilized the community for its labor counterpart.

### **Participation of community/beneficiaries**

Each barangay unit prepared a Memoranda of Agreement prior to the installation to define the obligations of the following parties: GENADEV, neighbourhood associations, barangay officials and municipal officials in the construction, operation and maintenance of the potable water system. GENADEV as the facilitator must ensure the effective implementation and management of the project in coordination with the local government. The neighbourhood association will receive the construction materials, provide labor counterpart and draft the guidelines for the use and maintenance of the water system. The barangay officials will coordinate with the municipal social welfare office for the “food for work” packs and ensure the maintenance of the water system as a barangay facility. The municipal officials will provide the necessary technical support to the project and provide the necessary maintenance support to the water system as a public facility. Through participatory strategies, GENADEV ensured community ownership of the project.



## **Assessment**

Through this project, GENADEV was able to mobilize the resources of local government who provided for food packs and neighbourhood associations who gave their labor counterpart. This project was able to show that partnership between community organizations and local government units can be done. Moreover, it was also able to show that infrastructure projects of this type can be done at a lower cost, compared to infrastructure projects which are contracted out by local government.

Aside from the comparison in terms of costing, this project also differs from a government project since the people can claim ownership to this type of project due to the sweat equity that they contributed. They also share with the local government the responsibility to manage and maintain the project after its full construction and turn-over.

## **Housing Construction**

Many homes were destroyed by the series of typhoons. Those who were located along the river banks and near the shorelines were totally destroyed, while some were partially damaged. ICTC (Inter-Congregational Theological Center), a theological school founded on August 1998, is a joint endeavor of various congregations who share the same vision of Philippine society and who follow a relevant and liberating theology. ICTC's main objective is to become an institute of learning where religious and lay men and women are formed on solid contextualized theological formation to become pastors involved in effective, apostolic and liberating ministry (ICTC, 2005). Its Pastoral Program requires seminarians to stay in the field areas for a month or two every semester, to experience daily life with families in poor communities, conduct social research and plan programs with the community. After the typhoons in November 2004, the seminarians who were on field gathered donations for relief assistance and coordinated with other organizations for relief and rehabilitation activities in the towns of Gen. Nakar and Real.

ICTC conducted rapid community appraisal, organizational building and

community planning for the relief and rehabilitation program. The team of seminarians conducted damage assessment by conducting ocular visits and focused group discussions. They also gathered secondary data from the local government units. They met and planned with parish priests, lay pastoral workers, members of the Basic Christian Communities, and local people's organizations. Wherever necessary, medical missions were also held alongside the planning meetings. Specific for the housing construction, the communities identified local coordinators who will help in the implementation of the project.

The housing beneficiaries provided the basic house skeleton structure and labor counterpart. They gathered wood for the house skeleton from the logs scattered around the village. They also have to ensure that the land where the house will be built is secured. ICTC will provide the roofing and wall materials, nails and cement for the house posts. For the home provisions, some families opted for kitchenwares like cooking pots, others chose provisions for sleeping like mosquito nets. ICTC also provided food packs for construction work being done by the families.

Mutual support was provided by beneficiaries to each one to finish construction of their homes. Even if the houses have not been fully finished, some of the families have started occupying their homes. The sizes of the houses vary, depending on the plan of the beneficiary. They supplied whatever else they needed beyond what ICTC provided, e.g. more cement, plywood, and roofing sheets.

Other individuals and organizations were willing to assist in providing housing support coordinated with ICTC to avoid having the same beneficiaries. Others who were in the ICTC list of housing beneficiaries were also given the option to get the support from other groups.

The construction materials distributed to the beneficiaries varied, depending on their needs and the monitoring done by the community coordinators. Not everyone got a complete set. The complete set consisted of the following: roofing materials; sheets for walls; nails; cement; gravel and

sand; hollow blocks; toilet bowl; pipes; steel bars; fittings; and, a few tools. This complete set would already be sufficient to build a decent home. In case beneficiaries decided to build a larger home, they have to provide on their own whatever other materials they needed.

## **Assessment**

Not all of the beneficiaries started to rebuild their homes once the housing materials were available. Some of them opted to work with the ongoing rehabilitation efforts in the village, e.g. road and bridge rehabilitation, wherein they could earn some amount of money for their families.

The presence of the community coordinators were of big help to ICTC in its implementation. They are familiar with the village, especially the people who have lost their homes and are really in need of support. They have been very committed and steadfast in their work to support this project. When the homes were finished, a collective house blessing for all the beneficiaries was conducted.

It was evident in these cases that livelihood concerns of the victims took priority over other needs. Hence, the community members gave time to rehabilitation project activities wherein they could get some cash which they can use for their daily needs, especially since their main sources of livelihood have been affected by the disaster. They helped in the water systems rehabilitation, road and bridge repairs. Hence, this should be taken into consideration in future planning of rehabilitation activities. The use of both 'cash-for-work' and 'food-for-work' for infrastructure repair done by community members proved to be good examples helping the victims in the process of rebuilding the community.

Moreover, the above-mentioned scheme for infrastructure repair proved to be more cost-efficient than local government contracting out the services to other private companies. It 'hits two birds in one stone' – people get some form of employment and income and the local government saves on infrastructure expenses since these were provided by the donor agencies.

Non-government organizations provided the necessary technical assistance. Even during times of non-disaster, local government can learn from this experience and maximize the local expertise available in the communities for regular infrastructure projects.

## Conclusion

These various experiences of projects being implemented in the pre- and post-disaster phases within the community-based disaster risk reduction and management framework all share the importance of community organizing and participatory processes in planning and program implementation. Social workers and community development workers, whether they are in non-government organizations, government agencies, and international organizations, play important roles in these activities. Government has to lay down the enabling mechanisms for DRR, specifically approve national laws and local ordinances, establish offices and committees for disaster risk reduction and management from the national to the local levels, provide funds for the program implementation, establish partnerships with other countries in the region, especially for cross-country program implementation. Non-government organizations and people's organizations have a role through various programs. Coordination with different actors and complementation of their roles are crucial to achieve the goals of increasing people's capacities and reducing their vulnerabilities, reduction in loss of lives and damage to properties and eventually towards people's development.

## References

- Agsaoay-Saño, E. (2010). Advocacy and support work for the disaster risk reduction and management law in the Philippines. In Dela Cruz, L.P., Ferrer, E.M. and Pagaduan, M.C. (Eds.), *Building disaster-resilient communities: stories and lessons from the Philippines* (pp. 129-143). Quezon City: CSWCD-UP.

- Balang, A. (2010). Building disaster resilient communities among the urban poor in Cebu City. In Dela Cruz, L.P., Ferrer, E.M. and Pagaduan, M.C. (Eds.), *Building disaster-resilient communities: stories and lessons from the Philippines* (pp. 97 - 119). Quezon City: CSWCD-UP.
- Bawagan, A.B. (2010). Reflections on building disaster resilient communities among the urban poor in Cebu City. In Dela Cruz, L.P., Ferrer, E.M. and Pagaduan, M.C. (Eds.), *Building disaster-resilient communities: stories and lessons from the Philippines* (pp. 120-128). Quezon City: CSWCD-UP.
- Bawagan, A. (2011). Communities rising from the mud and landslides. Proceedings of the 2<sup>nd</sup> Asia Pacific Regional Conference on Community Development: *Enriching CD Education amidst global economic and environmental crises*, 145-151. Quezon City: UP CSWCD.
- Cruz, L.P., Ferrer, E.M. and Pagaduan, M.C. (Eds). 2010. Building disaster-resilient communities: Stories and lessons from the Philippines. Quezon City: CSWCD-UP.
- Garcia, A. (2010). Installing early warning system along the Agos River in the municipalities of Infanta and General Nakar. In dela Cruz, L.P., Ferrer, E.M. and Pagaduan, M.C. (Eds.), *Building disaster-resilient communities: stories and lessons from the Philippines* (pp. 9 - 22). Quezon City: CSWCD-UP.
- Heijmans, Annelies & Victoria, Lorna P. (2001). Citizenry-based & development-oriented disaster response. Quezon City: Center for Disaster Preparedness.
- ICTC. (2005). Proposal submitted to Terre des Hommes Netherlands ISDR (2007). Words into action: a guide for implementing the Hyogo framework. Geneva: UN Secretariat of the ISDR
- Kanae, S., Kasuhara, K. Iseri, Y. & Imada, Y. (nd.) Asian Monsoon Years (2007-2012) Stochastic assessment of typhoon risk in the Asia-Pacific region. Retrieved from [http://conference2011.wcrp-climate.org/abstracts/C1/Kanae\\_C1\\_M217A.pdf](http://conference2011.wcrp-climate.org/abstracts/C1/Kanae_C1_M217A.pdf)
- Lopez, V. & de Leon, J. (2011, June 27). Falcon' damage estimated at P54-M. *Sun Star Manila*. Retrieved from <http://www.sunstar.com.ph/manila/local-news/2011/06/27/falcon-damage-estimated-p54-m-163402>
- Luna, E.M. (2010). Warning: Take heed, early warning system being installed. In Dela Cruz, L.P., Ferrer, E.M. and Pagaduan, M.C. (Eds.), *Building disaster-resilient communities: stories and lessons from the Philippines* (pp. 23-32). Quezon City: CSWCD-UP.
- Panay Rural Development Center Inc. (PRDCI) & Tionko, A. (2010). Reducing livelihoods vulnerability for disaster resilience: The Bgy. Sianon BDRC experience. In Dela Cruz, L.P., Ferrer, E.M. and Pagaduan, M.C. (Eds.), *Building disaster-resilient communities: stories and lessons from the*

- Philippines* (pp. 159-181). Quezon City: CSWCD-UP.
- Reyes, M.L. (2010). AADMER work programme 2010-2015. Retrieved from [http://www.pacificdisaster.net/pdnadmin/data/original/ASEAN\\_AADMER\\_2010\\_IAP\\_work\\_prgrmm.pdf](http://www.pacificdisaster.net/pdnadmin/data/original/ASEAN_AADMER_2010_IAP_work_prgrmm.pdf)
- Sphere Project (2004). Humanitarian charter and minimum standards for disaster response. Switzerland: Sphere Project.
- Tanchuling, M.L.V. (2010). Of livelihoods, food security, people's participation and Disaster risk resiliency: reflecting on PDRCI's BDRC experience. In Dela Cruz, L.P., Ferrer, E.M. and Pagaduan, M.C. (Eds.), *Building disaster-resilient communities: stories and lessons from the Philippines* (pp. 182-192). Quezon City: CSWCD-UP.
- United Nations International Strategy for Disaster Reduction (UNISDR). (2007).
- Hyogo Framework for Action. Retrieved from <http://www.unisdr.org/we/coordinate/hfa>.
- Wamil, R.A.V. (2010). Decentralizing disaster information: Reflections on the BRB2 project. In Dela Cruz, L.P., Ferrer, E.M. and Pagaduan, M.C. (Eds.), *Building disaster-resilient communities: stories and lessons from the Philippines* (pp. 58-66). Quezon City: CSWCD-UP.

# Urban Poverty: The Invisible Poor Population in Malaysia

AZLINDA AZMAN AND JAMALLUDIN SULAIMAN

---

*Azlinda Azman, Ph.D is a Senior Lecturer in Social Work and Jamalludin Sulaiman, Ph.D is a Professor in Economics, School of Social Sciences, Universiti Sains Malaysia, Penang.*

## Abstract

Malaysia's rapid economic growth and development during the mid-1980s to the late 1990s has made her one of the more successful Southeast Asian nations. With the population more than tripled to 28 million since independence and the per capita income the third highest in South East Asia, this has caused the rural unemployed and under-employed to migrate from the rural to the urban areas to seek better job opportunities. This phenomenon is not without consequences as some of the less fortunate rural migrants without a more stable job continue to struggle in their new environment. Although some earn an income above the national poverty line income (PLI), the higher cost of living in urban centres actually renders them unable to make ends meet. Those with school going children face even greater challenges for similar reasons. Although their income maybe above the PLI and are not categorised as poor, their lives are a constant struggle. This paper will attempt to answer the following questions with regard to this urban poor population, who are invisible in the eyes of the system. (1) How should urban poverty be defined? (2) What is the socio-economic background of this group of population? (3) How do they cope with the challenges of city life with little income to support their families? (4) What are some of the intervention strategies in helping this 'invisible' population and its implication to social work practice?

**Keywords:** Urban poverty, invisible poor, social work practice

## Introduction

The Federation of Malaysia or more commonly known as Malaysia, a relatively small Southeast Asian country, has gone through many policies and development plans all with the ultimate aim of improving the quality of life of the 28 million population. Fulfilling the basic needs of food, clothing and

shelter has been met for the majority of the population today. Statistics tell it all. The incidence of poverty today is less than 10 percent (Ninth Malaysia Plan). The number of hard core poor is very much less (< 3%) based on the Poverty Line Income (PLI) as determined by the government. At independence in 1957, the incidence of poverty was about 60 percent. This is a remarkable improvement over a period of five decades.

Moving forward, the nation has worked very hard to meet the higher level of social needs such as health, education, security and physical infrastructure to ensure that Malaysians enjoy the quality of life similar to that of the developed nations. The development policies and programmes introduced and implemented, although subtly mentioned, are always meant to improve the overall wellbeing of its population.

The infamous “racial riot of May 13” in 1963, when Parliament was suspended indefinitely and later reconvened after 21 months in February 1971, marked the beginning of Malaysia’s long-term national policies to propel the nation for a more balanced development for its 28 million multi-ethnic populations – the Malays or the Bumiputera, the Chinese and the Indians. The New Economic Policy, 1971-1990 (NEP) was announced soon after that. The main objective of NEP was to eradicate poverty and to restructure society regardless of race or religion. The National Development Policy, 1991-2000 (NDP) replaced the NEP in 1991. NDP focussed on a more balanced economic growth and equity. The National Vision Policy 2001-2010 (NVP) announced in 2001 with the overriding objective to achieve national unity was taken over by the New Economic Model 2011-2020 (NEM), which is actually an economic plan, announced by the Prime Minister on March 30, 2010. The goal of NEM is to “transform the Malaysian Economy to become one with high incomes and quality growth” by 2020. This is similar to the Vision 2020, to make Malaysia a fully developed and industrialized nation by the year 2020, announced by Malaysia’s fourth Prime Minister in 1991.

Specific policies to enhance Malaysia’s various economic sectors were introduced in early to mid 1980s to help propel Malaysia achieved many of its



development goals. Some of the major policies were:

*1982 - The Look East Policy*

*1983 - Malaysia Incorporated Policy*

*1983 - Privatization Policy*

*1984 - The National Agricultural Policy (NAP)*

*1986 - The Industrial Master Plan (IMP)*

Malaysia's rapid economic growth and development during the mid-1980s to the late 1990s has made her one of the more successful South East Asian nations. Although the population has more than tripled since independence in 1957 to about 28 million today, its per capita income has also increased. At \$14,900, it is the third highest after Singapore (\$52,200) and Brunei (\$51,200), using PPP in 2009. This has caused rural-urban migration of the unemployed and under-employed to seek better opportunities in the major urban centres such as the Klang Valley, Penang and Johor.

The rural-urban migration is not without consequences. While many of the rural migrants landed with decent jobs and incomes, others not so fortunate continue to struggle in their new environment, where the cost of living is higher. The higher cost of living in urban centres renders them unable to make ends meet. Families with school going children face even greater challenges for similar reasons. Having incomes above the official poverty line income makes them ineligible for poverty programs.

This paper will attempt to answer the following questions with regard to this urban poor population, who are invisible in the eyes of the system. (1) How should urban poverty be defined? (2) What is the socio-economic background of this group of population? (3) How do they cope with the challenges of city life with little income to support their families? (4) What are some of the intervention strategies in helping this 'invisible' population and its implication to social work practice?

## Poverty in Malaysia

There are many definitions and interpretations of poverty depending on individuals' or agencies' perception as well as by country. Poor may mean lacking the basic minimum of what is regarded as norm in a society. Some may consider someone is poor for lack of the basic education. Being poor may also mean someone who has no access to the basic health care services or no access to information or the many other socially desirable services needed to function efficiently in a society. In fact, there are many facets to poverty but regardless of how it is defined; being poor will have debilitating impact on the person. For the purpose of this paper, the two universally accepted concepts of poverty - absolute poverty and relative poverty - will be used.

Absolute poverty (or extreme poverty or the hardcore poor) refers to those who lack the basic life necessities of (i) food and clothing; (ii) transport, health, education and other social amenities; and (iii) shelter or housing. This definition of the absolute poor remains constant over time, space or changes in taste and preferences of the individual. Relative poverty, however, is not constant, but varies over time and space. It is also about income distribution. The poor here refers to the group with the lowest income in the population. With development, and as a result of the rural-urban migration, two new groups of the poor emerged. They are the urban poor and the vulnerable. This paper concerns about urban poor in the country.

With population growth, the need to industrialize and urbanize became necessary. This started in the 70s and the 80s, which then saw the beginning of a different phenomenon of poverty. Rural-urban migration, because of the demand-pull from the urban industrial sectors (Lessem, 2009; Ragayah 2009), created urban slums and squatter areas, an alternative affordable housing for the migrants. The rural and the agricultural sectors could no longer absorb or support the growing population. This is the push factor. Undeniably, the nation's population will continue to grow. Birth control programme introduced several decades ago was a partial success. Paradoxically, in the 1980s, Prime

Minister Mahathir proposed the 70 million population policy, which was to be achieved in a period not clearly specified. This policy is now shelved. In spite of the various population policies and programmes, Malaysia's population will continue to grow, comparatively at a rate higher than most developed countries.

## **Who are the Poor Population in Malaysia?**

Poverty used to be a rural and a Bumiputera (the Malays and the indigenous populations) phenomenon in Malaysia. These were the rubber tappers, the paddy farmers and the fisherman living in the rural and the coastal areas. Those in the rural areas were generally involved in agriculture. With rapid rise in population, the problems associated with poverty also increased.

However, this population distribution landscape is changing. Poor families are not only among the Bumiputera but also the other ethnic groups who are also exposed to higher cost of living and experience the daily struggles in fulfilling their basic needs.

Poverty in Malaysia is measured using the Poverty Line Income (PLI) based on minimum requirements of a household for food, clothing, footwear and non-food items including rent, fuel and power for a family of five – two adults and three children. There were three PLIs for the whole nation prior to 2005; one each for Peninsular Malaysia, Sabah and Sarawak. Since then, Malaysia revised its method of determining PLI and there are now 13 PLIs with one for every one of the 13 Malaysian states (11 in Peninsular Malaysia, Sabah and Sarawak). While the previous PLI for the absolute poor was defined as half of the PLI for the relative poor, the new methodology calculates the PLI or food PLI for the absolute poor separately for all states. There is no specific PLI to categorise the urban poor.

Table 1 below summarises Malaysia's incidence of poverty and hardcore poverty for the years 1999 and 2004. Incidence of rural poverty decreased from 14.8 percent in 1999 to 11.9 percent in 2004, while the figures for urban poverty were 3.3 percent and 2.5 percent respectively. It is evident that the rural areas

have a higher incidence of poverty, thus more attention has been given to solving this rural phenomenon. Urban poverty poses different challenges to both the policy makers and the government. Thus the same approach used to tackle rural poverty may not work for urban poverty.

**Table 1: Incidence of Poverty and Hard Core Poverty, 1999 and 2004**

	1999			2004		
	Malaysia	Urban	Rural	Malaysia	Urban	Rural
<b>Hardcore Poverty</b>						
Incidence (%)	1.9	0.5	3.6	1.2	0.4	2.9
Number of Household ('000)	91.7	11.9	79.8	67.3	14.1	53.2
<b>Overall Poverty</b>						
Incidence (%)	8.5	3.3	14.8	5.7	2.5	11.9
Number of Households ('000)	409.3	86.1	323.2	311.3	91.6	219.7
<b>Total Households</b>	<b>4,800.0</b>	<b>2,612.5</b>	<b>2,187.5</b>	<b>5,495.4</b>	<b>3,605.9</b>	<b>1,853.5</b>

Source: Ninth Malaysia Plan

## The Urban Poor

According to the Malaysian Department of Statistics, the number of urban centres has not only doubled between 1980 and 1991, but population in the major cities and urban centres has also increased. Statistics for Peninsular Malaysia shows that the urban population was only 2.8 million in 1971 or 27 percent of total population. In 1991, the figures were 8.9 million and 50.6 percent, respectively. Population in smaller towns (medium and small-size towns) are reported to be decreasing, probably due to the outmigration to these urban centres. Increasing urban population puts more pressure on urban services such as education, health and transportation; on infrastructure and particularly on the environment.

It is not surprising that the number of urban poor is relatively low in Malaysia (Table 1). Many reports consider urban poverty in Malaysia not a

serious phenomenon (Siwar, 1997). There is an obvious flaw to this statement. The struggles of the urban poor population are as serious as the rural poor, if not even more serious and have greater socio-economic consequences. Its impact, on the other hand, is probably far more harsh and extreme than rural poverty. The rural poor with low levels of education or skills make them less employable in the cities. Their opportunities are confined to jobs with low wages. With usually a large family size and living in areas lacking the basic amenities makes them more vulnerable to social ills.

Social issues such as teen pregnancy, vandalism, loitering and incest are often associated with the children from poor household income. These children generally have very limited space, recreational facilities and proper environment for more positive development. Anti-social behaviours engaged by the children are often associated with the urban problems. As both parents struggle to make ends meet, they have less time to supervise the children.

Currently, there is no precise operational definition of urban poor. The same PLI is used to categorise the rural and urban as poor or not poor, whereas the cost of living in the two areas is not the same. Even between urban or rural areas in the different parts of the country, the cost of living may vary to a certain extent. If a more realistic (higher) PLI for the urban areas is used to determine the incidence of poverty, the number of urban poor figure will most likely be higher. There are many more poor families in the urban areas than what statistics is telling. This is the 'invisible poor population', who by current definition are not poor, but whose income is below what is needed to meet the basic daily expenses.

There are several categories of urban poor. This includes families with many dependents living with them. The dependents are either their own children and in some cases the parents, siblings and relatives or what is known as extended families. If only the PLI which is based on average family size of four is used as the determinants for assistance, often times these families will be unintentionally left out or will be outside the "radar screen" of many poverty programmes. This group of population is, therefore continuously experiencing

economic challenges which then can lead to other social problems (Azman et.al 2011; MOF & USM 2007).

Single parents, usually single mothers form another group of urban poor. Many of the single mothers are either widows or divorcees due to many reasons. Some wives were abandoned by they husbands while others choose to avoid polygamous relationship. There are also cases where husbands landed in prisons or drug rehabilitation centres leaving the wives to struggle with daily living in the urban areas (MOF & USM 2007). Similarly, this group of population not only faces economic challenges, but also other psychosocial challenges including dealing with stigma or discrimination.

Another group of urban poor are the aged and those with poor health. The aged clearly lack sufficient live savings or retirement plan to support their daily living. They were previously and most likely self-employed with no fixed income. With poor health it is even more difficult for them to be gainfully employed and thus this contributes to their economic struggles living in the urban areas.

Urban poor also includes those who do not own houses but either rented them or built their houses on other people's or government lands. Often times this group of people are those who migrated from the rural areas with the intention of finding better job opportunities in the urban areas. Such condition makes the families vulnerable as they can become homeless when the rightful landowners decide to reclaim the land.

Other form of urban poor also includes those in financial difficulties because of poor financial management and spending beyond their means. Higher living expenses compel them to take high interest loans from illegal money lenders. The initial intention of coping with financial difficulty at times leave these families living in debts and continue dealing with the illegal money lenders.

Immigrants, particularly illegal immigrants, are another group of the urban poor population. Their exact number in Malaysia is indeterminate and ranges between one to three millions. With limited skills, their incomes are similarly

low. As undocumented workers, these migrants face even greater challenges living in the urban areas. Locals perceive their presence as competing for the same resources including job opportunities and services.

## **Causes of Urban Poverty**

Like in many other parts of the world, the causes of urban poverty are also multi-dimensional. Numerous studies have been done about the urban poor in Malaysia. However, many of the studies only focused on squatters and their problems. Other studies look at the consequential social problems of this phenomenon. Low levels of education and skill have positive relationship with urban poverty according to several studies (Mok, et al., 2007; Siwar & Kassim, 1997). Larger families are more prone to poverty. Although Malaysians are moving to smaller families, many families still have a large number of dependents in households living in high cost urban areas (Ninth Malaysia Plan).

Many rural-urban male migrants looking for better job opportunities end up working as low skill worker in the construction sector (Lessem, 2009). With low wages and family to support, many of them end up being urban poor.

The urban elderly faces greater risk of being poor. Many chose to be in the labour force to continue earning an income to meet their daily living expenses. However, the elderly with low skill and who relies only on their physical labour will not be able to do it for very long due to health reasons (Mohd et. al 2011; Syed Abdul Rashid, S.N. & Yahaya, N. 2009). In fact, the *Employees Provident Fund* reported that 90 percent of workers have less than RM100,000 in their savings, which will not very long. It was also estimated that less than five percent of people are financially prepared to retire (Mok, et. al, 2007).

## Coping with Poverty

There are many ways on how the urban poor cope with the challenges of living in the city. Some of the coping strategies include doing multiple jobs; and others engage in small businesses such as petty trading (Sulaiman & Azman, 2010). Some more fortunate urban poor families receive the limited assistances provided by the government. This evident from the various policies and programmes that the Malaysian government has introduced in addressing the plight of the poor, including for those poor families living in the urban areas.

Some of the more common programmes include government's efforts by providing better infrastructure and fiscal incentives do create more job opportunities for Malaysians. However, the extent to which this has benefited the urban poor population is difficult to measure.

There have been significant improvements on the social amenities provided by the government especially in the urban squatter areas. Many but limited number of government low-cost housing projects benefitted some urban poor. Low-cost housing projects developed by private developers have more stringent requirements, thus are not within the means of most urban poor.

The *NADI* Programme (*NADI* in Bahasa Melayu means nerve) focuses on the squatter areas and low-cost flats in Kuala Lumpur (the 'nerve centre' of Malaysia). Although these squatter areas do not have any legal status, they are still provided with the basic necessities like electricity, water stand-pipes and health care. Children of the low-cost flats residents are provided day-care centres and free tuition; and thus parents are free to work. Such government intervention programmes have somewhat help uplift the living conditions of the urban poor with the hope that they will one day be out of the poverty cycle.

Growth centres programmes were implemented to meet the objective of the NEP and subsequent policies. The programmes include development of



smaller business centres (such as Wangsa Maju, Bandar Tun Razak, Damansara and Bukit Jalil) within Malaysia's capital city, Kuala Lumpur. The development of such areas allows more opportunities for the urban poor to be involved in small businesses or in petty trading (Jamalludin & Azman, 2010).

The "CARI" (a Malay word meaning search) programme run by the Ministry of Women, Family and Community Development, through the Department of Social Welfare locates the rural and urban poor population for the purpose of giving them financial and material aids. Indirectly, the programme also gives the government an opportunity to document the number of poor families living in both the rural and urban areas.

The *Anjung Singgah* programme, recently announced by the government in the 2012 budget (Ann Nee, 2011) is meant for helping the urban homeless. It is a one-stop centre as well as shelter where the homeless can receive the basic necessities and at the same time helping the homeless get suitable jobs for more independent living. The need for the programme clearly indicates that the number of homeless in the urban areas is increasing and worrying.

Efforts by the many Non-Government Organisations (NGOs) complement government programmes in helping the urban poor. Some of the intervention efforts include providing food stamps for eligible urban poor families; finding jobs for selected groups; providing skill training; and planning programmes with help of corporate bodies in capacity building activities.

Despite all the programmes, the issues of urban poor are still inadequately addressed due to poor implementation. Agencies generally lack the manpower and other necessary resources to run the programme effectively. Since it is a multidimensional problem, there are many issues that need to be addressed continuously.

## **Significant Issues in Urban Poverty**

The causes of urban poverty are quite well documented in various studies. Mok, et al. (2007) has discussed many of the factors. However, there are other

factors and issues that may have contributed to urban poverty or have made the phenomenon more complex.

Urban planning in the country quite often puts more emphasis in the physical aspects. It is more of an infrastructure development and not looking at its potential social impacts. Its linkages between rural-urban and between urban centres of different sizes, if well studied could reduce the rural-urban migration and the consequential social issues that might develop. Some argued that urban planning tends to bypass the poor (Kasim, 1991).

Until today, there is still unclear policy on urban poverty. While many local authorities in the country lack both the human and financial resources, other local authorities have problems collecting local taxes. With limited resources, it is difficult for the local authorities to undertake urban development and provide good services; or implement programmes to help the urban poor.

The use of the same national PLI measurement to classify urban population into very poor (absolute poor), poor or non-poor is undoubtedly flawed. There is currently no apparent effort to develop a PLI for the urban poor. Until this is done, the urban poor will remain an invisible population in Malaysia.

With no definite determinants of PLI for the urban poor, there can be no comprehensive, current and accurate database of the urban poor population in Malaysia. Underreporting or misreporting is another challenge in coming up with a good database. Also, it is not easy to have an updated database as the number of poor is not static as people can become poor anytime on different occasion. The current list of poor families depended fully on reports by local agencies and community leaders. With lack of coordination between the many agencies dealing with poverty eradication programmes, the accuracy of the database is thus questionable.

The government have moved forward to establish the *E-Kasih* database with its introduction in 2009 ([www.ekasih.gov.my](http://www.ekasih.gov.my)). This effort is beginning to be seen as important in documenting the number of poor households in Malaysia so that proper intervention can be planned for the poor population. The potentials of the *E-Kasih* database can be enhanced if it can take into

account those who are vulnerable and those with income below a certain level needed to survive in the city. If database is well-managed to ensure that it is always current, it can be a good source of reference for all stakeholders of poverty programmes for a more effective distribution of aid to the urban poor population.

The following discussion on pertinent issues regarding urban poor were heavily drawn from the studies done for the Ministry of Finance, Malaysia and the Economic Planning Unit, Malaysia (MOF & USM, 2007; MOF & UPM, 2007; Penang State EPU & USM, 2007; Azman, et.al. 2011). The lack of coordination between the different agencies has somewhat resulted in greater waste of resources. With each agency working independently according to its aims, the many roles overlap and this has resulted with some families receiving multiple assistances, while others receive no assistances at all. This situation contributes to the inefficiency of a more balanced distribution of aids for the poor population.

Often times, the agencies responsible for the poverty eradication programmes are short of competent staff. This limitation leads to too much reliance on local leaders for information and assistances. Using the so called “middle-men” at times contributes to the inefficient dissemination of available resources for the poor. Also due to lack of competent staff often causes delays in processing and approving the aid applications. At other times the type of aids given is not relevant or unsuitable to the needs of the recipients. For example, often agencies provide financial aids although other types of aid such as medical and education aid are more needed.

There are also issues where many programmes are not well planned and often do not match the needs of the poor. This is also due to lack of well trained staff, resources as well as poor understanding of the real needs of the target group. Often times, the training programmes are beyond the poor’s ability to comprehend due to their level of education. Often too the training does not match their interest. Sometimes the poor have difficulty in attending the training programmes because the need to work to earn a living.

## **Intervention Strategies**

Poverty eradication is one of the primary development agendas in Malaysia. While many programmes have been planned to eradicate poverty, there are still limitations and weaknesses of the existing programmes. The country needs more proactive agencies in dealing with poverty, particularly among the urban poor population. A first effort has to be a re-look at the definition of the poor in a more holistic manner, taking into consideration the rural and urban poor population. Adequate and clear assessment criteria must be made available so that no group is unintentionally excluded or being “invisible” from government or NGO intervention programmes.

Programmes to alleviate poverty should not only emphasize on providing the basic necessities, but also helping the poor population particularly those living in the urban areas towards better income-generating capacity. Skill building programmes makes the target group more independent. Programmes must generate the target groups’ interest for better capacity building and must be within the group’s ability to comprehend. This way, dropout rates among those attending training can be reduced, and thus training can be more sustainable.

More programmes must be planned to support children who are already in school to be able to cope with their studies despite of their limitations. Financial and material assistances as well as psychosocial support should be made available for the children in order for them to move out from the poverty cycle. For the women and women headed families, who often cannot leave home to take care of their children, intervention programmes could be bringing jobs to home. Such programmes allow the women to be productive while at the same time be at home to support the family.

Relevant agencies dealing with poverty eradication programmes must work together to avoid duplication when channelling resources to the poor. Coordination and cooperation between agencies is crucial so that aid can be distributed more effectively. Through coordination, agencies will become more aware of the different types of programmes and aids that are available.

Therefore, there is a need for an agency to be responsible for coordinating of resources between the relevant agencies. Essentially, among the main roles of this agency is to conduct case management to avoid overlapping of aids disbursement; publicise the available resources from the different agencies; and plan for programmes relevant to the needs of the target group.

Competent staff in fulfilling the role as regular field work and extension services must be looked at too. Knowing the actual need of the poor population is important in order to provide the best intervention. Intervention is more sustainable if the right assistances are given according to the needs of the poor families.

As in other urban areas, land is a premium and thus making affordable low cost housing for the poor challenging. Many of the urban poor cannot afford to purchase or rent a house due to their low income. Many therefore rely fully on the public low cost housing. Often times, the available low cost housing is not well designed or suitable for the poor families, particularly for those with many dependents. Living in a crowded environment with lack of spaces for recreational activities can lead to other social problems such as incestuous relationships, vandalisms, and other anti-social behaviours.

Many dilapidated public housing in the urban centres have been demolished to make way for development thus reducing their numbers. More efforts should be given to building low-cost housing to accommodate the urban poor. Location of the housing must also be considered so that the urban poor population have better access to public transport and other essential services. This way will enable the provision of more opportunities for the urban poor to improve themselves and further come out of the vicious cycle of poverty.

## **Implication to Social Work Practice**

Dealing with poverty is very challenging and have significant implications to social work. Poverty programmes should not only be limited to giving aids, but there are many psychosocial issues that need to be considered as

well. This includes the issues of empowering the urban poor to come out from the poverty cycle and this is not as easy as one may think of. Effective intervention which includes continuous empowerment requires qualified, trained and competent staff to be able to work with the target group more effectively. Improper intervention process sometimes can do more harm to the target groups. Therefore, many helping professionals are needed in working with this population effectively. Trained social workers for example have the needed skills to carry out such intervention processes by helping to enhance the social functioning and capacity of the target group towards better wellbeing. This is possible as the social work profession regard poverty as those characterised by experiencing deprivation of resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living. They are also subject to those who are less fortunate in other civil, cultural, economic, political and social rights ([www.ifsw.org](http://www.ifsw.org)). In other words, social work profession sees poverty as a human rights' issue.

It is therefore vital that trained social workers are available in agencies responsible for poverty eradication programmes. Social workers can play various roles in helping to change the mind set and perception about life among the urban poor. Social workers can help educate, facilitate, and be the "change agent" (Boyle, 2008) in helping the vulnerable urban poor population functioning more effectively and with a more positive mind. Positive attitude is very important and it has to be continuously be inspired in the mind of the urban poor, particularly the younger generations.

While it is recognised that the social workers' role is significant in helping the urban poor, in Malaysia, the number of trained social workers is still limited. This is because social work is not yet fully recognized as a helping profession and therefore many do not understand the roles of social workers in the area of poverty. Social workers can contribute in many ways in the area of poverty including planning and running motivational workshops, training session in related areas and providing counselling with the aim to empower the target group. Therefore, it's important to address the misperception

about social workers' roles so that they can actively play the same roles as other helping professionals in facilitating national development. Recognizing and giving recognition to the social work profession will benefit not only the poor population, but also helps agencies which are often understaffed help plan strategies in reducing urban poverty.

## **Summary and Conclusion**

Malaysia's rapid economic growth and development has made her one of the more successful Southeast Asian nations. With population tripling since independence in 1957 to about 28 million today and the per capita income third highest in Southeast Asia at \$14,900 (in PPP), it is not unexpected that this has caused rural-urban migration. Many unemployed and under-employed from the rural areas move to the urban centres such as the Klang Valley, Penang and Johor to seek better opportunities. With low education and lacking the needed skill these people landed in low-paying jobs. Those with larger families face even tougher challenges of the city life to make ends meet.

The increasing cost of living is a global phenomenon; and Malaysia is not spared. Increases in food prices have greater impact on the poor. The subsidy mechanism helps the low wage earners to have food on the table. With the subsidy now slowly being removed, the once affordable essential food items are slowly not within the reach of this group of population. Transport, utilities and other services costs are also on the rise. The low income urban population are now vulnerable to the rising cost of living. An unexpected event in the family – a death, a birth of a child, a disability of a family member due to health or other reasons is sufficient to make the low income earner's life more challenging. Whatever little savings the families have may probably be sufficient to sustain the family for a while. But a chronic disease or loss of income earner in the family will soon deplete the small sum put aside for the difficult days. Unexpected events in the life of the low income earner can be quite threatening to their financial security and well being.

Some of Malaysia's five-year development policies have ingredients to address the urban poor although indirectly. Policies on housing for the lower income urban population and some others do alleviate the plight of the urban poor. All these policies and programmes clearly shows that Malaysia is in line with the Millennium Development Goal agenda on the mission to halve incidence of extreme poverty by the 2015 (UNDP, 2010; Ragayah, 2009).

Malaysia however has no clear and apparent policy on the urban poor. Urban poverty has not been clearly defined. Many in urban areas have income above the PLI; but the high cost of living actually makes them just as poor. Consequently, they remain outside the radar of poverty programmes rendering them "invisible" to the authorities.

Generally urban development planning does not look at the potential socio-economic impacts of the proposed new urban centre. It has always been physical planning. The larger picture of its location with reference of other urban centres needs to be analysed critically. The impact of the possible rural-urban migration and its consequential social problems that may emerge need to be evaluated.

The urban poor need to be encouraged and trained to be more independent and to get them out of the poverty cycle. It is important for them to have positive attitudes towards greater social functioning; not only for themselves, but also for their children. Social workers must therefore be given the due recognition and opportunity to work with this group of population. Responsible agencies must include social workers in many of their poverty eradication programmes so that best intervention can be given to the target groups.

The same prescription used to tackle rural poverty may not work as well in alleviating the varied problems of the urban poor. Until that is addressed, the urban poor population will remain invisible.

Urban poverty has been around in the country for sometime now. The multifaceted nature of this issue needs to be looked at systematically. Urban poverty must be recognised and operationally defined to ensure its comprehensiveness. Statistics on the urban poor must be made available



and updated frequently. Agencies to handle this group of population must be identified and given the needed resources. Social workers need to be given more opportunities to play their roles in empowering the population. Otherwise, this group of vulnerable urban population will remain marginalised and “invisible”.

## References

- Ann Nee, E. (2011). Shelter helps the homeless back into society. *The Malay Mail*, 7 June, 2011, p. 2.
- Azman, A., Sulaiman, J., Mohd, S. & Baba, I. (2011). Contemporary issues and challenges in poverty: A case study of Malaysia. *The Hong Kong Journal of Social Work*, 44, Issue 2, 135-150.
- Boyle, S.W. (2008). *Direct practice in social work* (2<sup>nd</sup> eds). Boston: Allyn and Bacon.
- Department of Social Welfare (2010). Accessed on 12 December 2010 from [www.jkm.gov.my](http://www.jkm.gov.my).
- Economic Planning Unit, Prime Minister's Department, Malaysia (2006-2010). Ninth Malaysia Plan.
- E-Kasih website accessed on 2 October 2011 from <http://www.ekasih.gov.my>.
- International Federation of Social Workers (2011). Accessed on 3 October 2011 from <http://www.ifsw.org/p38001913.html>.
- Jamalludin Sulaiman & Azlinda Azman (2010). Entrepreneurship skill for better income equality: A case study of petty traders in Penang, Malaysia. *Journal of Global Management Research*, 6(2), 33-40.
- Kasim, M. Y. (1991). Urban development and urban poverty: Current thinking. In Johari, M. Y. (Eds), *Urban Poverty in Malaysia*. Institute for Development Studies (Sabah), Kota Kinabalu.
- Lessem, R. (2009). Labor migration in Malaysia. Accessed on 2 October 2011 from <https://mywebpace.wisc.edu/rlessem/web/mig.pdf>.
- Ministry of Finance and School of Social Sciences, Universiti Sains Malaysia (2007). *Report on micro level study on poverty in selected districts: Policy formulation and programme intervention in the parliamentary districts of Balik Pulau, Pulau Pinang and Bagan Datok, Perak*.
- Ministry of Finance and Universiti Putra Malaysia (2007). *Report on micro level study on poverty in selected districts: Policy formulation and programme*

*intervention in the districts of Bachok, Kelantan, Sabak Bernam, Selangor and Raub, Pahang.*

- Mohd, S., Azman, A., Sulaiman, J. & Baba, I. (2011). Establishing the well being of the rural-urban elderly population: A case study of Indonesia. *The Hong Kong Journal of Social Work*, 44, Issue 2, 105-120.
- Mok, T. Y., Gan, C. & Sanyal, A. (2007). The determinants of urban household poverty in Malaysia. *Journal of Social Sciences*, 3 (4): 190-196.
- Penang State Economic Planning Unit, Prime Minister's Department, Malaysia and School of Social Sciences, Universiti Sains Malaysia (2007). *Report on Penang poverty study.*
- Ragayah Mat Zain (2009). *Poverty reduction, social integration and development: The formula for PEACE? Bangi: Universiti Kebangsaan Malaysia.*
- Siwar, C and Kassim, M. Y. (1997). Urban development and urban poverty in Malaysia. *International Journal of Social Economics*, Vol. 24(12), 1524-1535.
- Syed Abdul Rashid, S.N. & Yahaya, N. (2009). Roles and challenges in providing for the well being of the older persons. Serdang: Universiti Putra Malaysia. Accessed on 3 October 2011 from <http://www.jkm.gov.my>.
- United Nation Development Programme (2010). Millennium Development Goal. Accessed on 2 October 2011 from <http://www.undp.org/mdg>.

# Baitul Maal wat Tamwil (BMT) as Microfinance Institution: Bringing the 'Promise' of Poverty Reduction

BAGUS ARYO

---

*Bagus Aryo, Ph.D is a lecturer at Department of Social Welfare, Universitas Indonesia.*

## Abstract

The main criticism of microfinance is the failure to deliver on its 'promise' which is poverty reduction. BMT in this article can offer a clear roadmap to achieve two objectives of microfinance: poverty reduction and financial sustainability. The Baitul Maal (social and welfare activities) and Baitul Tamwil (economic activities) as the existing functions of BMT help to achieve those objectives without sacrificing one of them. Lastly, BMT show its independency from donor aid in their daily operation.

**Keyword:** Microfinance, poverty, sustainability, Sharia financial principles

## Introduction

Over the last three decades there has been a growing interest in microfinance or what is known as 'banking with the poor.' However, the definitions of microfinance proposed by some scholars and organisations are different from one another. Nevertheless, the fundamental principles remain the same in which microfinance refers to the provision of financial services, primarily savings and credit, but also other financial services to poor and low-income households that do not have access to commercial financial institutions such as a bank. Many advocates of microfinance argue that microfinance has been critical to the fate of the poor in many developing countries, helping to empower the poor, stimulate economy at the bottom of the pyramid and initiate social development process.

This article will be based on Indonesia's experience. Indonesia has come to be seen as 'the world's laboratory of rural financial market (microfinance) experiments' (Gonzalez-Vega & Chavez, 1992, p.1). In this vein, Riza Primahendra<sup>1</sup> argues that Indonesia is the center of microfinance (personal communication, February 2, 2006). Currently, there are more than 3,000 microfinance institutions (MFIs), including the conventional model based on interest rates and the *Sharia*<sup>2</sup> model based on profit and loss sharing (PLS) schemes, serving both urban and rural poor communities in Indonesia (Aryo, 2004; Aryo, 2011; Madjid, 2007).

This article will discuss the BMT or *Syaria* microfinance which is the provision and use of financial services and products that conform to Islamic religious principles which are outlined in the Qur'an and Islamic law. The article basically argues that BMT provides 'answers' to a growing number of criticisms of microfinance programs. The second part of this article will explore definitions of BMT and *Syaria* financial principles (PLS and non PLS). This is followed by a discussion of promises and criticisms in microfinance and lastly the solutions offered by BMT to accomplish two objectives of microfinance, namely, poverty reduction and financial sustainability.

Lastly, the method of this article is mainly from desk study. Nevertheless, there are some additional techniques/methods to support the analysis, such as, interviews of five key persons (practitioners) in the BMT community, observation of four BMT in Jakarta and Sleman (Jogjakarta). The purpose of the study is to provide insight and solution to the growing criticism on microfinance which fails to deliver poverty reduction.

---

<sup>1</sup> Riza Primahendra is the ex Director of Civil Society Studies & Development at Bina Swadaya. He is also a Consultant of Microfinance. Bina Swadaya is the oldest NGO in Indonesia. Bina Swadaya also runs microfinance programs.

<sup>2</sup> Sharia, also spelled Shariah, Shari'ah, Shari'a and Syaria refers to Islamic law.

## BMT: Definition and Syariah Financial (banking) Principles

BMT stands for *Baitul Maal wat Tamwil*, which is an incorporation of *Baitul Tamwil* and *Baitul Maal* (Aryo, 2004; Aryo, 2011; Aziz & Supanta, 2004). According to Aries Mufti<sup>3</sup> (personal communication, July 31, 2007), BMT is also a blend between *Syariah* financial (banking) principles and microfinance. The *Baitul Maal* is a non profit function of BMT, it accumulates *zakat*, *infaq*, *shadaqah* and *waqaf*<sup>4</sup> (ZISW) from communities (including BMT clients) for social and welfare activities to help the poorest of the poor (Aryo, 2004; Aryo, 2011; Aziz & Supanta, 2004). In terms of poverty reduction, *Baitul Maal* becomes intermediary between *aghniya* (the affluent) and *dhuafa* (the poor).

The function of *Baitul Tamwil* is to accumulate savings/deposits from *shahibul maal* (investors) and to furnish various investments and loan schemes based on *Syariah* principles to the individuals or micro-enterprises (Aryo, 2004; Aryo, 2011; Aziz & Supanta, 2004). *Baitul Tamwil* is an implementation of profit motives function in BMT. In brief, BMT amalgamates social (including charities) and economic profit activities in one institution.

There is a common understanding among BMT institutions that their mission is to help the enterprising poor in the vicinity and to empower them economically. Their particular target market are very small micro-entrepreneurs and farmer including food vendors (*kaki-lima*), micro scale vegetable traders (*bakul sayur*), small farmer, peddlers, second hand newspaper agent, duck breeder etc. By design BMT has to execute poverty alleviation program and profit making activities. From the observation and analysis of four BMT in Jakarta and Sleman, the two missions or objectives are the main feature of BMT.

<sup>3</sup> He is one of the inventors of BMT. In the end of 1991 or beginning 1992, three youth including Aries Mufti, Zainal Muttaqien and Istar Abadi established the first BMT, they name it Bina Insan Kamil (Mufti, personal communication, July 31, 2007; (Widodo, 1999).

<sup>4</sup> Zakat refers to a compulsory levy on each Muslim who has wealth which equal to or more than a minimum called Nisab (refers to the minimum amount of property liable to Zakat payment). It is one of the five pillars of Islam. There are eight categories of those who receive Zakat, including the poor and needy. Infaq and shodaqoh means alms or charity mainly to assist the poor and needy. Waqaf means assets which have been entrusted to an individual or organizations for a specified charitable purpose.

Furthermore, the landscape of BMT in Indonesia, as of June 1998, there are 330,000 members in 2,470 BMT with Rp 187 billion in outstanding loans (Timberg, 2003). The latest data from Pinbuk<sup>5</sup> indicates that there are 3,037 BMT as of December 2005. An estimation by Holloh and Prins (2006) suggest that total assets of all BMT's between Rp 750 billion to Rp 1,000 billion<sup>6</sup>. This fact implies that BMT has become a potential means to lessen poverty and to empower the micro-entrepreneurs.

To explore the financial mechanism and products of BMT, one must look at *Syaria* financial (banking) principles (SFPs) to gain a deeper understanding. It is known that many people perceived and defined SFPs as interest free. This has tended to create confusion. Undoubtedly, prohibiting the receipt and payment of interest is the heart of the system, but it is supported by other principles of Islamic doctrine advocating risk sharing, individuals' rights and duties, property rights, and the sanctity of contracts (Iqbal & Mirakhor, 2007; Iqbal & Lewis, 2009).

While the conventional financial system focuses primarily on the economic aspects of transactions, the SFPs place equal emphases on the ethical, moral, social, and religious dimensions, to enhance equality and fairness for the good of society as a whole (Antonio, 2001; Iqbal, 1997). As Iqbal (1997, p.42) argues that, 'The system can be fully appreciated only in the context of Islam's teaching on the work ethic, wealth distribution, social and economic justice, and the role of the state.'

The SFPs is founded on the absolute prohibition of the payment and the receipt of any predetermined, guaranteed rate of return. This closes the door to the concept of interest and precludes the use of debt-based instruments. The system encourages risk sharing, promotes entrepreneurship, discourages speculative behaviour (*gharar*), emphasizes the sanctity of contracts and *Sharia*-approved business activities<sup>7</sup>(Antonio, 2001; Beekun, 2004).

5 Pusat Inkubasi Bisnis Usaha Kecil (Center for Micro Enterprise Incubation) is an agency for promotion of BMT (including training and technical assistance of BMT institutions).

6 1 USD = Rp 9,000

7 *Sharia*-approved business activities mean only those business activities that do not violate the rules of *Sharia* quality of investment (Beekun, 2004). For example, any investment in business dealing with alcohol, gambling, prostitution and casinos would be prohibited.

# BMT utilizes similar modes of financing as Islamic Banking.

Figure 1. Typology of Islamic financial products

1. Profit and Loss sharing schemes (PLS)	2. Non Profit and Loss sharing schemes (Non PLS)
<p><b>Musyarakah</b> Equity participation, investment and management from all partners; profits are shared according to pre-agreed ratio, losses according to equity contributions</p>	<p><b>Murabahah</b> A sales contract between a bank and its customers, mostly for trade financing. The bank purchases goods ordered by the customer; the customer pays the original price plus a profit margin agreed upon by the two parties. Repayment by instalments within a specified period</p>
<p><b>Mudharabah</b> A profit-sharing partnership to which one contributes the capital and the other the entrepreneurship; or the bank provides the capital, the customer manages the project. Profit is shared according to a pre-agreed ratio</p>	<p><b>Istishna'</b> A sales contract between bank and customer where the customer specifies goods to be made or shipped, which the bank then sells to the customer according to a pre-agreed arrangement. Prices and instalment schedules are mutually agreed upon in advance.</p>
<p><b>Qard al-Hasanah</b> Charitable loans free of interest and profit-sharing margins, repayment by instalments. A modest service charge is permissible</p>	<p><b>Bai as Salam</b> Purchase with deferred delivery: A sales contract where the price is paid in advance by the bank and the goods are delivered later by the customer to a designee</p>
<p><b>Al Wakalah</b> An authorization to the bank to conduct some business on the customer's behalf</p>	<p><b>Ijarah</b> (Lease and Hire Purchase) A contract under which the bank leases equipment to a customer for a rental fee; at the end of the lease period the customer will buy the equipment at an agreed price minus the rental fees already paid.</p>
<p><b>Al Hawalah</b> An agreement by the bank to undertake some of the liabilities of the customer for which the bank receives a fee. When the liabilities mature the customer pays back the bank</p>	
<b>3. Deposit products</b>	
<p><b>Wadi'ah</b> Sight deposits, including current accounts (giro wadi'ah)</p>	
<p><b>Mudharabah</b> Deposit products based on revenue-sharing between depositor and bank, including savings products withdrawable at any time and time deposit products</p>	
<p><b>Qard al-Hasanah</b> Unremunerated deposit products, usually for charitable purposes (widespread in Iran, but not found in Indonesia)</p>	

Source: Adapted from Antonio, 2001; Z. Iqbal & Mirakhor, 2007; Seibel & Agung, 2005

In short, BMT has both social and economic function. Given the wide market geography of BMT, it has considerable potential to reduce poverty in Indonesia. In addition, BMT as *Syaria* microfinance offer an interest free financial scheme to assist the poor and the needy.

## **Microfinance: Implementation and Criticism**

In practice, microfinance not only serves as a vehicle of financial intermediation (i.e. functions as a bank for the poor), but also, in some microfinance institutions, provide social intermediation<sup>8</sup> services such as group formation to perform as a joint liability risk to replace collateral, development of self confidence, and training in financial literacy and management capabilities among clients of microfinance institutions (Bhatt & Tang, 2001; Copestake, Greeley, Johnson, Kabeer, & Simanowitz, 2005; Armendariz & Morduch, 2010; Ledgerwood, 1999). Part of the reason is that poor people face strong barriers (such as illiteracy, stigmatization, gender discrimination, and remoteness) in trying to gain access to commercial financial services. It is in this sense that the capabilities and confidence of low-income people have to be developed in addition to giving them access to credit provisions.

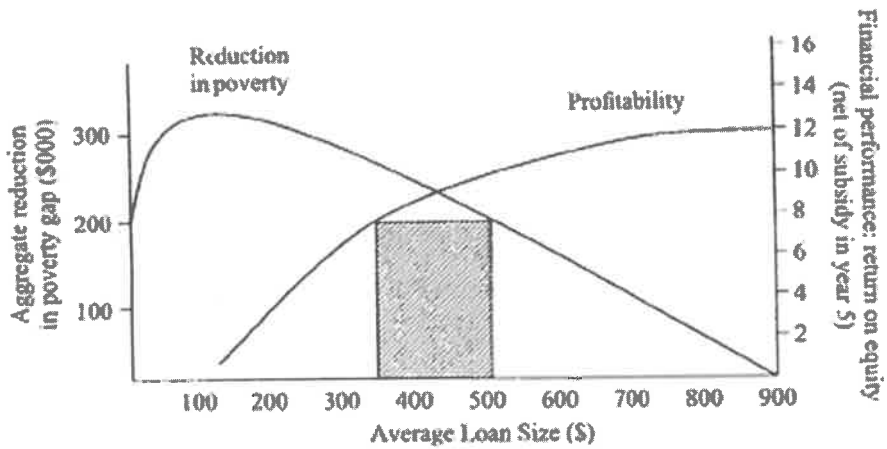
The main criticism of microfinance is the failure to deliver on its 'promise' which is poverty reduction (Hulme & Mosley, 1996; Morduch, 1999; Bateman, 2010). Moreover, microfinance institutions (MFIs) have two twin objectives of reducing poverty and achieving financial sustainability (Copestake et al., 2005; Armendariz & Morduch, 2010; Hulme & Mosley, 1996). In Armendariz and Morduch (2010) and Mosley (1996) examines these two objectives and finds that, rather than being complementary the objectives often conflict.

---

<sup>8</sup> Social intermediation is the process of building the human and social capital as a support to sustainable financial intermediation with poor and disadvantaged groups or individuals (Ledgerwood, 1999).



**Figure 2. The trade off between poverty reduction and profitability:  
The case of Bolivia's Bancosol**



Source: Armendariz & Morduch, 2010, p.354

From Figure 2, poverty reduction is on the vertical axis and loan size on the horizontal axis. The downward sloping 'poverty reduction' curve indicates that the impact on poverty reduction decreases with loan size. On the other hand, financial performance improves with loan size as economies of scale are reaped. This is seen in the upward sloping 'profitability' curve. It is estimated that in the particular case of BancoSol in the early 1990s, loan larger than \$400 improved financial bottom lines but had a negligible effect on poverty (Armendariz & Morduch, 2010; Mosley, 1996). The case study provides evidence that trade off between poverty reduction and profitability is occurred in MFI operation.

Additionally, beside trade off phenomena, it is important to explore the 'real' clients of microfinance by examining the capacity of the poor for taking up the credit. Robinson (2001) acknowledges that credit is a powerful tool to alleviate poverty when it is used effectively and made available to the creditworthy among the economically-active poor. However, to put the poorest of the poor in the credit program neither helps the borrowers nor the lenders. Robinson explains that the poor below the poverty line need the

poverty program while the credit program is more suitable for the people above the poverty line. This assessment is supported by Chua et al (2000): most microfinance clients today fall in a band around the poverty line, which includes some of the vulnerable non-poor, the moderate poor and a few of the poorest of the poor. The poorest of the poor and destitute are rarely reached by microfinance and a social safety net is more appropriate for them.

By way of contrast Remenyi (2000) has called for a microfinance program which can reach the poorest of the poor. This requires microfinance institutions (MFIs) to provide financial products that are tailored to the unique characteristics of the poorest, such as the possibility of providing employment for them. This is due to the lack of opportunities for the poor of profitable employment, skills, experience, materials, information, to name some. Furthermore, the risks involved in using the credit may be unacceptably high (Hulme & Mosley, 1996; Morduch, 2000; Robinson, 2001; Aryo, 2011). Remenyi (2000) argues that even the poorest of the poor could take up loan but the provider of credit should guarantee some basic needs such as food aid, cash grants, employment and skills training. It should be noted that credit is also a debt, thus, some negative consequences could appear, for example as reported by Montgomery (1996), Morduch (2000a) and Wright (2006) that clients who have difficulty repaying the loan are threatened with physical violence by group members (of clients) and MFIs staff.

From this literature, it can be concluded that credit is not suitable for the poor below the poverty line. However, if the microfinance institutions intend to reach out to the poorest of the poor, some additional programs or services such as employment generation, education, food aid, clean water, cash grants and skills training should be included in the microfinance programs to enable the poorest to effectively use the credit. There is also trade off between serving the poor and gaining more profit.

## What does BMT offers to achieve poverty reduction and financial sustainability?

It is obvious to help the poorest of the poor MFIs should be able to strike a balance between profitability and poverty reduction. Many MFIs around the world which have focused on poverty reduction require donors of subsidies to implement the poverty project (Armendariz & Morduch, 2010). For example, the famous Grameen Bank, a conventional MFI, required a substantial amount of donor aid to subsidize its annual low interest rate before it was able to declare self-sufficiency (Armendariz & Morduch, 2010; Matthew, 2007). In terms of financial sustainability, many MFIs, avoid the poorest in a community in favour of offering loans to the less poor or non-poor to achieve self-sufficiency (Ahmad, 2003; Coleman, 2006; Hemingway, 2004). This is a great challenge for MFIs to serve the poorest of the poor and on the other hand maintain financial sustainability.

To achieve poverty reduction and financial sustainability without sacrificing one of them, there are two requirements that must be accomplished. Firstly, there needs to be an 'infrastructure' of social intermediation services to provide poverty program without jeopardizing self-sufficiency. Secondly, MFIs should be able to achieve financial sustainability and avoid dependency on donor aid. So, what can BMT do to realize these requirements?

Studies conducted by Aryo (2011) and the observation of the four BMT show that BMT has the necessary 'infrastructure' and social intermediation services. *Baitul Maal* (BM) functioning inside BMT is designed to collect and receive *zakat*, *infaq*, *shadaqah* and *waqaf* (ZISW) for social-welfare activities of community/society. ZISW comes from BMT employee, BMT clients, corporations and individuals in the communities. Due to the nature of *zakat*, it should be distributed among people of the following categories (depending on need): 1) the destitute, 2) the poor, 3) the indebted, 4) stranded traveller, 5) to free slaves, 6) new muslims (*muallaf*), 7) in the path of Allah<sup>9</sup>, 8) *Zakat* workers

<sup>9</sup> Zakat money can also be spent in the path of Allah. This can include many things, basically any project that helps Muslims or Islamic causes.

(*Amil zakat*). *Infaq*, *sadaqah* and *waqaf* are more loosely to be distributed than *zakat* but mainly for charity or social-welfare activities.

Thus BMT is permitted to convert the ZISW for charitable and productive economic activities<sup>10</sup>, such as:

- poverty program: free basic foods, cash grants, educations, health services
- *Qard al-Hasanah* (charitable or benevolent loans)
- Fund guarantee or 'collateral' if the poor received loans from *Baitul Tamwil*

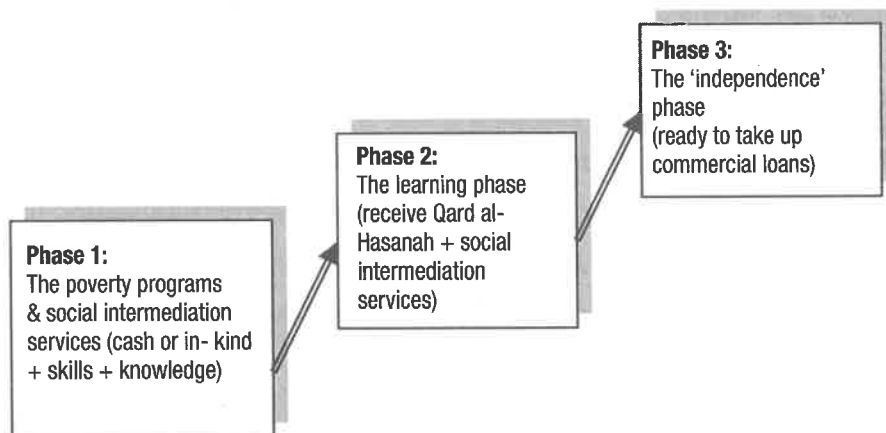
BM infrastructure could be equipped with various poverty schemes to help the poor. BM could also serve as a bridge for the poorest of the poor before they are ready to take up loan. By using the ZISW, BM provides (poverty) programs or services to prepare and empower the poor. Some of the social intermediation services that some BMT have implemented include: Entrepreneurships training, household economy management, simple balance sheet, skills training, lecturer about family health and nutrition. The poverty programs among others provide cash grants and basic needs provision (Aryo, 2011). This poverty programs and social intermediation services promote the economic and social security of the poor.

After following the preparation and empowering process in the poverty program the poorest of the poor can move to the next level which is the learning phase. In this phase the poor receive *qard al-hasanah*. The poor only repay the principal of loans without profit sharing. BMT still assists the poor with its social services and guides them along the way, especially, to cultivate entrepreneurship and self-confidence. Gradually the poor become comfortable with and capable of the idea to taking up a commercial loan. The last phase is the 'independence' stage. After the poor become self confident and their micro-business is growing, they can take up the PLS or non PLS loan schemes. In this phase, the poor become the 'real' clients of MFIs.

<sup>10</sup> Based on Fatwa Majelis Ulama Indonesia (Komisi Fatwa) (Islamic Council of Indonesia), on February 2<sup>nd</sup>, 1982, declared it is permissible to utilize zakat for economic productive activities and for the welfare of ummah (community of believers).

- UU No. 38/ 1999 (Laws no. 38/1999) section 16: Zakat can be used for economic productive activities.

**Figure 3. The phase of financing of the poorest of the poor**



The early phase of supporting the poor financially does not impede the profitability of the BMT because it is funded from ZISW. Moreover, the transition from phase 1 to phase 3 is essentially an empowering process for the poor. It also allows BMT to do further outreach and increase the number of its clients.

The last challenge is the profitability and independence from donor aid. There is no doubt that *Baitul Tamwil* (BT) which shares the same characteristics with other conventional financial institution, could do well to achieve financial sustainability (Aryo, 2004; Pinbuk, 2007; Widyaningrum, 2002). However, there are some significant differences, such as BT operates under SFPs. Most of the PLS and non PLS loan schemes do not employ subsidies. Therefore, from the observation and analysis of the four BMT, it can serve more people by maximizing the scale of operation because there is no necessity to supply a subsidy on loans. In practice, PLS and non PLS cover the real costs of providing loans, including margins to cover losses (Aryo, 2011). Beside that, BMT is independent from donors. Prof. Amin Aziz (personal communication, June 15, 2007), Chairman of Pinbuk supported the view that BMT is independent from any (local or overseas) donors. He added that BMT is usually established by individuals or groups of people who have intention to increase the welfare of community/society using their own funds.

## Conclusion

BMT has the existing infrastructure and social intermediation services that are needed to deliver both poverty program and attain financial sustainability. BMT can achieve both two objectives and thus restore the broken 'promise' of microfinance to lessen poverty. In addition, BMT can offer a clear roadmap to assist the poorest of the poor through the several phases of financing including poverty programs. Those phases do not hold back the profitability of the BMT. Lastly, a significant attribute of BMT is that there is no subsidy in its financing products. The whole process informs us that there is a way to help the poor in an idealistic manner and at the same time conduct a profitable institution.

## References

- Ahmad, M. M. (2003). Distant voices: The views of the field workers of NGOs in Bangladesh. *Geographical Journal*, 169(1), 65-74.
- Antonio, M. S. (2001). *Islamic banking: Bank Syariah dari teori ke praktik*. Jakarta: Gema Insani.
- Aryo, B. (2004). *Syariah Principles and Microfinance: Case Study of BMT Al Karim*. Paper presented at the BRI International Seminar on Microbanking System, December 1-3, Nusa Dua, Bali.
- Aryo, B. (2011). *Governmentality & Microfinance: Study of Relationship between Microfinance, the Poor and Neo-liberalism*. Jakarta: Kepik Ungu.
- Aziz, A., & Supanta, I. (2004). *Penanggulangan Kemiskinan: Melalui POKUSMA dan BMT (Poverty alleviation: Through POKUSMA and BMT)*. Jakarta: Pinbuk Press.
- Bateman, M. (2010). *Why Doesn't Microfinance Work? The Destructive Rise of Local Neoliberalism*. London: Zed Books.
- Beekun, R. I. (2004). *Islamic business ethic*. New Delhi: Goodword Books.
- Bhatt, N., & Tang, S.-Y. (2001). Delivering microfinance in developing countries: Controversies and policy perspectives. *Policy Studies Journal*, 29(2), 319.
- Chua, R. T., Mosley, P., Wright, G. A. N., Zaman, H., Sebstad, J., & Cohen, M. (2000). *Microfinance, Risk Management and Poverty*. Washington DC: Office of Microenterprise Development, USAID.
- Coleman, B. E. (2006). *Microfinance in northeast Thailand: Who benefits and*

- how much? *World Development*, 34(9), 1612-1638.
- Copestake, J. G., Greeley, M., Johnson, S., Kabeer, N., & Simanowitz, A. (2005). *Money with a mission: Microfinance and poverty reduction*. Bourton-on-Dunsmore, UK: ITDG Publishing.
- Armendariz, B. & Morduch, J. (2010). *The Economics of Microfinance*. Cambridge: The MIT Press.
- Hemingway, M. (2004). Real business, real small. *The American Enterprise*, 15(6), 53.
- Holloh, D., & Prins, H. (2006). *Regulation, supervision & support of non-bank, non-cooperative micro-finance institutions*. Jakarta: GTZ, Bank Indonesia and ProFi.
- Hulme, D., & Mosley, P. (1996). *Finance Against Poverty* (Vol. I). London: Routledge.
- Iqbal, Z. (1997). Islamic financial systems. *Finance & Development*, June.
- Iqbal, Z., & Lewis, M. K. (2009). *An Islamic Perspective on Governance: New Horizons in Money and Finance*. Cheltenham: Edward Elgar.
- Iqbal, Z., & Mirakhor, A. (2007). *An introduction to Islamic finance: Theory and practice*. Singapore: John Wiley.
- Ledgerwood, J. (1999). *Microfinance handbook: An institutional and financial perspective*. Washington DC: World Bank.
- Madjid, B.A. (2007). *Pedoman Pendirian, Pembinaan dan Pengawasan: LKM BMT*. Jakarta: Laznas BMT.
- Matthew, R. (2007). The promise of microfinance for poverty relief in the developing world. *Proquest Discovery Guides*, May.
- Montgomery, R. (1996). Disciplining or protecting the poor? Avoiding the social costs of peer pressure in micro-credit schemes. *Journal of International Development*, 8(2), 289-305.
- Morduch, J. (1999). The Microfinance Promise. *Journal of Economic Literature*, 37(4), 1569-1614.
- Morduch, J. (2000). The Microfinance Schism. *World Development*, 28(4), 617-629.
- Morduch, J. (2000a). Is microdebt good for poor people? A note on the dark side of microfinance. *Small Enterprise Development*, 11(1), 26-28.
- Mosley, P. (1996). Metamorphosis from NGO to commercial bank: The case of BancoSol in Bolivia. In D. Hulme & P. Mosley (Eds.), *Finance against poverty* (Vol II). London: Routledge.
- Pinbuk. (2007). *Laporan perkembangan pasca program: Pemberdayaan fakir*

- miskin melalui pengembangan terpadu kelompok usaha bersama (Kube) dan lembaga keuangan mikro - Baitul Maal wat Tamwil (LKM-BMT) Depsos RI program tahun anggaran 2004-2005 (Post program progress report: The poor empowerment through Kube and microfinance - BMT - MoSA Republic of Indonesia, year program 2004 and 2005. Jakarta: Pinbuk.*
- Remenyi, J. (2000). Is there a 'State of the Art' in Microfinance? In J. Remenyi & J. Benjamin Quinones (Eds.), *Microfinance and Poverty Alleviation: Case Studies from Asia and the Pacific* (pp. 293). London: Pinter.
- Robinson, M. S. (2001). *The Microfinance Revolution, Volume 1: Sustainable Finance for the Poor* (Vol. I). Washington DC: World Bank.
- Seibel, H. D., & Agung, W. D. (2005). *Islamic microfinance in Indonesia*. Eschborn: Deutsche Gesellschaft fur Technische Zusammenarbeit (GTZ) GmbH.
- Timberg, T. A. (2003). *Islamic banking and its potential impact*. Paper presented at the Paving the Way Forward for Rural Finance: An International Conference on Best Practices, 3-5 June, Washington DC.
- Widodo, H. (1999). *Panduan praktis operasional Baitul Maal wat Tamwil (BMT)*. Bandung: Mizan.
- Widyaningrum, N. (2002). *Model pembiayaan BMT and dampaknya bagi pengusaha kecil: Studi kasus BMT dampingan Yayasan Peramu Bogor*. Bandung: Yayasan AKATIGA.
- Wright, K. (2006). The Darker Side to Microfinance: Evidence from Cajamarca, Peru. In *Microfinance: Perils and Prospect*, J.L. Fernando (eds). Milton Park, Oxon: Routledge.



# Empowerment of the Domestic Identity: Mobilizing Mothers in HIV Prevention Program

JOHANNA DEBORA IMELDA

---

*Johanna Debora Imelda, Ph.D is a lecturer at Department of Social Welfare, University of Indonesia.*

## Abstract

This study examined to what extent the identity of motherhood was used to empower mothers in a government-led and politically well-structured women's organization in Indonesia. This organization is regarded as is a channel of dominant patriarchal culture by the state that sees women as housewives and traditionally powerful community members. Using the ethnographic method, this study depicted how this organization provides instrumental support to mobilize pregnant women to access stigmatised HIV prevention program for women.

**Keywords:** Empowerment, domestic identity, mothers, HIV

## Introduction

The PKK (*Pemberdayaan Kesejahteraan Keluarga*) or the Family Empowerment and Welfare Movement is a government led mothers' organization. The PKK has been proven to be an essential government vehicle in support of the Safe Motherhood Movement and the Family Planning Program. Through its well organized network and identity as an organization whose members are normative mothers, PKK cadres have won trust within communities as Family Planning Program Fieldworkers (*Petugas Lapangan Keluarga Berencana, PLKB*). The role of PKK cadres has been to persuasively approach housewives to participate in and accept family planning, and to mobilize young mothers to bring their babies to the integrated health station or *Posyandu* (*Pos Pelayanan Terpadu*) for monthly medical check-ups. In its PMTCT pilot project, the NGO

YPI (*Yayasan Pelita Ilmu*, Jakarta) made use of the existing network of and trust in the PKK cadres to reach pregnant women at the district level, since the PKK is able to mobilize pregnant women to come to mobile VCT locations.

*Yayasan Pelita Ilmu*, through its PMTCT program, has involved the PKK in order to help facilitate community prevention of HIV/AIDS. Unfortunately, due to the PKK's limitations and lack of government support, as well as the ongoing stigma against HIV/AIDS as a dirty and dreadful disease, PKK cadres have only been able to function as community workers. They have not had much success in promoting HIV/AIDS prevention. For most PKK cadres, the PMTCT program is seen only as another type of work, a source of extra income; which is actually similar to how they viewed the Safe Motherhood Movement and the Family Planning Program.

PKK cadres have been involved in the government led women's health movement, through the Safe Motherhood Movement and Family Planning Program, by promoting their identity as mothers. They have made use of their existing position of trust and their networks to engage themselves in promoting the prevention of mother to child transmission of HIV called PMTCT. By using ethnographic method, this study examines whether the PKK cadres view the tasks that they have been invited to do, for such a highly stigmatized program as PMTCT, in the same way as they view the Safe Motherhood Movement and Family Planning Program and how the PKK cadres make use of the identity of motherhood to grant them access to the benefits through the PMTCT program; and at the extent to which motherhood, empowers or disempowers PKK cadres in this activity.

## **Motherhood as Social Capital**

Previous studies have examined the mobilization of motherhood by women's organizations and collectivities to advocate woman-to-woman social support (Layne, 2003; Layne, 2006); to promote women's health and welfare (Hunt, 1998); and to criticize policies detrimental to the well-being of families

(Hernandez, 2002; Trully, 1995; Arivia, 1999; Doxey, 2007; Valk, 2000; Hardon A., 2006). The current study examines the strategy of mobilizing motherhood as social capital to implement a stigmatised HIV prevention program in Indonesia.

Portes (1998, pp. 5-15) defines social capital as the “ability of actors to secure benefits by virtue of their membership in social networks or other social structures through value introjections, bounded solidarity, reciprocal exchange and enforceable trust.” Portes explains that to possess social capital, a person must enter into relationships with others, and that it is these others who are the actual source of his/her advantage. Social capital thus inheres within the structure of relationships. As a form of capital, the mobilization of social capital can be understood as a strategy for achieving specific ends. Structuralists have examined social capital at the micro-level of individuals, the meso-level of organizations and communities, and at the macro-level of societies. Social capital at the micro-level infuses face-to-face interactions between individuals in daily life; scholars have also studied social relations at the individual level by referring to status and roles (Lawang, 2004); trust, skills, identity, and knowledge (Falk & Kilpatrick, 2000); expectations and obligations (Coleman, 2000); values, attitudes, norms, beliefs, and cooperation with others (Krishna, 2000; Uphoff, 2000). Social capital at the meso-level informs social relations within or between institutions and organizations; scholars have also examined social relations at this level by referring to social networks (Coleman, 2000; Lawang, 2004), collective action decision-making, resource mobilization and management, communication, conflict resolution (Falk & Kilpatrick, 2000; Uphoff, 2000); and roles, rules, and procedures (Krishna, 2000). Social capital at the macro-level can be observed in social relations between parties, often with unequal power, and infuses notions of national development (Turner, 2000), social order (Falk & Kilpatrick, 2000), contracts and legal coercion (Nooteboom, 2007).

Falk and Kilpatrick (2000) argue that trust in social interactions at the individual level is a necessary foundation to build meaningful and positive

social relations at the organizational level. The latter, in turn, are necessary to affect developments at the level of society. Loyalty and cohesion within organizations largely stem from identity-based trust among their individual members, while social capital at the meso and macro levels largely depend on groups sharing social values. For Falk and Kilpatrick, the generation of social capital depends on the frequency and quality of social interactions. The latter is facilitated by shared knowledge (of internal and external networks, precedents, procedures, and rules) and identity (norms, values, attitudes, vision, trust, and commitment to community).

Coleman (2000) likewise points to the importance of trust and norms at the level of individual interaction to sustain social capital at higher levels of aggregation. Applied to our case, the social capital mobilized by women in the PMTCT pilot project derives from motherhood, which allows individual women to form relationships of trust - which can then be used by organizations to pursue collective goals. Maguire, Philips, and Hardy (2001) argue that such identity-based trust within organizations not only fosters goodwill among their members but perceptions of organizational reliability and predictability. This generates trust in institutions, increasing the level of social capital at their disposal (Nooteboom, 2007, p. 30). In a parallel argument, Krishna argues that to reach coordinated and goal oriented behaviour, people need not only mutual trust and good-will, but also clear roles within established structures (Krishna, 2000, p. 77).

The empirical chapters of this study show that investing in motherhood as a form of social capital has been a reasonably effective strategy at the micro and meso-levels in circumventing the social stigma attached to HIV/AIDS prevention work. While the media focus on motherhood has had some effect in changing the image of HIV/AIDS from a disease that only strikes immoral women to one that can also affect respectable people, the strategy of mobilizing motherhood has had no impact at the level of national policy.

Women's biological ability to reproduce gives rise to their social identity as mothers. While Indonesian women may seem weak and subordinate in many

respects, mothers play an important and powerful role in society. Mobilizing motherhood enables PKK cadres to access accumulated social capital in the form of trust and social networks among women.

The social capital that accrues to motherhood can be mobilized at both the individual and organizational level. Shared motherhood creates trust among individual mothers while their networks of trust become ready resources for mobilization at the organizational level. Trust is crucial in building social relations and networks. PKK cadres rely on the community's trust in their organization as well as its extensive neighbourhood networks to mobilize pregnant women to access the mobile VCT service. In their involvement in the PMTCT pilot project, PKK cadres are able to convert the social capital derived from respected motherhood into opportunities to access economic capital. The cadres receive rewards, for example in the form of 'transportation fees' which can be used to supplement family incomes. These economic benefits enable the women to fulfil their roles as mothers responsible for their families, especially when the husband/father cannot satisfy the family's economic needs.

Motherhood, as a form of social capital for promoting PMTCT, has serious constraints. Crucially, "motherist" organizations cannot go beyond the normative boundaries that arise from their very identities. Indonesian women are not socialized to make demands for their own needs or to fight for their rights, but to respect the differences between male and female roles. Thus, the ideal of motherhood becomes a barrier to women fighting for goals outside of the domestic sphere. The involvement of "motherist" organizations has not helped YPI to frame PMTCT as a woman's right to reproductive health care.

Unfortunately, the strategy of mobilizing motherhood has made no inroads into the arena of national policy-making. Motherhood is limited by its very identity, meaning that the activities the women can pursue cannot interfere with or violate their domestic roles as mothers. Through socialization, women not only learn to take full responsibility for their families, but to respect the differences between male and female roles – both of which impose limitations

on their individual power and social space. Thus the ideal of motherhood, as a source of social capital, becomes a barrier to women fighting for goals outside of the domestic sphere.

The present research findings thus seem to corroborate Turner's finding that micro and meso-level social capital can be successfully mobilized to improve living standards, so long as goals remain modest and uncontroversial (Turner, 2000). Real change at the level of national policy would require the government's commitment to implement a national program on HIV prevention, which to date has not happened in Indonesia.

## **The Involvement of Mothers in the Women's Health Movement**

Guidelines for State Policy (*Garis-garis Besar Haluan Negara*, GBHN), written on TAP MPR<sup>1</sup> No. IV/MPR/1983, state that the PKK was one of the tools used to increase women's participation in creating a prosperous family. As a state led social organization present in every level of the community in Indonesia, PKK provides assistance and services to community members in education, health, pest management, and security (Grootaert, 1999, p. 29). Described as a movement to promote community wellbeing, the PKK program should be in line with the *Panca Darma* or Five Responsibilities of Women: i.e. a wife is to (1) support her husband's career and duties; (2) provide offspring; (3) care for and rear the children; (4) be a good housekeeper; and (5) be a guardian of the community (Sunindyo, 1996, p. 124). These concepts have been adopted by the major women's organizations and enjoy government endorsement (Suryakusuma, 1996, p. 101). By developing its identity as a caretaker of the family, the PKK is not supposed to speak out for women's rights (Wieringa, 1998, p. 37).

The PKK is a national movement which has its roots in the community, and

---

<sup>1</sup> The Decree of the Provisional People's Consultative Assembly. The role of the Assembly was very significant during the New Order era.

in which women are the prime motivators. It started with the seminar 'Home Economic' in Bogor in 1957, and was then followed up by the Department of Education in 1961 with the formation of PKK cadres at all levels, based on Ministerial Decree No. 27/1961. In the beginning, PKK membership was voluntary, and consisted of female society leaders such as the wives of local officials (*Kepala Dinas/Jawatan*) and of County Heads (*Kepala Daerah*), up to the kampong (*Desa*) and district or sub-district (*Kelurahan*) levels. The PKK then became a passive regime institution, whereby every Indonesian woman automatically becomes a member as soon as they get married and gain the status of housewife. Married women or housewives are also referred to as mothers. In the Indonesian language, a housewife means "a mother of the household."

Each PKK member is both a provider and a beneficiary of all PKK activities. The PKK was aimed originally at organizing women in their roles as caretakers of the household and the family, and was used to control women's movements. In 1964, the PKK received financial support from UNICEF to arrange their operational planning, but this could only be implemented in 1967, when the New Order (*Orde Baru*) era took over the government. In the early 1970s, the PKK was piloted in Central Java by Kardinah Soepardjo Roestam, wife of the then governor of Central Java, who was in 1983 promoted to Minister of Home Affairs (Marcoes, 2002, pp.187-191). The PKK has continued to be internationally recognized and supported, for example when UNICEF awarded them with the Maurice Pate Award in 1988.

Initially, the PKK was financed by the national government through the Ministry of Home Affairs. After the new laws on regional autonomy passed in 1999, PKK activities were financed by the Provincial Fund (*Anggaran Pendapatan dan Belanja Daerah*). The Minister of Home Affairs gave an order for all governors in Indonesia to administer funds to the PKK movement, and named December 27 as the PKK Movement Day.

PKK cadres are formed at the national (*nasional*), provincial (*propinsi*), municipality (*kotamadya*), district (*kabupaten*), sub district (*kecamatan*), and

village (*kelurahan*) levels, using a network which is consultative, coordinative, and hierarchical. To help the PKK in guiding and facilitating society at the village level, there are PKK groups formed based on the regional area and activities. Based in these regional areas, there are PKK groups at the Community Association (*Rukun Warga, RW*<sup>2</sup>) level, as well at the Neighbourhood Association (*Rukun Tetangga, RT*) level and *Dasawisma*<sup>3</sup> groups. Based on their activities, groups are formed to administer them, such as organizing activities at the mosque (*Majelis Taklim*), providing support for mourners (*Rukun Kematian*), literacy education (*Kejar Paket A/B*), income generating activities (*Pokpel*

*UP2K*), facilitating work at integrated health stations (*Posyandu*), and community credit programs (*Arisan*<sup>4</sup>), among others.

The administration of the PKK is influenced by government structure. The wife of the chairman of each council, whether a district, sub-district, or village, automatically becomes a chairperson of the PKK, without any consideration of whether she is capable of handling the task or not. For example, the wife of a Sub-District Head (*Camat*) becomes a PKK chairperson at the sub district level. A woman also does not have any choice about becoming a PKK leader (Wieringa, 1998, p. 38; Sciortino, 2007, p. 118). During the reformation era, after the downfall of the New Order government, this situation changed slightly. Nowadays, a chairperson of the PKK is not necessarily the wife of the head of the district or sub-district; rather, she should be elected according to her competence. However, in practice, people still respect the tradition that the

---

<sup>2</sup> Rukun Warga (RW – Community Association) is a community division that is not included in the government administration. It is established by community consultation in order to provide services which have been decided upon earlier by the sub-district authority (*kelurahan*). An RW consists of a number of Neighbourhood Associations (*Rukun Tetangga, RT*), which consist of a number of households.

<sup>3</sup> *Dasawisma* means 'ten households'. It is a community group which is established by the government, formed for every ten households. It means that in every ten households there is one coordinator who should organize their daily community development activities.

<sup>4</sup> *Arisan* is a rotating saving system where a group of women will gather at a certain time, weekly or monthly, and contribute a certain amount of money, which is already agreed upon by the members. Upon gathering it, each of the participants' names are written on a piece of paper which is rolled up and put in a bottle like a lottery. One name is drawn each time until all the members have won, at which time the game ends and the participants decide whether or not to start the next game. The lucky winner takes home quite a lot of money, which is her own contribution multiplied by the number of members. Each participant is required to contribute until the game is over. Such events are usually accompanied by tea and cakes, chatter and joking between the women. It is a time to come together and enjoy each other's company, catch up on local news and gossip. These are the social activities of the *arisan*. Although *arisan* is more of a social gathering than an income generating activity, such activities help the members to save money and contribute significantly to saving activities in an informal way.



wives of local elites should be chairpersons.

A PKK chairperson and other women whose husbands have positions in governmental institutions are called PKK board members. Their involvement in the PKK does not have a real standard since they are elected based on their social status in society. It also means that their involvement depends on how much free time they have, and the quality of the service they provide to the community depends on their capability. The real implementers of PKK activities are those who join the PKK Task Force (*Pokja/Kelompok Kerja*). These are called the PKK cadres, and they are generally those who have more time for community service. Other women in the community are the targets and beneficiaries of all PKK activities. Through the PKK, housewives are socialized with an ideology that a woman's task is to serve her husband and family, so housewives will only actively participate in the PKK when they feel that the activities will not disturb their household chores.

In relation to local autonomy policies in 1999, the national PKK cadre team has made some adjustments. The PKK is expected to increase family welfare through their roles as women and mothers, and to help people deal with national economic problems, both financially and mentally. Since this time the PKK has also been called the Family Empowerment and Welfare Movement.

Due to its well organized structure, the PKK as a community organization is a very effective vehicle for implementing the government's social service programs, as long as these programs do not contradict a woman's role as a housewife and caretaker of the family. Although the PKK was established in 1950, only under the New Order regime with President Soeharto was the PKK used as a vehicle to promote the Safe Motherhood Movement and Family Planning Program. These two programs were the successes of the Soeharto regime, and were later integrated into *posyandu* in 1980.

*Posyandu* activities are administered by the PKK through POKJA IV, whose task is to administer activities related to the health program. *Posyandu* is a health service facility for the community at the kampong and sub-district

levels. This facility provides services for people living far from a hospital or health clinic. *Posyandu* was established in 1986, based on a mutual agreement between the Minister of Domestic Affairs, the Minister of Health, Chairman of the National Coordinating Board for Family Planning (BKKBN), and the PKK chairperson. Later on, due to the financial crisis in 1990s, *posyandu* services were unavailable for quite a long period of time, but it was reactivated on 13 June 2001 by the Ministry of State and Regional Autonomy. *Posyandu* was intended to support an immunization program and a weighing and measuring program for infants and toddlers under five, as well as to provide health services to the elderly; its main goal, however, is to reduce infant mortality. As the activities of *posyandu* are very much related to mother and child care, most PKK cadres who are actively involved in *posyandu* are mothers with babies or under-five toddlers.

Infant and maternal mortality has been a problem in Indonesia since the time of Dutch colonialism. To formulate his political commitment, in June 1988 the President promoted the reduction of the maternal mortality rate by 50%, from the then current rate of 450 deaths per 100,000 live births, by announcing a Safe Motherhood Initiative through the strategy "60-60-60%", that represented 60% of health centres in every county/regency providing essential basic maternal care, 60% of deliveries to be assisted by trained healthcare personnel, and 60% of high risk cases supported in referral hospitals. In December 1996, President Soeharto formally announced the Safe Motherhood Movement, which was to be conducted by the community in collaboration with the government to improve the quality of life of women, especially by reducing the maternal mortality rate, to enhance the development of human capital. The movement was institutionally well structured in the community as well as in the government and includes the participation the PKK as key partners.

Unlike the Mother and Child Health Program, the Family Planning Program in Indonesia was not developed before the 1970s because it did not receive any political support from the government. The Family Planning Program in

Indonesia was influenced by the New Order government of Soeharto, who was convinced that high population growth leads to developmental problems. The first step taken in 1969 was to limit the population by controlling birth rates (Samosir, 1993, p. 27). A year later, Soeharto launched the Family Planning Program and set up the National Board of Family Planning (*Badan Koordinasi Keluarga Berencana Nasional*, BKKBN) in 1970 (Niehof, 1994, p. 15). In 1983, the concept of 'Family Planning Program Management by the Community' was introduced. This is how the Family Planning Program became a community movement. During this period, coverage of the Family Planning Program was increased and reached out to even remote areas and new settlements, with the objective of increasing demand for long term contraceptive methods and improving the quality of family planning and contraceptive services, including health services. For this purpose, one of the main policies was to increase participation of the local community, such as social organizations and businesses, in the management of the Family Planning Program. The Family Planning Program encourages community participation as a program strategy by acknowledging community based movements in family planning objectives. Thus, Village Community Development Institutes (*Lembaga Keamanan Masyarakat Desa* or LKMD) have been set up at district and sub-district levels, under the Directorate of Rural Development, Ministry of Home Affairs, responsible for promoting community participation in the planning and implementation of development programs, including family planning (World, 1990, p. 121). The LKMD is led by the Head of the Kampong/County (*Kepala Desa*), and in health related programs it is supported by the PKK, led by the wife of the *Kepala Desa* (Sciortino, 2007, p. 114). To achieve family planning targets, the National Board of Family Planning created a formal institution known as Family Planning Program Fieldworkers (*Petugas Lapangan Keluarga Berencana*, PLKB) under the LKMD, which mostly consisted of housewives from the villages who were also members of the PKK. In the community, these fieldworkers were also known as family planning cadres (*Kader KB*).

By 1996, there were more than 20,000 trained fieldworkers throughout the

country. Their tasks included motivation of the local community and assisting them by providing contraceptives, simple training, and family planning literature. To accomplish their task the fieldworkers get support from another institution known as Village Family Planning Management Assistance (*Petugas Pembantu Keluarga Berencana Desa*, PPKBD). The PPKBD is a voluntary institution, which assists the village chiefs in family planning related activities. At its peak there were about 76,000 village distribution centres and 315,000 sub-village distribution centres contributing to the Family Planning Program. However, these formal institutions are generally more engaged in their own hierarchical institutional snares rather than disseminating family planning information and materials (Samosir, 1993, p. 44).

To achieve the target numbers for those accepting family planning, the Family Planning Station (*Pos KB*) and Acceptor Groups (*Kelompok Akseptor*) have been created by the PKK, responsible to the Ministries of Home Affairs and Women's Affairs. These 'acceptor groups' are lead by the fieldworkers to promote family planning services in the community. In regards to the Family Planning Program, the PKK is responsible for designing and managing the local initiatives, such as distributing contraceptives, motivating potential acceptors, and consulting new acceptors. The National Board of Family Planning uses the PKK to monitor birth rates and to increase the number of acceptors (United Nation Population Policies and Programmes, 1993, p. 134). A community pressure strategy, as applied through the PKK, was indeed a very successful way of achieving target numbers for family planning acceptors. For example, a woman would be embarrassed if she did not join the Family Planning Program while most of the women in her environment use contraceptives. She would also not be able to avoid family planning if a PKK cadre or fieldworker visits her almost every day asking her to join the program (Adrina, Purwandari, Triwijati, & Sabaroedin, 1998, pp. 97-100).

The PKK was thus an integral part of the overall government movement to reduce infant mortality, maternal mortality, and population growth through the Safe Motherhood Movement and Family Planning Program, as community

health workers; i.e. local inhabitants selected by the community, mostly working as part time volunteers, given a limited amount of training to provide basic health and nutrition services, and working in close relationship with the healthcare system. In the 1980s there was an attempt to convert community health workers into large scale programs; however, this often resulted in some loss of flexibility and commitment at the local level, which then led to a narrow and less idealistic definition of the concept (Walt, 1988, pp. 4-5).

The PKK's contribution has been very important in promoting family planning in society. PKK cadres actively involved as posyandu cadres or fieldworkers have an important role in mobilizing the community, especially housewives. However, as stated by Shiffman (2004), strong government support and political will for the Safe Motherhood Movement and Family Planning Program was the key factor for the success of the programs.

The Safe Motherhood Movement and Family Planning Program show that the government of Indonesia is capable of making a program work, i.e. bringing family planning technology to the people, with support from the community through the PKK. These two programs are considered to be very relevant in terms of women's roles as wives and mothers. Unfortunately, the programs have also had a negative impact, in terms of muffling women's voices to fight for their rights (as they were used during the previous President Soekarno era) (Katjasungkana & Wieringa, 2003; Wieringa, 1992; Wieringa, 1998). Indonesian women have no longer been able to voice their rights and they have had a tendency to support the programs only because they feel they have to, because of their duty as a wife and mother.

## **Engaging Mothers in HIV Prevention Program**

During the New Order regime, PKK members as family planning fieldworkers used to receive a regular salary out of the National Budget Plan for Income and Expenses (*Anggaran Pendapatan dan Belanja Negara*, APBN). However, when the economic crisis hit Indonesia in the 1990s, PKK activities could no longer

be funded automatically by the government. Since the crisis, things have changed. Subsidy for the Family Planning Program is has reduced due to the limited national budget. The fieldworkers no longer receive a regular salary from the government. Without funding, the activities are not being done effectively, and the regular PKK activities have almost disappeared. Those that remain are only non-routine activities which do not cost a lot, and the cadres only receive reimbursement for transportation. However, the well organized structure of the PKK has still been an effective vehicle for mobilizing the community and for supporting the programs of the government or NGOs. YPI has seen this opportunity and has included the PKK in their PMTCT program, especially the mobile VCT program that aims to identify and prevent HIV among pregnant women in certain districts.

The involvement of PKK cadres in the PMTCT program has proved very helpful. The role of the PKK cadres is to mobilize pregnant women to access HIV testing through the mobile VCT service. Before commencing their activities, PKK cadres are asked to participate in at least a basic training program on HIV/AIDS and its spread, as well as on the mobile VCT activity itself. It is then hoped that the cadres can explain these issues to pregnant women and encourage them to access the mobile VCT activities.

VCT is the entry point to the PMTCT continuum of care. To conduct the mobile VCT, the YPI team might, for example, predict a potentially high risk location, suspected of having a high number of injecting drug users (IDUs). The team then goes to the community and introduces the program through the informal community leaders. Meanwhile, the team contacts the PKK and looks for its members who are willing to participate in the program as cadres and provides trainings on HIV/AIDS and antenatal care for them. The cadres are the spearhead of this program because they are involved as community health workers who have direct contact with the community.

The task of the PKK cadres is to invite pregnant women to come to a meeting of the mobile VCT, usually conducted in the community meeting place. The cadres receive a transportation fee based on the number of pregnant women

they bring along; thus the more women they bring along the more money they may get. About 20-30 women attend the meeting where the YPI counsellor introduces HIV/AIDS and antenatal care. Afterwards, the pregnant women have a pre-test face-to-face counselling session in a small individual booth where the counsellors motivate them to do an HIV test. The mobile VCT administered by YPI is not provider driven since there is a pre-test counselling step in which the counsellor has to ask for informed consent from the pregnant women before they have their blood tested. If the women agree, a well trained nurse draws their blood to be examined. All the women who come to the meeting receive a vitamin supplement to prevent anaemia during pregnancy and snacks, but those who do the blood test also get a transportation reimbursement fee of about 15,000 IDR<sup>5</sup>.

A week after the meeting, only the women who had the test are invited back for post-test counselling with the same counsellor, who will inform them about the result of their test in a closed envelope. If the result is negative, the mother is asked to maintain her HIV status, and if needed to change her behaviour, for example engage in safe sex. If a woman tests HIV positive, YPI asks her to join the support group, where she will be able to access free ARV prophylaxis, a caesarean delivery, a PCR (Polymerase Chain Reaction)<sup>6</sup> test, formula milk for her newborn baby, and other forms of psychosocial support. At post-test counselling, all women get another transportation fee reimbursement of 15,000 IDR. However, the mobile VCT service can only be accessed by a woman once. If a woman needs to go for re-testing, she may have to go to a clinic or referral hospital and pay a fee for the VCT service.

In the first phase of the YPI mobile VCT program in 1999-2000, funded by Becton Dickinson, 574 pregnant women were reached in five slum areas in Jakarta, short of the target of 1000. Six of those who accessed the mobile VCT in this first phase tested positive. In October 2003 YPI continued their second phase

<sup>5</sup> Equivalent to US\$ 1.7 (as US\$/IDR = 8,800 IDR in January 2011)

<sup>6</sup> A PCR Test is an HIV test that detects the genetic material of HIV itself, rather than antibodies or antigens. This test is a fairly recent development in DNA testing and the results are relatively quick to determine, usually within 3 days to a week.

with a similar format and aimed to reach 2000 pregnant women in Jakarta. This time it was funded by the Global Fund. They conducted mobile VCT services in 18 locations, which included 12 villages, 2 clinics, 2 NGO sites, and 2 community health centres (*puskesmas*). From 1999 until the end of 2006 when the data was collected, YPI trained seventy-three PKK cadres from eighteen villages in Jakarta to support the mobile VCT service. In the period of October 2003 to December 2006, YPI, with the support of the PKK, motivated 2,771 pregnant women to access the pre-test counselling service at the mobile VCT; 2,458 of these women had an HIV test, but only 2,113 came back for post-test counselling and got the result of the test. Eight women were confirmed HIV positive.

Considering the amount of money spent on carrying out the mobile VCT program, only a small number of zero positive pregnant women have been found through mobile VCT. This does not mean, however, that YPI has been wrong in choosing the target areas for its program. The low number of women testing positive is more likely due to the relatively low prevalence of HIV/AIDS in Indonesia. The success of YPI and the PKK should not be determined by how many zero positive pregnant women have been found by the program, but by looking at the number of pregnant women who have been motivated to undergo both the pre-test and post-test counselling. The PKK has had a great role in mobilizing the community to test and know their status.

Since its beginnings in 1999, the PMTCT program has not run continuously, as its dependence on funding agencies is very high. When the funding agency stops financing the program, it cannot be continued further. In 2002-2003, the program was disturbed because there were no funds. Even though they wanted to continue the program in 2006, they had to pause again because they were waiting for funds from the Global Fund. Based on the request of the Global Fund, YPI expanded their activities to six provinces beyond Jakarta – Banten, West Java, Central Java, East Java, South Sulawesi, and Papua – though this caused the activities in Jakarta to stop because of lack of budget. The project was postponed in 2007 but was continued in 2008 with funds from the Global Fund.



The profile of the PKK cadres participating in the mobile VCT service varies. The data taken from the period 2004-2006 shows that most of them were middle aged (older than forty years), though some were older than sixty years. At these ages, most women in Indonesia do not take care of babies or children anymore, so their free time can be used to join social activities. Almost all PKK cadres involved in the VCT activities were in the POKJA (Task Force) IV, which is related to health, and were also active in *Posyandu* activities. Their involvement in the PKK had been fairly long term; some of them had even been active for decades. Usually, women first become active when their children are under five years old, when they join the *Posyandu* as beneficiaries. As their children grow up and they are not working, they start to be involved in the PKK as providers.

Many PKK cadres involved in the mobile VCT were those with little education, generally not beyond high school, and were mostly stay-at-home mothers and housewives. With limited education, knowledge, and skills, PKK cadres cannot be expected to effectively spread information about HIV/AIDS throughout the community, although they have had some training beforehand.

Voluntary work that earns some money is very suitable for PKK cadres, because not only can it help support their households, but this kind of activity also does not consume too much time, meaning that it is possible for them to still take care of their husbands and children. However, because of the very limited budget available, PKK cadres earn less money than before for regular PKK activities. The money provided by YPI when they participate in the PMTCT program can therefore be a good alternative source of extra income.

## **Existing Trust and Networks**

Good trust and networks enable PKK cadres to do their job effectively in promoting mobile VCT in the community. The trust built up by PKK is based

on their identity as responsible mothers. This kind of trust is called 'identity-based trust' or 'relational trust' and it arises from an inter-subjective social reality based on shared meaning between trusting partners. It is generated in conjunction with normative social control through the construction of a particular identity that leads actors to exhibit goodwill and to tolerate a situation of exposure to risk, harm, and opportunism (Maguire, Philips, & Hardy, 2001). Because of their identity, PKK cadres can easily persuade pregnant women to visit the mobile VCT location. Interviews with pregnant women who came to the location have shown that these women trust the cadres, even when they have not received clear information about the program. These women's husbands also trust PKK cadres. It is very possible that the cadre had not been involved in the Safe Motherhood Movement and Family Planning Program at the *Posyandu*, considering that these PKK activities had been more or less abandoned for the last ten years. Yet, as the PKK has maintained its good identity as an institution, a PKK cadre also has a good identity as a person; it is the identity of a responsible mother as well as a woman who helps promote women's health. Nooteboom (2007, p. 30) argues that trust may be built on a personal basis within relationships; it may also arise more impersonally on the basis of institutions outside relationships. To the extent that there are no institutions that support trust, trust must be built entirely from relationships; but, without institutional support, that can be laborious and such trust can prove fragile. Nooteboom further added that to form institutionally based trust as the basis for trust in people; one must have trust in those institutions. Without such trust, it would be almost impossible for pregnant women to go out of their domestic sphere.

Aside from trust, the other main form of social capital of the PKK is their social network. The network is clearly visible when PKK cadres look for data regarding pregnant women, who are the main target for accessing mobile VCT. Without a good network, it would be very difficult for the cadres to know the number of pregnant women in their district and where they live, considering that the district coverage is generally quite wide. Some different networking

mechanisms were applied in the districts to find the pregnant women, such as making use of the existence of have the 'pregnant mother post' that registers the number of pregnant women in their district; use the existing network in the existing system, i.e. the data from the Community Association office, *posyandu*, *puskesmas*, or *arisan* at the Neighbourhood Association level; or contact other cadres directly during their activities at the POKJA.

Trust and good networking are the social capital owned by the PKK that make it possible to provide a more effective mobile VCT service. Unfortunately, however, when the pregnant women are found through the mobile VCT to have HIV, the good relationship and network may have a boomerang effect. As already mentioned above, an HIV test result is given to a pregnant woman in a sealed envelope during the post-test counselling. Theoretically, PKK cadres should never find out the test results of the women, unless told by the woman personally. However, this does not mean that the PKK cadres have no suspicions of who has been found HIV positive. When YPI staff visit those who are infected or when the pregnant women who are infected come to YPI for a further consultation, PKK cadres will easily recognize them and this information is passed on to other people throughout the network. Confidentiality for the women is not an issue for the cadres. This, in addition to the community stigma, is probably the reason why pregnant women are reluctant to follow the further activities at YPI once they find out they are HIV positive.

## **Benefits of Caring**

Walt (1988, pp. 5-7) said that while volunteers aim at helping or benefiting others, there is an assumed self interest in voluntarism to benefit oneself. Volunteering is often seen as a venue for paid work and as leading to future employment, especially in less developed countries where job opportunities are lacking. In more religious countries, voluntarism may have a positive impact on one's social status. For women, who are in general heavily burdened

with daily tasks, reciprocity between neighbours and families at certain times may become the reason to do voluntary work. In Indonesia, cultural respect for and compliance with authority may lead to voluntarism.

Mobile VCT, administered by YPI, not only brings benefits for the pregnant women but also remuneration for PKK cadres. In each mobile VCT program, YPI has a special budget for those who are involved in this activity, including the cleaning service team and security staff. They call the money offered a 'transportation fee,' although it is not necessarily used for transportation per se. The money is not only for PKK personnel but is also distributed for regional benefit, i.e. to the Community Association, or for renting a room. There is even a special amount of money for the *Lurah* (head of the village), aside from the money for the PKK cadres and cleaning service. The money is given to one or two key cadres who will divide it as they see fit. Every district has its own way of distributing the money.

Knowing that PKK cadres' socioeconomic condition is generally below average, i.e. they have a minimal educational background, no formal job with a regular salary, have unemployed husbands, etc., the money they get from PMTCT activities is significant. A cadre who has been involved in the mobile VCT activity since 1999, tells how the material advantages she gets has had a big influence on her life. PMTCT was her first experience in voluntary work. She had not been involved in any PKK activities before joining the PMTCT program. She began as an accomplice cadre, who got less money than the key cadre. Yet, she was happy with the money. She gets a lot of money now since she is the only key cadre responsible for the mobile VCT service. PKK cadres not only consider PMTCT as a community activity but also as an activity that brings some money home. When YPI continued its PMTCT program in an additional six provinces in 2006, Jakarta province was not included in the program because of lack of funds. The cadres felt like they had lost their job.

PMTCT causes PKK cadres to be known by people in the community as persons who have skills or who are close to a money source. For some people, being well known by the people in the community is not crucial; but for PKK

cadres, being well known is important because it means that they have a better chance of participating in similar activities. Access to other activities or programs means access to more work that can bring financial benefits.

## **Preserving the Benefits**

It is not a simple task for PKK cadres to be able to preserve the benefits they get from PMTCT activities. PKK cadres must be able to maintain their social status as housewives, and cannot neglect their domestic jobs. It is very important for them to maintain their image as devoted mothers. For this reason, PKK cadres normally become active as voluntary providers only once their children reach school age, which means that there is less demand for childcare at home. In addition, PKK cadres also have to get permission from their husbands to go out of the house to do voluntary work. Therefore, they must ensure that the domestic work is done before leaving home.

PKK cadres have to be capable of describing PMTCT in language that the pregnant women can understand, so that the women will voluntarily want to visit the mobile VCT. While doing so, the PKK cadres must also maintain their image as devoted mothers. If a PKK cadre fails to explain the mobile VCT well, the pregnant women may not want to participate. As a result, the cadre will not get any money, as the money received depends on the number of pregnant women they bring to the mobile VCT. Considering this, it is fascinating to see how PKK cadres, by using the existing network and trust in the organization, can persuasively approach and explain to the pregnant women why they should voluntarily join the mobile VCT. It is clear that the women have to go voluntarily and without force. This is really a challenge for the PKK cadres.

Most of the time, PKK cadres do not place HIV/AIDS at the fore when they approach the pregnant women. Usually, they treat mobile VCT as a part of mother and child health, and leave the information dissemination about HIV/AIDS to YPI counsellors, who are considered more competent in explaining it. This is the easiest and the most frequently used method, because the roles

of the PKK cadres in *posyandu* are very much related to mother and child health. Some hardly even tell the pregnant women that there will be a blood sample taken for an HIV test. This method includes a little manipulation, because if they did tell upfront about the HIV test, much fewer pregnant women would voluntarily participate in the mobile VCT. Some cadres lure the pregnant women with promises of free medication, food, or transportation fees as a benefit of attending the mobile VCT service. It turns out that free medication interests the pregnant women due to the high price of medication for pregnant women. In this case, they do not mention HIV either. It is not only a free pregnancy check but also a free caesarean section that is offered if a woman is found HIV positive. Caesarean sections are quite expensive in Indonesia, costing between 5-20 million rupiah. Nevertheless, there is a growing trend for caesarean sections as it is considered easy and painless. One of the PMTCT counsellors has said that some of the pregnant women participating in the mobile VCT hope that the test will be positive so that they will get a free caesarean section. Sometimes the cadres have to discuss the HIV test when the pregnant women want more explanation about the purpose of the invitation. However, they do not treat HIV/AIDS as a dangerous disease but as a disease whereby further care is guaranteed, as if it will not be a big problem if the woman has HIV.

It is interesting to see that the cadres also treat HIV/AIDS as a disease of depraved husbands as a means to approach the pregnant women. By using this approach, they try to emphasize the domestic roles of the pregnant women as devoted wives who have husbands who are cheating on them. They approach the pregnant women by treating them as innocent victims, telling them that HIV can be caught from their partner. By doing this, the pregnant women may feel that if they are infected, it does not mean that they are bad, but merely it is because of their partner's behaviour. The cadres do not acknowledge that the women might be pregnant because of their own high risk behaviours. The strategy to blame the husband seems to be an effective one. The pregnant women often confirm the possibility that their sexual partner may be infected

with HIV, knowing that sexual relationships outside marriage are much more permitted for husbands, but not for wives. It is interesting that almost all the women in the PKK agreed on the mother's role as a 'good woman,' revealing the positive power which the domestic identity of a mother gives for women.

## **Constraints**

YPI hopes that the PKK will not only participate in mobilizing pregnant women to take part in the mobile VCT program, but also in distributing knowledge about HIV/AIDS to the community in order to make PMTCT successful. Unfortunately, in doing their tasks as community brokers for the mobile VCT, PKK cadres are faced with a dilemma. Fear and shame of the disease is a big obstacle faced by the cadres in doing their job, but social obligation makes them join anyway. As human beings, PKK cadres are afraid of the disease; additionally, they feel it is also shameful to be involved in the program due to the social stigma attached to HIV/AIDS.

There is another fundamental obstacle hindering PKK cadres from actively promoting PMTCT into a full movement. Most still consider HIV to be a dirty and shameful disease that only infects bad women; therefore, HIV/AIDS represents values that go against their role as good and devoted mothers and housewives. No matter how much training has been provided for the PKK cadres, they still attach a stigma to HIV/AIDS and to PLWHA. An example of how the PKK cadres do not fully engage themselves in PMTCT activities lies in their use of information, education, and communication (IEC) materials. In capacity building training, PKK cadres are provided with brochures and posters on HIV prevention and PMTCT to take away with them. Aside from allowing the cadres to read the materials in depth at home, having possession of these materials makes it easier for them to disseminate the information to the community. However, they never use the materials. Another example is that on one occasion the cadres were asked to demonstrate for PMTCT, together with members of TOP Support, in a rally on National AIDS Day. They

did come with their children, but after that the activity stopped without any further actions.

## Conclusion

Like other women's organizations in general, the PKK evolved from a movement for family empowerment with a focus on women's welfare and healthcare into a politically well structured organization. Unfortunately, in its evolution, the PKK has lost its moral spirit as a social movement and rather has become a means for the government to restore and bolster the domestic role of women, and which only aims at meeting practical gender needs<sup>7</sup>. However, the PKK is still an effective vehicle for the government and NGOs to implement their programs.

The PKK's role in PMTCT programs is not very different from their role in the Safe Motherhood Movement and Family Planning Program. With all its limitations, the PKK can only function as an extension of the program provider. In supporting the Safe Motherhood Movement and Family Planning Program, as well as the PMTCT program through the mobile VCT service, PKK cadres only play a role as workers that deliver the service to pregnant women. In this sense, the PKK can be seen as community health workers. While in the Safe Motherhood Movement and Family Planning Program it is the government that takes the role of the agency that provides the service, in PMTCT, the agency that designs and prepares the program is YPI. PKK cadres view PMTCT as work, similar to how they view the Safe Motherhood Movement and Family Planning Program.

In the PMTCT program, PKK cadres do not work on a completely voluntary basis; YPI provides some money to attract cadres and pregnant women to participate in this activity. PMTCT can in fact bring quite a significant

---

<sup>7</sup> Practical gender needs are the immediate needs that reduce women's burden, but do not mention gender inequalities such as the sexual division of labour or unequal access to services. Strategic gender needs are long term needs that eliminate gender imbalances within and outside the household, and ensure women's rights and opportunities to express their needs (Saptari & Holzner, 1997, p. 157).



remuneration for the PKK, not only as individuals but also for the benefit of the PKK as an institution. This remuneration has made the mobile VCT possible. However, the remuneration can only be accessible to the cadres if they are involved in the PKK organization; and as a mothers' organization, the PKK requires of the cadres the social identity as mothers. Thus the motherhood identity is important for the PKK cadres in order to get the remuneration from the PMTCT project.

As most of the cadres have no job and limited education to find decent work, the remuneration becomes a good income that may increase their status in the family and the community, especially for those with more limited education or jobless husbands. The involvement of the cadres in the PMTCT program activities may also lead them to have access to other jobs that will bring further economic benefits. PMTCT may not actually empower the PKK cadres in terms of being able to prevent HIV/AIDS in their community, especially as the epidemic is not significant enough to be considered a collective social problem in Indonesia. However, to some extent PMTCT may domestically empower the PKK cadres.

In PMTCT, the empowerment brought to the PKK cadres exists in the domestic domain. The involvement of the PKK cadres in the PMTCT program does not place them outside of their domestic domain; indeed, the remuneration they get from involvement may increase their motherly role, as one who is responsible for her family's welfare. Aside from access to resources, PMTCT also brings access to economic activities. Through the mobile VCT training and activities held by YPI, the cadres become known in the wider community as persons who have knowledge of maternal and child health, including knowledge of HIV/AIDS. Their participation in the training gives them good access and a channel to participate in similar activities, even outside of their own community, although they still perform as community workers. They can also benefit from these extra activities financially. With the extra income they are able to support their family better. PMTCT has given the PKK cadres social, economic, and identity empowerment in their domestic

domain, as devoted wives and protective mothers.

Access to resources and economic activities does not necessarily mean that one has power over those resources or economic activities. Mostly, the money is used simply to add to their pocket money for buying snacks or to go for outings with friends or the money was used as capital for her husband to start his business. PKK cadres have access to more economic activities due to their participation in PMTCT, as they become familiar to a wider circle, and thus they have a chance to do other activities that generate money. Yet, they do not have control over the mechanisms for these activities since the 'work' they do is regarded as voluntary.

Access to resources and economic activities has already proved significant for the PKK cadres and therefore needs to be maintained. The PKK cadres have to maintain their bio-social identity as devoted mothers because it gives them access to resources and economic activities through the PKK. However, this identity can be destroyed by their engagement in PMTCT activities as it is part of an HIV prevention program; for a shameful, dirty disease that is regarded as affecting badly behaved people. The PKK cadres must therefore maintain their identity as 'decent mothers' as part of their role in PMTCT. Thus, in introducing PMTCT to pregnant women, they have a tendency to blame high risk sexual behaviours on husbands rather than explaining the HIV risks during the pregnancy. Aside from having limited HIV knowledge and social skills when approaching the pregnant women about PMTCT, the PKK cadres believe that they have to maintain their PKK identity. The trust the PKK cadres have from the pregnant women is based on their identity as devoted wives and responsible mothers. This identity has been socialized very effectively in society. Considering that the pregnant women are also themselves PKK members, though not actively involved as community cadres, both the women and the PKK cadres have to respect each other's image and identity. Thus both blame husbands for their high risk sexual behaviours, while at the same time placing the responsibility for the health of their unborn babies onto the women. This permissiveness towards men leads them to be considered as the

main cause of HIV/AIDS infection among housewives, the latter of whom are regarded as innocent.

However, it does not mean that the role of the PKK as a mediator or as workers is not important. There are supportive conditions that YPI benefits from through involving the PKK to promote PMTCT. Firstly, the PKK is an effective vehicle for reaching housewives. Using the formal power that it already had as a structured institution in society, the PKK has the ability to approach people, especially housewives. This is an important matter for supporting the PMTCT program considering that HIV/AIDS is a highly stigmatized disease. Pregnant women need an assistant that they can trust to bring them to VCT services; the PKK cadres' position as trusted members of an established organization will therefore support success in VCT programs.

Secondly, the PKK has social capital in the form of a social network, which can support the cadres in promoting PMTCT. In this case, the active PKK cadres become an asset in supporting pregnant women to access mobile VCT. The PKK has a special mechanism to get information about pregnant women in their own district. This makes it easier to reach pregnant women, even the ones living in more remote areas. Beyond facilitating access to VCT, in the long run the PKK may become a useful vehicle for setting up community support groups to support housewives in accessing HIV information or to support zero positive mothers in accessing ART. In addition, the formal network mechanism in the PKK's organizational structure means that it has good and regular management, from the central to the district level. Thus, if the PMTCT program were to be administered at the national level in the future, PKK involvement might help simplify the activities, including monitoring and evaluating.

Unfortunately, however, despite their activities to support PMTCT through encouraging pregnant women to access to mobile VCT, the PKK as a social organization is still not able to create mutually beneficial collective action. Through its well organized and well structured organization, the PKK should have generated a movement to promote PMTCT in the community through collective action, as they did for the Safe Motherhood Movement and Family

Planning Program. As things stand, however, the PMTCT program cannot be expected to become a movement like the Safe Motherhood Movement and Family Planning Program.

However, there are some serious unsupportive conditions that distinguish the success of the PKK in supporting the Safe Motherhood Movement and Family Planning Program and in its support for PMTCT. First, both the Safe Motherhood Movement and Family Planning Program have government support, as the government has paid great attention to mother and child health and stated its obligation to reduce population growth. The PMTCT program is an NGO initiative; it is not a government driven program. Neither the government nor society view HIV/AIDS as an emergency situation, as HIV prevalence is regarded as low. The government also does not recognize it as a social problem. Lack of government support is an obstacle for PMTCT programs being promoted in the wider community. PMTCT may not receive political support from the government because it is not triggered by a critical situation, and thus PKK cadres do not receive any government funds to conduct mobile VCT; in addition, the sustainability of NGO funding for PMTCT cannot not guaranteed. As a consequence, unlike the Safe Motherhood Movement and Family Planning Program, PMTCT may never become a nationally successful program, even though it has used the same existing social capital of the PKK.

Second, unlike the Safe Motherhood Movement and Family Planning Program programs that support the domestic roles of housewives in PKK activities, PMTCT is seen as a 'dirty' activity that threatens the image of the mother, who is portrayed as innocent and loyal to her husband and family. PMTCT, as an HIV prevention program, is still regarded as shameful and stigmatized, even by the cadres who have been trained and provided with information to combat such stigma. PMTCT does not fit into their role as a good mother and devoted wife. This may hamper them in promoting PMTCT into a national movement.

Third, like mother and child health and family planning services, PMTCT can only be accessed by married women. It is almost impossible for other

groups of women, such as unmarried women and girls, to access the service. Family Planning Program propaganda has always be translated as “meant for married people only and not for virgin girls” (Pausacker, 2001, pp. 106-109). As a consequence, PMTCT will not be accessed by all women equally.

In addition to the above stated barriers, there are some internal obstacles within the PKK that have made it harder for the cadres to promote PMTCT. First of all, the PKK has not had any capacity to voice women’s rights since the New Order regime tried to suppress them and emphasized the domestic roles of women. The cadres have limited experience in promoting women’s reproductive rights, as they were only allowed to promote reproductive health and were strictly forbidden to talk about women’s or even citizens’ rights. The PKK is known as an institution that does not let women talk and that creates households as the only places for women. This can go against the aims of PMTCT, which is known as a program that supports women’s reproductive rights. Through PMTCT, pregnant women can apply their rights to prevent HIV/AIDS for the sake of their own reproductive health and the health of their babies. However, the PKK can only be used to mobilize people, not to fight for their rights. In other words, the PKK is not the right institution to empower pregnant women and to limit transmission of HIV in Indonesia. PMTCT may enhance the power and resources of the PKK in a specific domain, i.e. the reproductive sphere as mothers, but not to empower them to fight for their reproductive rights.

Second, the strong PKK networks mean that pregnant women who are found HIV positive through mobile VCT are reluctant to join the follow-up programs due to the social stigma spread about by the PKK cadres themselves. Although there is a special mechanism within mobile VCT to protect the confidentiality of all women’s HIV status, PKK cadres always find a way to know the results of the test. They do not really realize the importance of confidentiality and pass the confidential news around to the whole community.

Third, in finding the pregnant women, PKK cadres are using the existing networks of mother and child health and family planning, in collaboration

with the government pregnancy clinics *posyandu* and *puskesmas*. Other women who face exposure to HIV, such as sex workers, will not be registered or found through this network (Pisani, 2008, p. 36). In this case, the mobile VCT may not be able to reach those women and is only being directed towards 'good housewives'. It is therefore no wonder that most women are found HIV negative.

Furthermore, women attend the antenatal clinics for the wellbeing of themselves and their babies, so they cannot be regarded as volunteers for the initiative to combat HIV/AIDS. Considering the obstacles mentioned above, YPI cannot expect the PKK as an institution as well as individuals to be able to promote PMTCT as effectively as they did the Safe Motherhood Movement and Family Planning Program. However, in general, the involvement of the PKK in mobile VCT has been considered successful and therefore YPI has maintained the same format in running PMTCT in six other provinces. Considering the remuneration given to PKK cadres and the transportation fees given to the pregnant women, the PKK cadres, as well as the pregnant women may see PMTCT as just another type of income, instead of as a part of HIV prevention.

## References

- Adrina, Purwandari, K., Triwijati, N., & Sabaroedin, S. (1998). *Hak-hak Reproduksi Perempuan yang Terpasung*. Jakarta: Pustaka Sinar Harapan.
- Arivia, G. (1999). "Politik Susu" Pendobrakan Bidang Publik. In N. I. Subono (Ed.), *Catatan Perjalanan Suara Ibu Peduli* (pp. 7-19). Jakarta: Yayasan Jurnal Perempuan.
- Coleman, J. S. (2000). Social Capital in the Creation of Human Capital. In P. Dasgupta, & I. Serageldin, *Social Capital: A Multifaceted Perspective*. Washington DC: The World Bank.
- Doxey, M. S. (2007). The Motherhood Strategy of Indonesia's Suara Ibu Peduli. In L. A. Durán, N. D. Payne, & A. Russo, *Building feminist movements and organizations: global perspectives* (pp. 209-218). New York: Zed Book Ltd.
- Falk, I., & Kilpatrick, S. (2000). What is Social Capital? a Study of Interaction in Rural Community. *European Society for Rural Sociology*, 40 (1), 87-110.
- Grootaert, C. (1999). *Local Institutions and Service Delivery in Indonesia*. the

- World Bank, Social Development Department. the World Bank.
- Hardon, A. (2006). Contesting Contraceptive Innovation – Reinventing The Script. *Social Science and Medicine* , 62, 614-627.
- Hernandez, V. M. (2002). The Mothers of La Plaza de Mayo: a Peace Movement. *Peace & Change* , 385-411.
- Hunt, L. (1998). Woman-to-woman Support: Lessons from an Australian Case Story. *Patient Education and Counseling* , 33, 257-265.
- Katjasungkana, N., & Wieringa, S. E. (2003). Sexual Politics and Reproductive Rights in Indonesia. *Society for International Development* , 46 (2), 63-67.
- Krishna, A. (2000). Creating and Harnesting Social Capital. In P. Dasgupta, & I. Serageldin, *Social Capital: A Multifaceted Perspective*. Washington DC: The World Bank.
- Lawang, R. M. (2004). *Kapital Sosial dalam Perspektif Sosiologik: Suatu Pengantar*. Depok: FISIP-UI Press.
- Layne, L. L. (2006). Pregnancy and Infant Loss Support: A New Feminist, American, Patient Movement. *Social Science and Medicine* , 62, 602-613.
- Layne, L. L. (2003). Unhappy Endings: a Feminist Reappraisal of the Women's Health Movement from the Vantage of Preganncy Loss. *Social Science and Medicine* , 56, 1881-1891.
- Maguire, S., Philips, N., & Hardy, C. (2001). When 'Silence=Death', Keep Talking: Trust, Control and the Discursive Construction of identity. *Organization Studies* , 285-310.
- Marcoes, L. (2002). Women's Grassroot Movement in Indonesia: a Case Study of The PKK and Islamic Women Organization. In K. Robinson, & S. Bessel, *Women in Indonesia* (pp. 187-197). Singapore: Institue of Southeast Asian Studies.
- Niehof, A. (1994). *Family Planning and Status of Women in Indonesia: Demographic Reports*. Groningen: Faculty of Spatial Sciences, University of Groningen, The Netherlands.
- Nooteboom, B. (2007). Social Capital, Institutions and Trust. *Review of Social Economy* , LXV (1), 29-53.
- Pausacker, H. (2001). Dalangs and Family Planning Propaganda in Indonesia. In S. Blackburn, *Love, Sex and Power: Women in Southeast Asia*. Clayton: Monash University Press.
- Pisani, E. (2008). *The Wisdom of Whores: Bureaucrats, Brothels, and the Business of AIDS*. London: Granta Books.
- Portes, A. (1998). Social Capital: It's Origins and Applications in Modern Sociology. *Annual Reviews Sociology* .

- Samosir, O. B. (1993, December). Contraceptive Use in Indonesia: a History of the Programmes and the Characteristic of Users. *Majalah Demographi Indonesia*, Tahun XIX (38).
- Saptari, R., & Holzner, B. (1997). *Perempuan Kerja dan Perubahan Sosial: Sebuah Pengantar Studi Perempuan*. Jakarta: PT Pustaka Utama Grafiti.
- Sciortino, R. (2007). *Menuju Kesehatan Madani*. Yogyakarta: Gadjah Mada University Press.
- Shiffman, J. (2004). Political Management in the Indonesian Family Planning Program. *International Family Planning Perspectives*, 30 (1).
- Sunindyo, S. (1996). Murder, Gender and Media: Sexualizing Politics and Violence. In L. J. Sears, *Fantasizing The Feminine in Indonesia* (pp. 124-125). London: Duke University Press.
- Suryakusuma, J. I. (1996). The State and Sexuality in New Order Indonesia. In L. J. Sears, *Fantasizing The Feminine in Indonesia* (pp. 101-102). London: Duke University Press.
- Trully, S. R. (1995). a Painful Purgatory: Grief and the Nicaraguan Mothers of the Dissappeared. *Social Science and Medicine*, 1597-1610.
- Turner, J. H. (2000). The Formation of Social Capital. In P. Dasgupta, & I. Serageldin, *Social Capital: A Multifaceted Perspective* (pp. 94-146). Washington DC: The World Bank.
- United Nation Population Policies and Programmes. (1993). Proceedings of United Nation Expert Group Meeting on Population Policies and Programmes, Cairo, Egypt, 12-16 April 1992. New York.
- Uphoff, N. (2000). Understanding Social Capital: Learning from the Analysis and Experience of Participation. In P. Dasgupta, & I. Serageldin, *Social Capital: A Multifaceted Perspective*. Washington DC: The World Bank.
- Valk, A. M. (2000). "Mother Power": the Movement for Welfare Rights in Washington D.C., 1966-1972. *Journal of Women's History*, 34-58.
- Walt, G. (1988). Community Health Workers: Policy and Practice in National Programmes. *Evaluation and Planning Centre*, 16.
- Wieringa, S. (1992). Ibu or the Beast: Gender Interests in Two Indonesian Women's Organization. *Feminist Review*, 98-113.
- Wieringa, S. (1998). *Kuntilanak Wangi: Organisasi-organisasi Perempuan Indonesia Sesudah 1950*. Jakarta: Kalyanamitra.
- World, B. (1990). *Indonesia Family Planning Perspectives in the 1990s*. Washington DC: The World Bank.



# Coping Strategies and Psychological Health Among Emergency Workers: Implication for Social Work

MOHD DAHLAN HJ. A. MALEK, Ph.D\*

BEDDU SALAM BACO, MA

MOHAMMAD AZHAR MOHAMAD NOR, MA

MURNIZAM HAJI HALIK, Ph.D

IDA SHAFINAZ MOHAMED KAMIL, MA

*School of Psychology and Social Work, Universiti Malaysia Sabah*

ADI FAHRUDIN, Ph.D

*Bandung College of Social Welfare*

---

\*Correspondence concerning this article should be addressed to Mohd Dahlan H.A. Malek Ph.D, School of Psychology and Social Work, Universiti Malaysia Sabah, 88999 Kota Kinabalu, Sabah, Malaysia. Email: dahlanam@ums.edu.my

## Abstract

The purpose of this paper is to identify the sources of occupational stress and coping strategies in dealing with stress among emergency workers. A total of 348 emergency workers (firefighters, police and military personnel) were involved in the study. The study used a set of questionnaire survey and area sampling design. The questionnaire comprises: The Sources of Occupational Stress (SOOS), Coping Oriented to Problem Experienced (COPE) and the Psychological Health Questionnaire (PHQ). The result of the study indicated that the sources of occupational stress have significant positive correlations with job stress. The study also found that the relationship between the sources of stress and coping strategies were significantly positively related. The relationship between the sources of stress and the psychological well-being also showed a significant positive correlation. These findings provide some implications for the human resource department of the institutions to establish a counseling unit in order to deal with psychological problems faced by the emergency workers.

**Keywords:** Coping strategy, psychological health, emergency worker, social work

## Introduction

Emergency workers are often exposed to emergency and stressful conditions including the threat of injury, mutilation and death (Corneil, 1993). They used

to involve directly in the rescue of victims of a disasters, such as flood, fire, a traffic accident or a medical emergency.

Although rescuing the victims of a particular disaster is a shared responsibility among members of the community, people directly involved in providing relief and rescue work are the emergency workers comprised of fire fighters, police, military, paramedics and other emergency workers.

Emergency workers help to protect public against emergency situations by rapidly responding to emergency calls. They are frequently the first emergency personnel arriving at the scene of a disaster offering assistance to the victims and performing their job. Emergency workers such as fire fighters, police and military personnel have risked their lives in performing their duties. Although the nature of their work is dangerous, they are prepared in performing their duty to the best they could do.

Due to the nature of the job of the emergency workers which is extremely challenging, the coping strategies factor is very important in dealing with work-related stress. There are many studies examining the relationships between sources of stress and coping strategies (Ambrose & Kulik, 1999; Clohessy & Ehlers, 1999; Cooper, Clarke & Rowbottom, 1999; Fogarty, Machin, Albion et al., 1999; Fox, Dwyer & Ganster, 1993; John, James & Jian Lin, 2001; Kirkcaldy, Stephard & Furnham, 2002; Kop, Euwema & Schaufeli, 1999; Long, 1993; Lou Lu, 1999, Othman, 1979; Sacker, Bartley, Frith et al., 2001).

Accordingly, it is vital to look in depth the factors on work-related stress and the coping strategies that they use. This study aims to see whether there is a significant correlation between the sources of stress and the coping strategies among emergency workers in Sabah, Malaysia. This is important to ensure that the emergency workers are always prepared to respond immediately to emergency that arises and able to handle stressful situation based on coping strategies suitable with the nature of their work.

The emergency workers focus in the current study are members of the firefighters, police and military. Firefighter is one of the professions directly involved in an emergency and stressful environment that should possess

proper and effective coping strategies. According to Leigh (1988), fire fighting is a stressful and dangerous occupation that ranks fifth in occupational mortality in the United States. Furthermore, Corneil (1993) reported that fire fighters are faced with a range of hazards, such as exposure to chemical and biological threats, and the long term effects of exposure to smoke, as well as the risk of psychological conditions such as post traumatic stress disorder (PTSD) resulting from witnessing traumatic events.

The military personnel is one of the emergency workers whose function is to protect the state from threats of other countries. Whether playing the role of combatant in a war zone or peace fighters, military personnel have already experienced many difficulties in their daily tasks through hard training and also completed the task in accordance with the stipulated time. Exercises that apply to the military is intended to test their physical strength, mental, and make them always in a state of readiness to face whatever challenges they must face in their job. In addition, the military must be constantly vigilant and ready at all times maintain the highest level of their performance.

Military personnel is not only serving in the army but also act as the safety officers who control the public (National Research Council, 2008). Most of these operations require all members to work on an ongoing basis in which the military personnel had to stay twenty four hours and this particular operation period will continue until three to six months.

There are differing views and opinions in defining stress. Cox (1978) believes that stress is a threat to quality of life, damage to physical and psychological health. According to Cooper, Clarke and Rowbottom (1999), "stress" or pressure, derived from the Latin word "stringere", means to pull tightly, and is used in the seventeenth century to describe the difficulty, or suffering. Selye (1983) described that "stress" or pressure (such as success, failure, or happiness) has different meaning to different people. However, some experts and scientists especially, not really tried to define, although it has become part of our daily treasury. Kasl (1996) concluded in its study that the term "stress" or pressure is basically used in a few different ways: (a) as a condition of the environment,

(b) the assessment of surrounding circumstances, (c) in response to the them , and (d) as a form of relationship between the demands of the environment and the ability to meet these demands.

Sarafino (2002) reported that some researchers have conceptualized stress in three ways. In the first approach, the pressure is seen as a stimulus and studies were focused on the impact of the sources of stress. The second approach explores stress reaction and examines physical and psychological pressure generated by the sources of stress. While the third approach perceives stress as a process that involves interaction and adaptation, or transactions between people and the environment. This three-way approaches lead to a definition of stress which is: “a condition that occurs when the human-environment transactions lead to the gap between the demand of situation and the sources of biological, psychological and social system of a person (Sarafino, 2002)

Cox, Griffiths and Rial-Gonzalez (2000) reported that a conclusion has been made based on several different reviews of previous studies that there basically are different three approaches to the definition of pressure but mutually overlapped. The first approach is conceptualized as a working pressure of the features of unpleasant or dangerous working environment, which is named as the ‘engineering approach’. The second approach defines the pressure in the normal physiological effects of various stimuli that are not pleasant or dangerous, which is designated as ‘physiological approach’s . The third approach conceptualized the working pressure in the dynamic interaction between humans and their working environment. In fact, according to the authors, the psychological approach to the definition of pressure is consistent with the definition of welfare as recommended by the World Health Organization (1986) that defines welfare as “a dynamic state of mind characterized by reasonable harmony between the capabilities, needs, expectations, and claims as well as an environment”(Cox et al., 2000).

## **Definition of occupational stress**

The occupational stress can be divided into chronic and acute stress. Chronic pressure arises from the imbalance between the demands of work and ability to cope with them which usually is associated with a long conditions at work. Acute stress is often associated with a very high demand that was encountered in cases of emergency or other threatening situation (Flin, 1996). While emergency workers may be involved in both chronic and acute stress, this study will only focus on chronic stress as it is expected that the effects of long-term sources of stress are most likely to impact the performance of emergency workers in general and the operational definition of the sources of stress is based on the *Sources of Occupational Stress (SOOS)* developed by Beaton & Murphy (1993).

## **Definition of coping strategies**

Ability to handle pressure is a very important issue in everyday life. Each individual has their own coping strategies in dealing with the pressure that may differ from one to another. Usually the differences of these coping strategies are based on the different environment and experience as well as pressure faced by the individual.

According to Moran (2001), studies of coping strategies are very important. This is because it involves the evaluation of the behavior and a complex phenomenon may also includes expectations about how one can control the source of the pressure of their work in the future. Geen (1995) said that the definition of coping strategies can be broadly classified into three categories: 1) focus on the problem itself in order to vary the pressure at the source, (2) modify the meaning of the experience in a way that removes some or all of the characters which not fun, and (3) control the emotional consequences and the occurred problems.

Based on the latest developments, there are many ways of effective coping strategies which have been introduced to address the problem of pressure (Mohammad Haji-Yusuf, Adi Fahrudin, Mohd. Dahlan Haji A. Malek & Beddu

Salam Baco, 2000; Long, 1993, Moran & Colless , 1995). Lazarus and Folkman (1988) divided coping strategies into two forms, namely problem focused coping and emotion-focused coping. The operational definition of the coping strategies is based on *The Coping Oriented to Problem Experienced* (COPE) developed by Carver, Cheier and Weintraub (1989).

Problem-focused coping is seen as an effort aimed at changing the environment of an individual transaction in the pressure of managing resources, while emotion-focused coping seeks to establish an emotional response generated by the situation (Folkman & Lazarus, 1980). Past studies indicated there were differences in the effectiveness of both coping strategies. Many researchers believe that problems-focused coping is effective for individuals who experience problems associated with signs of distress (Billings & Moos, 1984; O'Neill & Zeichner, 1985). However, many others think that the emotion-focused coping is a useful strategy.

## **The aims of the study**

The aims of the study is to examine the level of psychological health amongst firefighters, police and military personnel in Sabah, Malaysia, as below:

1. To examine the relationship and influence of the sources of occupational stress and psychological health among emergency workers.
2. To examine the effectiveness of coping strategies among emergency workers

## **Method**

### **Research Design**

This study uses a quantitative approach in the form of a survey using questionnaires. However, interviews were also conducted in order to get more clear picture about the career of these emergency workers as well as the characteristics of their work.

Quantitative methods is used in this study based on the past research which suggested that a survey questionnaire is one of the most accurate and efficient ways to obtain data for a particular respondent. This is because their working environment regardless of the time is depending on the responsibilities they have to do. In addition, the findings of previous studies related to psychological well-being and stress among professional firefighters and other emergency workers using quantitative techniques had been successful in producing significant results.

## **Subjects**

The subjects of this study are 348 emergency workers, consist of: 102 fire fighters, 96 police officers, and 150 military personnel in Sabah, Malaysia. Subjects were chosen at random from several fire stations, military camps and police stations in the vicinity of Kota Kinabalu, Sandakan, Tawau and Lahad Datu, Sabah.

## **Instruments**

This study used a questionnaire consisting of four parts: Part A is for collecting socio-demographic information on the subject; Part B is a questionnaire of Sources of Occupational Stress (SOOS) developed by Beaton and Murphy (1993) to measure the sources of stress; Part C is a questionnaire of Problem Oriented Coping Experienced (COPE) which was built by Carver, Cheier and Weintraub (1989) to measure coping strategies, and Part D seeks to measure the pressure using the Index of Clinical Stress developed by Hudson and Abell (1992).

Based on the pilot study of 55 emergency workers, the results indicated that the instruments have high reliability and validity. The result of pilot study shows in Table 1.

**Table 1 : Cronbach Alpha Coefficients of the instruments: SOOS, COPE and The Index of Clinical Stress**

Instrument	Items	Cronbach Alpha
1. The Sources of Occupational Stress (SOOS)	51	.95
2. The Coping Oriented to Problem Experienced (COPE)	44	.91
3. The Index of Clinical Stress	12	.88

## Procedure

The study was conducted by four researchers and assisted by two research assistants. Prior to the conduct of the study, researchers provided training to the research assistants on the study procedures. Before the questionnaire is administered, the researchers applied for permission in writing to the concerned agencies : police, firefighters and military institutions. After receiving the formal written permission, the questionnaires were administered at the respective agencies, assisted by officials from the agencies involved. The respondents were gathered in one place and asked to complete the questionnaires.

## Result

### Background

Table 2 below shows the categories of employment, tenure and age of the respondents who participated in the study. The largest number of job categories in the study are the military personnel of 43.1% (150 military personnel), followed by fire fighters which is 29.3% (102 fire fighters) and police is 27.6% (96 police officers).

**Table 2: Socio- demography factors**

Factors	Often	Percentage
Job categories:		
1. Fire fighters	102	29.3
2. Police officers	96	27.6
3. Military personnel	150	43.1



## Descriptive Analysis

Table 3 below shows the relationship between sources of stress with the stress levels experienced by emergency workers.

Table 3 shows that all sources of stress have significantly positive correlation with the stress experienced by emergency workers. This finding suggests that the higher the source of stress, the greater the stress is felt.

**Table 3: Pearson correlation coefficients of the relationship between sources of stress and the level of stress among emergency workers.**

	Source of stress	N	r
1.	Has no authority in carrying out	337	.399**
2.	Lack of rest	322	.415**
3.	Conflicts with other people	337	.352**
4.	Concerns about job skills	321	.325**
5.	Past the critical incident	335	.281**
6.	Dangerous working conditions	323	.261**
7.	Standard equipment is low	325	.256**
8.	Lack of support from family / colleagues / organizations	324	.380**

\*\* k < .01

Table 4 shows that out of eleven coping strategies, only eight are correlated significantly, while the other four shows no significant correlation with sustained stress.

**Table 4: Pearson correlation coefficients of the relationship between coping strategies with stress among emergency workers.**

	Coping strategies	N	r
1.	Redefining and positive development	341	-.069
2.	Back to religion	341	-.158**
3.	Instrumental support	341	.107*
4.	Plan	340	-.103
5.	Active coping	340	-.084
6.	Avoidance	340	.478**
7.	Released behavior	339	.333**
8.	Focused and calm emotions	340	.337**
9.	Restraint coping	338	.260**
10.	Humor	340	.352**
11.	Termination of activity opposite	341	.181**

\*k < .05, \*\* k < .01

## Inference Analysis

Regression analysis was carried out to various extents to which the sources stress and the role of stress levels experienced by emergency workers. There are eight sources of stress that act as a predictor, while the forecast variable is the pressure experienced. The regression analysis found that the linear combination of the eight predictors was significantly associated with stress,  $F(8, 292) = 9.99$ ,  $k < .05$ . Correlation coefficients range  $R = .46$ , showed approximately 21.5% ( $.462^2 = .211$ ) variance of the pressure experienced by emergency workers are contributions from the eight sources of stress.

**Table 5: Sources of stress**

Sources of stress	Beta
1. Has no authority in conducting the task	.213
2. Lack of rest	.290**
3. Conflicts with other people	-.027
4. Concerns about job skills	.118
5. Past the critical incident	-.063
6. Dangerous working conditions	-.223
7. Standard equipment is low	-.004
8. Standard equipment is low	.146

\*\* $k < .01$

Table 5 shows the relatively strength of the contribution of each source of stress. Of the eight sources of stress were tested, only one contributed significantly less rest (beta = .29,  $k < .05$ ). Resources rest less pressure to contribute 8.40% ( $.292^2 = .084$ ) of variance of stress experienced.

## Influence of coping strategies on stress levels.

Regression analysis was carried out to various extents to which coping strategies minimize the stress experienced by emergency workers. There are eight coping strategies that serve as predictors, while the predicted variables are the pressure experienced. The regression analysis found that the linear combination of the eight predictors was significantly associated with stress,  $F(11, 321) = 15.28$ ,  $k < .05$ . Correlation coefficient  $R = .59$  different shows about

59% of the variance of coping strategies contribute in reducing the pressure experienced by emergency workers.

**Table 6: Beta distribution to see the impact of coping strategies**

Coping strategies	Beta
1. Turning to religion	-.124*
2. Instrumental support	-.070
3. Avoidance	.314***
4. Release behavior	-.055
5. Focused and calm emotions	.178**
6. Restraint coping	.056
7. Humor	.099
8. Termination of activity opposite	-.009

\*k < .05, \*\*k < .01, \*\*\*k < .001

Table 6 shows the relatively strength of the contribution of each source of stress. Of the eight coping strategies were tested, only three minimize the pressure that is significantly related to religion (beta = -.124, k < .05), avoidance (Beta = .314, k < .05) and focusing and calm the emotions (beta = .178, k < .05).

## Discussion

The results of the study showed that there was a positive correlation between the sources of stress with the pressures faced by the emergency workers. Lack of rest is the source of the pressure effect on the level of stress among them. This finding was different from the result of the study conducted by Beaton (1993) and Malek, Mearns and Flin (2009) who found that fears of job skills as a major source of stress among emergency workers. The different of the result is because of the emergency workers working in Malaysia have a greater responsibility than in other countries. For example, the responsibility of the fire fighters are not just as fire and rescue in disasters but also in community work which is actually is beyond their main tasks.

The results of the study showed that the higher the stress among emergency workers, the less the use of coping strategy of returning to religion

as a convenient source used during the stressful situations. This finding is different from the work of William, Larson, Buckler, Hechman and Pyle (1991) who conducted studies on 720 patients and found that religion is an effective strategy to deal with stress. Similarly, study conducted by Koeng, Kohen, Blazer, Pieper, Meador, Shelp, Goli and Dipasquele (1992) over 850 patients found that religion is an effective coping strategies to deal with depression and stress.

In addition, this study showed that the higher the stress among emergency workers, the higher the use of coping strategy of denial by pretending they are not sustained pressure. This finding is consistent with the study conducted by Prati, Palestini, and Peatrantoni (2009) of the 1200 emergency workers which found that the coping strategy of denial was positively related to burnout.

The study also found that the higher the stress among emergency workers, the higher the coping strategy of focusing and calming the emotions. This finding supports the result of the study conducted by Prati, Palestini and Peatrantoni (2009) that the coping strategy of focusing and calming the emotions has a positive relationship with burnout.

## **Conclusion and Implication**

This study has revealed the sources of stress and coping strategies used by emergency workers. The result of the study indicated that the sources of occupational stress have significant positive correlations with the job stress. The study also found that the relationship between the sources of stress and coping strategies were significantly positively related. The relationship between the sources of stress and the psychological well-being also showed a significant positive correlation. These findings provide some implications for occupational social work to encourage the human resource department of the emergency work institutions to establish social work counseling service as a platform for social workers to deal with psychosocial problem faced by the emergency workers. Other implication from this finding is institutional policy.

Managers and supervisors should create conducive work environment for the emergency workers. Although programs that provide support for emergency staff may be considered expensive, management needs to consider the cost effectiveness of these programs as they have been shown to significantly reduce job stress. This reduction will lead to more satisfied emergency workers, improved agency functioning and enhanced service to the community.

## Reference

- Ambrose, M. L & Kulik, C. T. (1999). Old friends, new faces: Motivation research in the 1990s. *Journal of Management*, 25(3), 231-292.
- Beaton, R. D., & Murphy, S. A. (1993). Sources of occupational stress among fire-fighter/EMT's and fire-fighter/paramedics and correlations with job-related outcomes. *Prehospital & Disaster Medicine*, 8, 140-150.
- Billings, A. G., & Moos, R. H. (1984). Coping, stress and social resources among adults with unipolar depression. *Journal of Personality and Social Psychology*, 46, 877-891.
- Caplan, R. D. (1983). Person-environment fit: Past, present and future. In C.L.Cooper (Eds.) *Stress research* (p.1-20). New York: John Wiley & Sons Ltd.
- Carver, Cheier & Weintraub (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56,267-283.
- Clohessy, S., & Ehlers A. (1999). PTSD symptoms, response to intrusive memories and coping in ambulance service workers. *British Journal of Clinical Psychology*, 38, 251-265.
- Cooper, C. L., Clarke S., & Rowbottom, A. M. (1999). Occupational stress, job satisfaction and well-being among anaesthetists. *Stress Medicine*, 15, 115-126.
- Cassel, J. (1974). Psychosocial Processes and "Stress": Theoretical Formulation. *International Journal of Health Services*, 4, 471-482.
- Cox, T. (1978). *Stress*. London: MacMillan Publishers Ltd.
- Cox, T., Griffiths, A. J., & Rial-Gonzalez, E. (2000). *Research on work-related stress*. Report to the European Agency for Safety and Health at Work. Luxembourg: Office for Official Publications of the European Communities.

<http://agency.osha.eu.int/publications/reports/tekanan>.

- Flin, R. (1996). *Sitting in the hot seat: Leaders and teams for critical incident management*. Chichester: John Wiley & Sons Ltd.
- Fogarty, G. J., Machin, M. A., Albion, M. J., Sutherland, L. F., Lalor, G. I., & Revit, S. (1999). Predicting occupational strain and job satisfaction: The role of stress, coping, personality and affecting variable. *Journal of Vocational Behaviour*, 54, 429-452.
- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-age community sample. *Journal of Health and Social Behavior*, 21, 219-239.
- Folkman, S., & Lazarus, R. S. (1988). The relationship between coping and emotion: Implications for theory and research. *Social Science Medicine*, 26, 309-317.
- Fox, M. L., Dwyer, D. J., & Ganster, D. C. (1993). Effects of stressful job demands and control on physiological and attitudinal outcomes in a hospital setting. *Academy of Management Journal*, 36, 289-318.
- Geen, R. G. (1995). *Human motivation: A social psychological approach*. Pacific Grove, California: Brooks/Cole Publishing Company.
- Hudson, W. W., & Abell, J. N. (1992). *Index of clinical stress (ICS)* Tempe, AZ: WALMYR Publishing.
- John, S., James, R. J., & Jian Lin, X. (2001). Individual differences in utilizing control to cope with job demands: Effects on susceptibility to infectious disease. *Journal of Applied Psychology*, 86, 265-275.
- Kasl, S. V. (1996). The influence of the work environment on cardiovascular health: A historical, conceptual, and methodological perspective. *Journal of Occupational Health Psychology*, 1, 42-56.
- Kirkcaldy, B. D., Shephard, R. J. & Furnham, A. F. (2002). The influence of type A behaviour and locus of control upon job satisfaction and occupational health. *Personality and Individual Differences*, 33, 1361-1371.
- Koeng, Cohen, Blazer, Pieper, Meador, Shelp, Goli & DiPasquale (1992) Religious coping and depression in elderly, hospitalized medically ill men. *Am J Psychiatry*.1992;149:1693-1700.
- Kop, N., Euwema, M., & Schaufeli, W. (1999). Burnout, job stress and violent behaviour among Dutch police officers. *Work & Stress*, 13, 326-340.
- Lazarus, R. S. & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.
- Long, B. C. (1993). Coping strategies of male managers: A prospective analysis

- of predictors of psychosomatic symptoms and job satisfaction. *Journal of Vocational Behaviour*, 42, 184-199.
- Lou Lu. (1999). Work motivation, job stress and employee well-being. *Journal of Applied Management Studies*, 8, 61-73.
- Malek M.D., Mearns, K. & Flin, R. (2003). Stress and wellbeing in fire fighters : A review of the literature. *Fire Safety, Technology & Management*. 8(2) 1-6.
- Mohammad Haji-Yusof., Adi, F., Malek, M. D., & Baco, B. S. (2000). Disaster and post-trauma psychological impact: A case study in Sabah, Malaysia. *Journal Center for the Promotion of Knowledge & Language Learning (MANU)*, 16, 88-104.
- Moran, C., & Colless, E. (1995). Positive reactions following emergency and disaster responses. *Disaster Prevention and Management*, 4, 55-60.
- Moran, C. (2001). Personal predictions of stress and stress reactions in fire fighter recruits. *Disaster Prevention and Management*, 10, 356-365.
- National Research Council. (2008). The changing nature of work: Implications for occupational analysis. *Commission on Behavioral and Social Sciences and Education. National Research Council*. Washington: National Academy Press. Retrieved February 15, 2008, from <http://books.nap.edu/openbook.php>
- Othman, G. (1979). An investigation of the job stress of Malaysian school teachers. Unpublished doctoral dissertation, University of California, Los Angeles.
- Prati, G., Palestini, L. & Pietrantonio, L. (2009). Coping strategies and professional quality of life among emergency workers. *The Australasian Journal of Disaster and Trauma Studies*, Vol.1. <http://www.massey.ac.nz/>
- Puchalski, C. (2003) In: Carter R, Caregiving book series. Americus (GA): Rosalyn Carter Institute for Human Development, Georgia Southwestern State University:
- Sacker, A., Bartley, M. J., Frith, D., Fitzpatrick, R. M., & Marmot, M. G. (2001). The relationship between job strain and coronary heart disease: Evidence from an English sample of the working male population. *Psychological Medicine*. 32, 279-290.
- Sarafino, E. P. (2002). *Health psychology: Biopsychosocial interactions*, New York: John Wiley & Sons.
- Selye, H. (1983). The stress concept: Past, present and future. In C.L. Cooper (Ed.) *Stress research* (p.1-20). Chichester: Wiley.

Williams DR, Larson DB, Buckler RE, Hechman RC, Pyle CM (1991). Religion and psychological distress in a community sample. *Soc Sci Med.*1991;32:1257-1262.

World Health Organisation. (1986). *Constitution of the World Health Organisation. In basic document* (36<sup>th</sup> ed.). Geneva: World Health Organisation.



# Social Work Education in Vietnam: Implications in the Period of Welfare Reform

**VAN KHAM TRAN\***

---

*Van Kham Tran, graduated from Sociology at BA (2000) and Master (2004) in Vietnam National University-Hanoi. He used to work in this university from 2000 to 2007 and started his Ph.D on Social Work and Social Policy in School of Psychology, Social Work and Social Policy, University of South Australia from 2008. He has experiences and interests in sociology (theory and research methods); social work (social work theory, social work curriculum development, social work with children, social work in school and community development), social policy, disability study and inclusive society. His Ph.D research topic is "social inclusion of children with disabilities in Vietnam".*

\*Van Kham Tran, Ph.D candidate, School of Psychology, Social Work and Social Policy, Room H1-10, Magill Campus, University of South Australia, Adelaide, 5000, South Australia, Australia.  
Email: travk002@mymail.unisa.edu.au

## **Abstract**

Social work is a new professional area in Vietnam which was officially approved since 2004. Currently more than 40 universities and colleges have permission on training at levels of undergraduate and masters. This paper will critically analyse the social work policy strategy from 2010 to 2020 in order to highlight the specific challenges as well as provide a series of recommendations.

**Keywords:** Social work, social work education, Vietnam, welfare

## **Introduction**

While social work has its long history of development in the Western countries, it is still a new professional area in Vietnam. The undergraduate program in social work was officially approved in 2004 by the Ministry of Education and Training. Up to now 34 universities and colleges have permission on training

at levels of undergraduate and masters (Bộ Giáo dục và Đào tạo 2011). The concerns for delivering and promoting social work education have been a significant sign for the certain role of social work on social development and human welfare in Vietnamese culture. The Government and the related ministries and organisations in Vietnam are very active on creating the initiatives and plans to promote social work education and practice national wide. As a result, the strategies for social work development from 2010-2020, decisions on employment codes for social workers and support workers, the establishment of social worker networks, annual workshops on social work education, are the specific examples for the prospect of social work development in the future.

In this early stage, social work education in Vietnam is facing wide challenges, from awareness of this professional job, to the lack of learning materials, practicum places, staff and skills for supervisions as well as the teaching staff on social work (Hugman, Lan & Hong 2007). However, in the era of critical social development strategy and welfare reform from 2010-2020, social work also gets a significant social concerns and opportunities for its development professionally. In these strategies, it is proposed that the number of people in the section of welfare service will be increased and will require more professional services and supports. Vietnam is trying to build the welfare system which is based on (a) welfare rights in specific social and economic conditions, (b) the welfare coverage for all individuals with diversity solutions; (c) the specific concerns to the severe and vulnerable groups such as the poor, the disabled people, ethnic groups, the unemployed, the elderly, the migrants, victims of natural disasters; (d) empowered approach in aspects of indirect supports to have sustainable development; and (e) the role of the State on administrating and the role of the social organisations in practicing which enlarge the number of stakeholders in this welfare reform (Viện KHLĐXH 2010).

Basing on the ideas for social development and welfare reform, this paper focuses on the challenges and prospects of social work education in Vietnam.

This paper also aims at identifying the main concerns for transforming social work education and practice as professional practice in human services and practices in Vietnam.

## **History of the social work education in Vietnam**

History of social work education in Vietnam is acknowledged as two main developmental areas. In the South, before 1975, there were some social work training institutions in Sai Gon (Ho Chi Minh City at present), such as Caritas and National School of Social Work. The Caritas was established by French Red Cross in 1948 based on the Vinh Son Caritas (1942). The first training course on social work was opened in 1948 with 10 participants. Then, this institution had been responsible for training female social workers. The National School of Social Work was established afterward which had the mission for training the skilled social workers for human services at that time. After 1975, the Open University in Ho Chi Minh City was the first institution in Vietnam that started training undergraduate students and provided a great contribution to training professional social work as well as kept the continuity of social work education in Vietnam. In the North of Vietnam, after the August Revolution in 1945, the Government issued a wide range of policies, strategies for developing the social work activities and practices (Nguyen Thi Oanh 2002; Nguyễn An Lịch 2010). In the Independence Declaration (1945), President Ho Chi Minh made the statements on human rights, justice, and happiness for all individuals. There were other critical policies on orphan social care, social supports for the disabled person, the elderly and the poor, and also created the favourable conditions for them to develop themselves and to contribute to social development.

Along with the national history on war time and on the reconstruction time, a wide range of social organisations such as the Youth, the Women, the trade union, the Red Cross, churches, pagoda and charity organisations also delivered various activities to support the vulnerable people and

groups which were the significant background for social work education and practice recently in Vietnam. In spite of the content of the professional social work which had not been trained and cleared in the educational system, the social work activities had provided great contributions to the developments of individual, family and community on overcoming the difficulties and strengthening the welfare policies and practice.

The development of social work after 1986 had been more critical with more concerns in terms of policies and practice. There were a series of short courses for training specific skills for people working in the social work area and human services. In addition, there were also significant concerns from international organisations and NGOs in Vietnam about the development of social work education.

The “Doi Moi” (Renew) policy in 1986 brought the social change and the development to the country which aimed at a rapid industrialization, modernization and the creation of a market economy. Over the last three decades, Vietnam has made great achievements by the rise of living standards and the decrease of the poverty rate from 60% in 1990s to 25% recently (Vietnam Government 2010). This economic growth has brought many social benefits, including the capacity to develop infrastructure in education and health, but at the same time it has also created some new social problems. The first group of social problems known as social protection which includes the poor, children in need of social protection (street children, disabled children, children suffering from abuse and neglect); adults with disabilities, older people who are living without assistance from their family and relatives. The second group is referred to social evils, including trafficking children and young women, people with HIV/AIDS, drug misuse, prostitution and crime (Hugman, Lan & Hong 2007). And social work practice is regarded as the significant catalyst for promoting the social protection and for reducing the social problems. It is estimated that nearly 30% of the Vietnamese population need social work services and practices currently.

Social work was officially established and trained at the undergraduate

*level in university from 2004. After 7 years of its approval, 34 universities and colleges have been accepted for training social work students (Bộ Giáo dục và Đào tạo 2011). As the new professional activities, social work education are facing the challenges and the prospects for future development, especially after the Government approved the Strategy for Social Work development to 2020 and National strategy for social development to 2020 which was modified particularly in the Welfare Reform to 2020.*

On looking at social work education and practice in Vietnam, there are some ideas about its developments in terms of: (a) Social work in Vietnam has its origins from social welfare practice and social protections. It is similar to the first stage of social work development as in other countries. In fact, social work activities have the long history on the supports between individuals, groups, communities and from the government which are delivered in a charity approach and based on the traditional values of the Vietnamese. Basing on the social protection and social welfare practice, the theoretical backgrounds for social work education and practice in Vietnam originated from other disciplines of social sciences, especially from sociology, psychology, anthropology and policy science as well. (b) Social work in Vietnam has been changing its model from responding to activities to professional activities. The initial activities are in terms of charity or favor activities, especially in the feudal time in the Vietnamese history (Nguyen Thi Oanh 2002). These activities had been changed to those based on the individual, community and the State responsibilities in responding to the natural disasters, to vulnerable groups and people in high support demands. The professional activities have been recently presented and applied for the last two decades since the introduction of social work's education and practice in human life from 2004. (c) Aiming at professional social work, there are various activities delivered annually in aspects of: short courses on training social workers and teachers in social work; annual conferences on social work education and practice by schools of social work, and strategies for social work development as well as the decision on making the code of social workers in the labor force.

## **The strategy for social work development in Vietnam to 2020**

In 2010, the Vietnamese Government approved the Strategy for social work development with the total budget up to 2.340 billion VND (approximately 112 million USD). This strategy aims at developing social work professionally and widely (Nguyễn Sinh Hùng 2010). The strategy is divided into two main phrases. The first one from 2010-2015 aims at: (a) setting up the codes for social workers in the labor force, the ethics standards and the standards of social work services; (b) making up, amending and updating social policies and legal documents on social work development; (c) developing the social work staff which will be increased by 10% by 2015, there will be one or two social workers at community level; (d) setting up at least ten pilot centers on social work services at district level; (e) training and strengthening social work skills for at least 50% of those working in social work positions at community level and related organizations; (f) setting up and reviewing the curriculum and its contents on social work education at all levels from vocational training to master levels; strengthening the abilities of social work lecturers and trainers; and (g) increasing the social awareness on social work. There are also five other tasks for the second phrase, aiming at (a) establishing and approving the professional standards for social work staff in specific social work services; upgrading the legal and policy documents on social work development; (b) increasing 50% of social work staff at all levels; enlarging the examples of social work centers at district levels; (c) training and retraining the social work skills for at least 50% of those working as social workers at community level; social work centers and organizations of social work services; (d) socializing social work practice with the participations of NGOs, individuals and institutions nationally and internationally in both education, training and delivering social work services; (f) continuing the task of increasing social awareness on social work.

The strategy also identifies the high demand of human resources for social work education. It is estimated that 60 thousands of social work staff need

training and retraining with professional skills; 35 thousands need training at professional education, from levels of vocational training. At the first stage of social work development, the strategy also focuses on specific groups such as the elderly, the disabled people, the orphan children, people with HIV/AIDS, the drug abused and other groups. (Nguyễn Sinh Hùng 2010; Nguyễn Thị Hà 2010). The strategy is a comprehensive solution for promoting social work professionally and it is also socially constructed based on the specific social and economic conditions in Vietnam.

## **Welfare strategy to 2020**

This strategy is a part of a National Action plan on social and economic development from 2011-2020 which aims at the social justice, individual wealthy and national strength and guarantees the sustainable life for those in risk conditions and natural events. The strategy consists of 6 specific objectives in aspects of supporting individuals, vulnerable groups on vocational training and employment; enlarging the numbers of people in social insurance; universalizing all people entitled with health insurance from 2014 and upgrading the quality of health services; developing the flexibility of social supports and social protections in responding to incidences and risky events which aim at supporting the whole vulnerable groups with below minimum income; sustaining the poverty reduction; and increasing the social service's accessibility for vulnerable groups.

These main objectives will be implemented through the various solutions, in aspects of the following solutions on: upgrading the social policy systems on employment, income increase, and attending workforce; supporting people participation on social insurance; making policies on supporting people on health insurance's participation; upgrading the social policies on social protections; poverty reduction; increasing the accessibility on basic services for vulnerable groups and people in specific conditions; increasing the efficacy of national administration on social welfare; increasing the social awareness on

social welfare for all staff of responsible organizations, ministries and related organizations; motivating the participations of individuals, enterprises and organizations on delivering welfare practices; promoting the international collaboration on social welfare; and developing the supervising mechanism of implementing the strategy. (Viện KHLĐXH 2010)

With these aims and solutions, it is expected that Vietnam will deliver the sustainable and comprehensive welfare practices for all by the end of this period. In the implementation, the Government still keeps its major tasks on coordinating all activities including financial supports at first stages and motivating the financial contributions from individuals, enterprises and organizations. The national budget for welfare activities in 2010 is estimated at 140 billion VND (7.5% of GDP) and it will be reached at 355 billion VND (11.29% GDB) by 2015 and 618 billion VND (11.3%) by 2020 (Viện KHLĐXH 2010; Vietnam Government 2010).

## **Opportunities and challenges on social work education in Vietnam**

From the strategies on social work development and welfare reform to 2020, it is found that social work education is facing great opportunities for its development professionally. However, there are also significant challenges..

### *The opportunities:*

*Firstly*, social demand on the human resource of social work is too high for the aims of delivering welfare practice successfully. It is required to have up 2500 social workers annually. Social work is highly invested by the State and ministries on its education and application.

*Secondly*, social work education has been involved with international organizations and international schools of social work. There are wide activities on promoting social work education and training social workers and social work lecturers under the supports from UNICEF, Save the Children, and National University of Singapore currently. There is also a wide range



of workshops of social work education and practice which contribute to the change of social awareness on social work and enrich the supports and facilities for social work education.

*Thirdly*, these strategies provide the legal background and social policies for social work practice in related areas which were stated. Implementations of these strategies also make a wide and comprehensive system of related social policies which are the significant background for social work education and practice in the future.

*Fourthly*, the financial supports are very encouraging for social work practice and education as well as creating the wide range of social services which are necessary for doing social work practicum and recruiting the human resources of social workers.

*Finally*, social work practice will be delivered not only by the state organization but also by the individual organizations and international organizations which will create the diversity of social work practice, education and collaboration and also reconstruct the quality of social work services.

*The potential challenges:*

*Firstly*, the social awareness on social work and social workers is still limited and immature which leads to the uncertainty for those wanting to study this subject and also creates a barrier for applying to practice social work. Social understandings of social work are known as social charity; there is also lack of specific standards and requirements for recruitment of social workers.

*Secondly*, in the aspect of staff in social work education, there is lack of highly qualified and experienced staff in social work backgrounds. In 34 universities of training social work, just only 2 staff hold a Ph.D degree, nearly 40 with a masters degree of social work, the other staff have backgrounds in related academic fields such as sociology, psychology, and political sciences.

*Thirdly*, there is lack of places, institutions and experienced staff for social work practicum.

*Fourthly*, the learning and teaching materials for social work education in

terms of text books and guidelines are really limited. Students are unable to read the English materials well while the translations of foreign books and text books as well as books and textbooks in Vietnamese are hardly written.

*Fifthly*, the codes for social workers in the labor force were approved but there is lack of ethical codes and social worker standards in specific areas which also highlights the limitations on working in practice and aiming at professional activities.

## Conclusion

The approvals of these strategies open the new development stage for social work education in Vietnam and also strive for promoting social work becoming a professional career as in other countries. To make the narrow gap between strategies and practice of social work education to the end of professional career by 2020, there are some recommendations for social work education in Vietnam. These include:

- Continuing the tasks of increasing social awareness on social work and its application in practice, its role on social welfare practice and supporting the social functioning of individuals, groups and communities;
- Reviewing and updating the social work programs at all levels which are practicable, applicable and internationalization with updated standards and ethical considerations;
- For schools of social work: it is suggested to make the close collaboration with regional and international universities and organizations on social work at all levels in order to get the expertise and experiences on training and practicing social work, to get a chance to enrich the learning materials and to create the network on training, researching and applying social work in specific and interested areas;
- For lecturers in social work education: It is recommended to find the available chance for strengthening skills, upgrading English ability, attending the conferences and training workshops as well as creating

the network with other staff and social workers nationally and internationally;

- For the learners of social work programs: They should take time on identifying their eligible abilities and motivation to the social work programs; trying to make and apply relationships between theory and practice on social work; doing social work practice from first time in programs; and creating the relationships with institutions and organizations on social work practice.

## References

- Bộ Giáo dục và Đào tạo 2011, *Những điều cần biết về tuyển sinh đại học và cao đẳng năm 2011*, NXB Giáo dục, Hà Nội.
- Hugman, R, Lan, NTT & Hong, NT 2007, 'Developing social work in Vietnam', *International Social Work*, vol. 50, no. 2, pp. 197-211.
- Nguyễn An Lịch 2010, *Giáo dục và đào tạo công tác xã hội tại Việt Nam*, Đại học Đồng Tháp, pp. 6-9.
- Nguyễn Sinh Hùng 2010, *Đề án phát triển nghề công tác xã hội giai đoạn 2010-2020*, Hà Nội.
- Nguyễn Thị Hà 2010, 'Đề án phát triển nghề công tác xã hội ở Việt Nam: Cơ hội và thách thức', *Tạp chí Lao động và xã hội*, vol. 390, pp. 37-39.
- Nguyen Thi Oanh 2002, 'Historical development and characteristics of social work in today's Vietnam', *International Journal of Social Welfare*, vol. 11, no. 1, pp. 84-91.
- Viện KHLĐXH 2010, *Đánh giá chung về thực trạng ASXH giai đoạn 2001-2010*, Hanoi, viewed 28 March 2011, <<http://www.ilssa.org.vn/NewsDetail.asp?NewsId=140&CatId=32>>.
- Vietnam Government 2010, *Vietnam's 2011-2020 Social Economic Development Strategy*, Hanoi, viewed 12 January 2011, <<http://hanoi.gov.vn/web/guest/home>>.



# Social Work Field Instruction Program: A Practice of Governance

YOLANDA G. EALDAMA

---

*Faculty of Social Work, College of Social Work and Community Development  
University of the Philippines, Philippines*

## Abstract

This paper discusses how a social work field instruction program enhances students' competence in governance and becomes a practice of governance.

**Keywords:** Social work field instruction, social work practice, good governance

## Introduction

Social workers have been engaged in governance as state actors and public administrators, as members of the civil society and as personnel of business corporations' social responsibility mechanisms. However, few are the literature articulating social work in the context of governance. Likewise, the intersection of social work and public administration has been evident in many instances through the years that some writers considered social work as the *sibling profession of public administration* (Stivers in Rosenbloom, 2008). The relationship between public administration, governance and social work however, has yet to be articulated in the social work literature and in literature of public administration or governance. It is a fact that social work education itself, particularly the field instruction program has always been an engagement in governance.

This paper aims to show how social work as a profession has been involved in public administration and governance and how students have been trained through the field instruction program to be active participants in governance initiatives.

## Social Work and Governance

Governance is defined by the UNDP(UNDP 1997) as the “*exercise of political, economic and administrative authority to manage a nation’s affairs. It is the complex mechanisms, processes, relationships and institutions through which citizens and groups articulate their interests, exercise their rights and obligations and mediate their differences.*” The interconnection of social work and governance can be gleaned by how the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) define the social work profession. IFSW and IASSW(IFSW/IASSW 2000) consider social work as the profession that “*promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being, utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.*” The following matrix shows the juxtaposition of social work principles (IFSW/IASSW,2000) with the characteristics of good governance as outlined by UNDP (1997, p. 23):

Characteristics of Good Governance (UNDP)	Social Work Principles (IFSW/IASSW)
Participatory	Social workers should promote the full involvement & participation of people using their services in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives.
Sustainable	Social workers have the duty to bring to the attention of their employers, policymakers, politicians and the general public situations where resources are inadequate or where distribution of resources, policies and practices are oppressive, unfair or harmful.
Legitimate and acceptable to the people Engenders and commands respect and trust	Social workers should act with integrity. This includes not abusing the relationship of trust with the people using their services, recognizing the boundaries between personal and professional life, and not abusing their position for personal benefit or gain.

Transparent Accountable Operates by rule of law	Social workers should be prepared to state the reasons for their decisions based on ethical considerations and be accountable for their choices and action. Social workers need to acknowledge that they are accountable for their actions to the users of their services, the people they worked with, their colleagues, their employers, the professional association and to the law and that these accountabilities may conflict.
Promotes equity and equality Promotes gender balance	Social workers have a responsibility to challenge negative discrimination on the basis of characteristics such as ability, age, culture, gender or sex, marital status, socio-economic status, political opinions, skin colour, racial or other physical characteristics, sexual orientation, or spiritual beliefs.
Able to develop the resources and methods of governance Efficient and effective in the use of resources Able to mobilize resources for social purposes	Social workers should ensure that resources at their disposal are distributed fairly, according to need.
Tolerates and accepts diverse perspectives	Social workers should recognize and respect the ethnic and cultural diversity of the societies in which they practice, taking account of individual, family, group and community differences.
Strengthens indigenous mechanisms	Social workers should recognize and respect the ethnic and cultural diversity of the societies in which they practice, taking account of individual, family, group and community differences.
Regulatory rather than controlling, Enabling and facilitative	Social workers should respect and promote people's right to make their own choices and decisions, irrespective of their values and life choices, provided this does not threaten the rights and legitimate interests of others.
Service oriented	Social workers should act in relation to the people using their services with compassion, empathy and care.

The matrix outlined above illustrated how social work as a profession has positioned itself as a one of the stakeholders in governance; even if oftentimes social workers do not articulate that what they are doing is an engagement in governance. The use of governance in the social work literature and the articulation of governance as one of the competencies required of a social work administrator is of a recent development even though social workers

have been involved in managing the social welfare functions of the state ever since its inception as a profession. In 2007, the National Network of Social Work Managers (NNSWM 2007) explicitly included governance as one of the competencies essential for social work managers: advocacy, communication and interpersonal relationships, ethics; evaluation, financial development, financial management, governance, human resource management and development, information technology, leadership, planning, program development and organizational management, public/community relations and marketing, and public policy.

*"All social work is political,"* according to Haynes and Mickelson (Mickelson 2003). This articulation is of a recent development because during its inception, social work had been concerned with the implementation of and execution of social welfare policies that social work has been dubbed as an agent of social control. Citing several social work authors, Yu (Yu 2006) posited that *"(s)ocial workers have been accused of policing the poor and of preserving the status quo by providing a semblance of social reform and change ."* From doing charity works to being implementers of social welfare policies, social workers moved to challenge unjust and exclusionary policies to advocating new policies and even seeking to be part of policymaking (Mickelson 2003; Long et al. 2006) Social work literature from the 1990's to the present have dealt with the "macro environment (Long et al.2006)." Long (2006), posited that, *" In social work, it involves the ability to see and intervene in the big picture, specifically with larger systems in the socio-economic environment."* Engagement with the macro-environment however has been with the profession since its inception in varying degrees but only recently articulated as a macro-engagement. Social Welfare Policies, Programs and Services is one of the core area of the social work curriculum but teaching policy advocacy is of recent development. Rocha explained that it was Bruce Jansson who first brought out policy practice as a social work intervention (Rocha 2007). Rocha herself wrote a book titled, "Essentials of Social Work Policy Practice" as a reference for teaching policy advocacy to social work students and practitioners. Haynes



and Mickelson, authored a book, "Affecting Social Change" and discussed about the emergence of a social work polity. Ife's book, "Human Rights and Social Work: Towards Rights-based Practice" expounded on the importance of using the rights-based framework in social work practice (Ife 2001). Morales and Sheafor described the different settings of social work practice: a.) governmental setting or intergovernmental as in United Nations Agencies; b.) non-governmental settings and c.) business sector as manager, consultant or staff of corporate social responsibility program ( Morales 2002). Social workers therefore have been involved in governance as a private citizen, as a member of the civil society, a manager or staff of a business corporation's social responsibility programs or as public administrator.

**A social worker's involvement in governance as private citizen.** This is exemplified by one of the founders of the profession, Jane Addams (Miley 2005; Ambrosino et al. 2008, 2005). Jane Addams, was a daughter of a pastor in the emerging United States of America who studied in England. When she returned to the United States she was confronted by the appalling conditions of immigrants that she organized them into settlement houses. Her idea of settlements however was influenced by the same project in England, the Toynbee House. She organized the immigrants and provided educational and recreational programs for them. The settlement movement enabled the people to articulate their problems and explored solutions among themselves at the same time invoke government support for those concerns which were beyond their resources. Before government found solutions to the problems of immigrants, social workers were already organizing people to solve their own problems. She was able to mobilize a group of volunteers who like her committed to help improve the lot of the immigrants. In the Philippines, Addams counterpart was Josefa Llanes Escoda, one of the first educated social workers who was known to provide assistance to injured people during the war (Veneracion 2003). Llanes Escoda was one of the first social workers who were sent by the American government to the United States to study "social welfare."

**A Social worker's involvement in governance as members of civil society.** Civil societies engagements in governance have been evident in the Philippines where the non-government organizations proliferate. Many social workers are working in non-government organizations as community organizers, managers and policy advocates. As community organizers, social workers employ three models: social planning, locality development and social action. (Rothman,1979 in Lee-Mendoza 2002) social planning is defined by Long et al.(2006) as *“processes that allow people to collectively explore assets and areas for improvement, develop plans of action, and evaluate the effectiveness of policies and programs in creating large-scale social change.”* Locality development, which later came to be known as community development involves organizing people to address their concerns and issues. This has been synonymous with organizing self-help groups. Social action on the other hand exemplified pressure politics by organizing people to access services from government which have not been delivered to them through the use strategies and techniques which would heighten their issues.

**A social worker's involvement in creating corporate social responsibility.** There is a growing awareness among business establishments to become socially responsible if they have to survive in the highly competitive market. Many social workers have been employed by business corporations to develop their corporate social responsibility (CSR) programs. Through the CSR, business corporations put a portion of their profits in socially relevant programs implemented mainly in local communities. These gestures somehow help local government units implement the many unfunded mandates.

**Social worker as public administrator.** The Local Government Code of the Philippines mandated the devolution of service delivery to local government units. Thus, the role of the Department of Social Welfare and Development in the Philippines has become “steering” rather than “rowing (<http://www.dswd.gov.ph>).” “Rowing” has been delegated to the local government units. The creation of the position of the Municipal Social Welfare and Development Officer (MSWDO) at the municipal level is an evidence of this shifting role.

The MSWDO, however has both the “steering” and “rowing” roles at the local level. The MSWDO has a dual role and multiple functions. He or she is expected to deliver welfare services to people especially those in crisis as in times of calamities and disasters; to assist individuals who are in need of social protection, and to develop the capability of the Barangay<sup>1</sup> Officials to concretize their social welfare mandates.

The MSWDO at the local level works in tandem with the Municipal Local Government Office Officer (MLGOO) in the implementation of social welfare mandates. The MLGOO has the mandate to ensure that barangay based institutions like the Barangay Council for the Protection of Children have to be installed in all barangays while the MSWDO has the mandate to ensure that social welfare directed barangay based institutions have the capability to carry out their duties and functions. The fact is that the office of the MSWDO has usually minimal financial and human resources, that capability building activities are the first to be relegated to the background. It is this realization that prompted the social work field instruction students and faculty to partner with the MSWDO and the Municipal Local Government Officer of a local government unit to strengthen the capability of Barangay Officials in promoting children’s participation in governance. As social work field instruction students are gaining competence in social work practice they are also building the capacities of people and local government officials in the practice of governance.

## **Social Work, Public Administration and Governance**

Social work has been synonymous with charity work or philanthropic acts that even until now social work’s status as a discipline and as a profession is still being questioned. It is a fact that social work started as charitable acts of religious groups in response to the inequities brought about by the shift from feudalism to the industrial age. However, the rise of the social work as a

---

<sup>1</sup> The smallest unit of governance in the Philippines

profession started when social welfare became an accepted responsibility of the government and not just of the Church. (Ambrosino et al. 2008.) In England, where social work as a profession started, social welfare then used to be the domain of the Church through its charitable acts. The industrial revolution and the transition from feudal system to capitalism dislocated many people from the rural areas. Many of these people were not skilled to work in newly established industrial establishments that they turned into mendicancy. The social problems brought about by homelessness, unemployment and the growing population of mendicants forced local government officials to address the issues. Local government officials however found it hard to find solution to these issues that they turned to parliament. In 1601, the Elizabethan Poor Law was enacted by the English Parliament, the first national policy on the poor. This Law was enacted not because of altruism but in order to manage the growing poor people and to standardize the policies on handling the poor. The government mobilized the Charity Organization Societies to implement the state policy on the poor. Charity organization societies moved from its origin in England to the United States. (Haynes & Mickelson, 2003). In the United States, the influx of immigrants brought to the fore additional welfare issues that moved Christian missionary women led by Jane Addams to organize the immigrants to solve their own problems. “*Settlement women*,” as Camilla Stivers (Rosenblom, 2002) explained, “*were at the forefront of mainstreaming immigrants. In the process, they established the field of social work as the sibling profession and academic discipline of public administration.*”

While the “settlement women” (Stivers as cited by Rosenbloom, 2008) organized the immigrants, the “bureau men” dealt in managing the affairs of the state. The settlement programs however became the model of the welfare services offered by the federal state to immigrants. As social welfare became part of the responsibility of government the need to standardize welfare services emerged in tandem with the need for trained welfare workers; this prompted the training of welfare workers which later on emerged as the social work profession.

Like public administration, social work as a field of study and as a profession has struggled to find its focus and locus. If public administration has struggled whether its Locus is on policymaking or execution of policies, social work too has struggled between direct delivery of services and influencing policymaking in order to enhance the welfare of the individuals and communities. As public administration scholars debated on the Focus of public administration as a profession and a discipline, social work practitioners and scholars had expounded and advanced the ideas of widening the Focus of social work from the human person to the macro-environment or the ecological system. Hence from the profession's original definition of "*a profession which enhances the individual's social functioning,*"(Mendoza, 1990) the International Federation of Social Workers redefined it as a profession which "*enhances well-being* (IFSW, 2000)."

Social workers are not just the implementers of programs and policies they are also administrators. Social Administration has long been a recognized field of practice of social workers. This is institutionalized in the social work core curriculum which outlined the 4 curricular concerns: 1.) Human Behavior and the Social Environment, 2.) Social Welfare Policies Programs and Services; 3.) Social Work Administration and 4.) Social Work Practice.

## **Social Work Field Instruction Program: Education and Practice**

The University of the Philippines, College of Social Work and Community Development, Department of Social Work engagement with a local government unit in the southern part of Manila started in 2006 upon the invitation of the U.P. College of Medicine.<sup>2</sup> In 2007 and 2008, the Department of Social Work students helped in the community organizing efforts through the conduct of participatory action research. This paper however will focus on the participatory action research with children and how this impact on

---

<sup>2</sup> The University of the Philippines specifically U.P. Manila had a partnership agreement with the Local Government Unit.

governance. While the participatory action research with children was in progress; a rapid assessment on the existence of Barangay Councils for the Protection of Children was made. This was conducted after a consultation with the Municipal Local Government Office Officer (MLGOO) and the Municipal Social Welfare Officer (MSWDO). The focus on the Barangay Council for the Protection of Children was primarily meant to improve children's participation in governance, a component of governance which was not made in operation as per the result of the initial community research. The MLGOO, the MSWDO and the U.P. Department of Social Work therefore agreed to conduct the rapid assessment on the existence and administrative capacity of the Barangay Councils for the Protection of Children.

One of the components of the participatory action research is involving children in research using the child-to-child-approach. The child-to-child methodology employed creative techniques of eliciting children's concepts and practices. The following thematic areas were explored using creative modules:

- Concept of health
- Concept of illnesses and their origins
- Ideas on how to prevent illness
- Health habits
- Self-care behaviors
- Care giving behaviors
- Sources of information on self-care and health
- Sources of drinking water
- Concept of good and bad foods
- Sources of Food
- Eating practices
- Psycho-social practices in the family
- Concepts and Perception on Disabilities

The child-to child methodology has two phases: First phase is to let the older children: 10-12 years old to undergo the learning cum research module. The second phase is to let the older children conduct the module to younger children, 5-6 years old. This process is being done to train children to be responsible to other children. This is an attempt to develop a sense of responsibility to children. The plan is that after the data gathering process, children will present the findings to their respective Barangay Councils. Two barangays were chosen for the participatory action research with children. These Barangays were chosen because the willingness of the school principals, the teachers and the Barangay Officials to embark on the undertaking. While the participatory action research with children in the two barangays are being done, the children organizers cum research facilitators noticed that the people in the 2 barangays were not aware of the existence of the Barangay Council for the Protection of Children in their respective localities. The children organizers cum researchers from the Department of Social Work discussed their findings with the Municipal Social Welfare and Development Officer (MSWDO) and the Municipal Local Government Office Officer (MLGOO) . The MLGOO said that she has conducted an orientation to the Barangay Chairpersons on the establishment of barangay based institutions and in fact there were 26 barangays out of the 42 which reported that they already organized barangay based institutions for children. The MSWDO admitted that he was not able to conduct an orientation yet for the barangay officials on child welfare. While the MLGOO was assigned to organize barangay based institutions, the MSWDO was assigned to conduct trainings on social welfare related concerns. The MSWDO posited that he lacked competent staff to conduct the training on child welfare and at this point the children organizer cum research facilitator volunteered that perhaps the Department of Social Work of the U.P. College of Social Work and Community Development could help in the capability building aspect. To validate the initial findings of the inactivity or the non-existence of the Barangay Councils on the Protection of Children a rapid assessment on the state of Barangay Councils for the Protection of Children was done in the 42

barangays of the municipality Forty two barangay chairpersons representing the 42 barangays were interviewed using the following guide questions:

- What are the common problems of the children in the barangay?
- What are the programs or projects done or planned to address the common problems of the children in the barangay?
- Do you have barangay based structures or mechanism that takes charge of children's protection and welfare?
- Do you encounter problems in the organization of barangay based structures?
- Who is the head of the committee/organization?
- Who are the members of the barangay based structures? Are children 12 years old and below represented in the barangay based structures
- Are there any organizations of children in the barangay aside from the Sangguniang Kabataan?

Data showed that only 16 (16) barangay chairpersons out of the 42 said that they have an existing Barangay Council for the Protection of Children in their barangays. Majority of the barangay chairpersons interviewed were not even aware that they have a mandate to organize the Barangay Council for the Protection of Children in their barangays. However, data from the office of the Municipal Local Government Officer revealed that there were already 26 Barangays which submitted reports on the existence of the BCPC in their locality. The reports were submitted by the Barangay Secretaries. The discrepancy between the responses of the Barangay Chairpersons and the reports submitted to the office of the Municipal Local Government Officer revealed that existence of barangay based development structures or mechanisms were usually on paper only. There was no real participatory efforts to organize barangay based development structures and made them fully operational. The data was presented by the MSWDO, the MILGOO and the DSW of the College of Social Work and Community Development to the President of the Association of Barangay Chairpersons (ABC). The MLGOO, MSWDO and the U.P. CSWCD, DSW recommended for the conduct



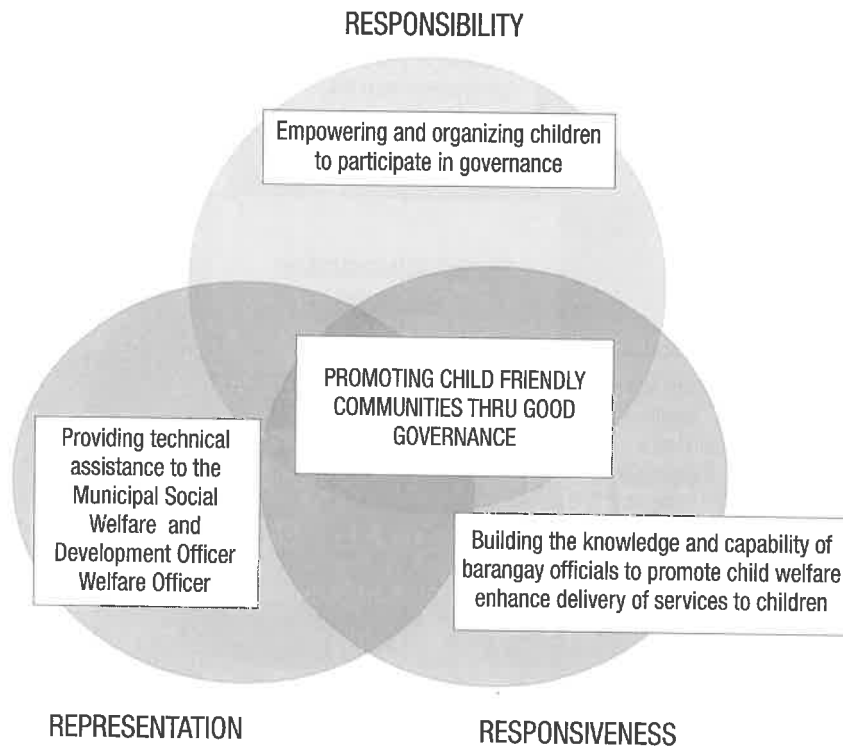
of orientation of all barangay chairpersons on the Barangay Councils for the Protection of Children, to which the ABC president concurred.

Earlier the MLGOO said that she already conducted an orientation on the organization of barangay based development structures including the BCPC but the rapid assessment revealed that majority of the barangay chairpersons were not even aware of the BCPC. The one mandated to conduct the capability program for the members of the Barangay Councils for the Protection of Children, the MSWDO, was however candid enough to admit that he was not able to conduct the training due to lack of personnel and moreover even existing personnel were not knowledgeable on the topic. Students and a member of faculty conducted the orientation for the Barangay Officials. Later, the social work students assisted in the reorganization of the Municipal Council for the Welfare of Children while some continued the participatory action research with children. The concerns that came out from the research were translated by the children into a position paper and this was presented to the representatives of the local government in order that this will be incorporated in the municipal plan and legislative agenda for the welfare of children.

Through participatory action research with children, the social work students seek to engage with children, the community and the local government in the development of child-friendly communities and to promote children's participation in governance. Children's participation has been enshrined in Article 12 of the Convention on the Rights of the Child (CRC). Article 12 stated that "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child. The views of the child being given due weight in accordance with the age and maturity of the child." This article became the cornerstone for invoking children's participation in matters which impact on their lives including governance. Roger Hart (1992) showed that children if given the chance can contribute substantially to community planning. Although his example were children from the United Kingdom, he was convinced that even children

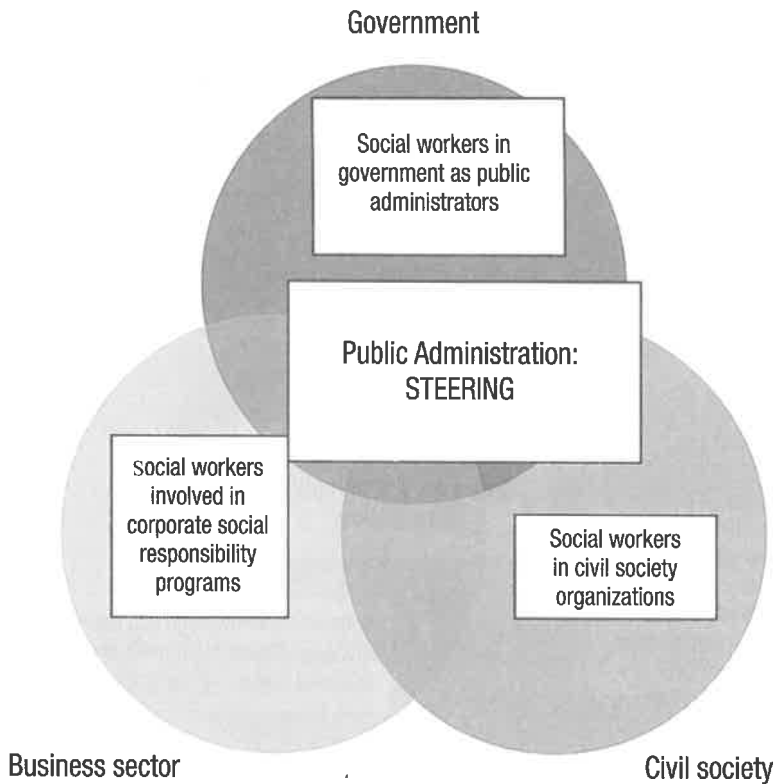
from developing countries can be mobilized to improve their own lives. In his paper he recognized the role of participatory action research in promoting the participation of children. Hart (1997 cited in WHSMP-DOH 2004) ) further expounded his earlier thesis on the importance of children's participation by illustrating the levels of children's involvement in decision-making. These levels range from *manipulation, decoration, tokenism, assigned but informed, consulted and informed, adult initiated - shared decisions with children, child initiated and directed to child initiated shared decisions with adults*. The right to participation of Filipino Children is recognized by the Republic Act 8425, the act establishing the National Anti-Poverty Commission. This law specifically included children as one of the sectors that should be represented in the National Anti-Poverty Commission. NAPC is the first national commission to appoint a child commissioner.

The engagement of social work students and faculty members with the local government unit is an experience of democratic governance. In this case study, the social worker was the public administrator in the person of the Municipal Social Welfare and Development Officer. The social worker was also shown as enabler in strengthening civil society through the empowerment and organizing of children in order to prepare them to participate in governance. The social worker was also shown as promoting responsiveness through building the capability and knowledge of barangay officials to promote child welfare and enhance the delivery of welfare services to children. The following diagram illustrates the juxtaposition of social work education and governance:



**Social Work Education. Practice and Governance**

Representation, responsibility and responsiveness as concepts in public administration have been discussed by Wamsley et al (Wamsley 1992). However, Reyes (Reyes 2001) posits that Wamsley gives emphasis to the political elites. Public administration has an important role in governance although governance is beyond government (Reyes, 2001). Governance according to Reyes “connotes the idea of mobilizing and involving other sectors of society in the exercise of government policymaking functions, as well as in the delivery of services and in the management of a nation’s affairs (Reyes, 2001).” The following diagram illustrates the presence of social workers in the three pillars of governance.



**Framing Social Work as A Stakeholder in Governance**

Social Work practice on the other hand, “consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services; providing counseling and psychotherapy for individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in relevant legislative processes (NASW,1983 cited in(Zastrow 2008,2004).” Reyes (2001) aptly summarized the concept of governance, “(s)imply put, governance conveys the idea of bringing together various sectors of society in the management of the affairs of state and conceives of government not as the sole actor in policymaking and provider in the delivery of services, but a co-producer that must provide a catalytic role.”

## Conclusion

The social work field instruction program as illustrated in the case study has been able to combine education and practice of governance. It has also been instrumental in promoting good governance. The United Nations Economic and Social Commission for Asia and the Pacific listed the following attributes of good governance: participation, rule of law, transparency, responsiveness, consensus oriented, equity and inclusiveness, effectiveness and efficiency, and accountability (ESCAP 2000). Social work field instruction program has been concerned with empowering people to participate in matters that affect their lives. It is also governed by the rule of law although social workers may challenge unjust laws as members of the civil society. Concerned with social welfare and development, social work students have called on the different institutions including the government to practice transparency, responsiveness, equity and inclusiveness, effectiveness and efficiency and accountability. Moreover, UNDP (UNDP 1997) advances that, “(t)he goal of governance initiatives should be to develop capacities that are needed to realize development that gives priority to the poor, advances women, sustains the environment, and create needed opportunities for employment and other livelihoods.” Social work on the other hand “is the professional activity of helping individuals, groups, or communities to enhance or restore their capacity for social functioning and to create societal conditions favorable to their goals (Zastrow 2008, 2004).” The interface with governance is aptly describe by Long (2006) when he wrote that, “(i)nterest in promoting social reform and social justice to advance the well-being of people has been a major function of social work practice throughout the years.” Indeed, social work is a profession which is an active participant in the field of governance as illustrated by how students are trained during their field instruction program.

## References

- Ambrosino, Rosalie, Robert Ambrosino, Joseph Heffernan and Guy Shuttlesworth (2008, 2005). Social Work and Social Welfare: An Introduction. Belmont, CA, Thomson Brooks/Cole.
- Du Bois, Brenda and Karla Krogsrud Miley. (2005). Social Work: An Empowering Profession Boston, New York, San Francisco, Mexico, Montreal, Toronto, London Madrid, Munich, Paris, Pearson Education, Inc.
- Ife, Jim. (2001). Human Rights and Social Work. New York, Cambridge University Press.
- Lee-Mendoza, Thelma. (2002). Social Welfare and Social Work. Quezon City, Megabooks Company.
- Long, Dennis, Carolyn Tice and John Morrison. (2006). Macro Social Work Practice: A Strengths Perspective. Boston, Thomson Brooks/Cole.
- Mickelson, James and Karen Haynes. (2003). Affecting Change: Social Workers in the Political Arena. Boston, Pearson Education, Inc.
- Morales, Armando. (2002). The Many Faces of Social Workers. Boston, London, Toronto, Sydney, Tokyo, Singapore, Allyn and Bacon.
- Reyes, Danilo, R. (2001). *An Overview of Current Developments in the Study and Practice of Public Administration*. Philippine Journal of Public Administration XLV(3).
- Rocha, C. J. (2007). Essentials of Social Work Policy Practice. New Jersey, John Wiley & Sons, Inc.
- Rosenbloom, David. (2008). *The Politics-Administration Dichotomy in U.S. Historical Context*. Public Administration Review. (The Legacy of Dwight Waldo). January-February, 2008.
- Veneracion, Ma. Corazon. J. (2003). ed. Social Work in the Philippines: Tradition and Profession. Quezon City, Veneracion and PASWI.
- Wamsley, Gary, et.al. (1992). *A Legitimate Role for Bureaucracy in Democratic Governance*. The State of Public Bureaucracy. L. Hill (ed.) Armonk, NY: M.E. Sharpe, Inc.
- Yu, Nilan, G. (2006). *Ideological Roots of Philippine Social Welfare*. International Social Work 49(5): 559-570.
- Zastrow, C. (2008, 2004). Introduction to Social Work and Social Welfare: Empowering People. Belmont, Thomson Brooks/Cole.

## Other References

Department of Social Welfare and Development Website: <http://www.dswd.gov.ph>

ESCAP U.N. (2000). What is Good Governance? United Nations Economic Social Commission for Asia and the Pacific in <http://www.unescap.org>

IFSW/IASSW (2000). Ethics in Social Work, Statement of Principles in <http://www.ifsw.org>

NNSWM (2007). Social Workers as Managers in <http://www.socialworktoday.com/archive/julyaugust2007p22.shtml>

UNDP (1997). Reconceptualizing Governance, UNDP: Management Development and Governance Division in <http://undp.org>

Women's Health and Safe Motherhood Program-Department of Health.(2004). Child to Child Manual. Produced by the Department of Health, Philippines in cooperation with the European Union.

# **2012 INTERNATIONAL CONSORTIUM FOR SOCIAL DEVELOPMENT-ASIA PACIFIC CONFERENCE**



THEME:

**Envisioning New Social Development Strategies  
Beyond Millennium Development Goals**

HOST:

**The Indonesian Social Work Consortium (ISWC)**

DATE:

**June 27-30, 2012**

VENUE:

**Hyatt Regency Yogyakarta, Indonesia**

**<http://yogyakarta.regency.hyatt.com>**

A decade of progress toward the Millennium Development Goals (MDGs) has been characterized by a mixed and uneven story of success, shortfalls, challenges and opportunities. While many countries have been successful in approaching the goals, others have fallen somewhat short. The recent 2007-2009 economic crisis, the prolonged conflicts around the world and environmental disasters have slowed progress. Nonetheless, the 2010 United Nations Summit on the Millennium Development Goals held on 20-22 September in New York concluded with renewed commitment reflected in the adoption of a global action plan to reach the eight antipoverty goals by 2015.

Despite the renewed commitments, the mixed and uneven picture of progress reflects the limitation of the MDGs. Hence, the aim of this symposium is to assess the limits and possibilities of the MDGs and to imagine new strategies for social development in the Asia-Pacific region beyond the MDGs deadline of 2015. Major questions worth exploring are:

1. What new social development strategies are needed to transcend the limitations of MDGs?
2. How should social development goals be redefined to address future human needs in Asia-Pacific region?
3. How can social development strategies contribute for the next 15



years to enhancing social progress, fostering people's participation in development, ensuring social justice and freedom, promoting gender equality, reducing poverty and advancing equality?

4. What new strategies are required for sustaining and advancing social development in the context of growing economic partnerships among countries in the Asia-Pacific region?

This conference welcomes submissions around the above themes. Participants may select the following presentation format: paper presentation, poster presentation, and workshops.

#### **SUB-THEMES:**

Submissions are expected to fit the following sub themes:

1. MDGs: Progress and Challenges
2. Poverty and Inequality
3. Migration, Refugees and Trafficking
4. Human Rights, Conflict and Peace
5. Child Welfare
6. Gender and Public policy
7. Population and Development
8. Human Capital: Health and Education
9. Environmental Justice and Natural Disaster
10. Community Based Interventions and Micro Enterprise
11. Asset-based Policy
12. Indigenous Social Work
13. Regional Free Market Economy and Welfare
14. Social Protection and Social Investment
15. Philanthropy and corporate social responsibility

#### **KEYNOTE SPEAKER:**

**Professor James Midgley**

University of California, Berkeley

#### **PLENARY SPEAKER:**

1. **Professor Nila F. Moeloek,**

University of Indonesia. The Indonesian president's special envoy for MDGs

2. **Professor Haryono Suyono, Ph.D**

Chairman of Damandiri Foundation and the Indonesian National Council for Social Welfare

3. **Professor James Lee, Ph.D**

Hong Kong Polytechnic University, Hong Kong

4. **Professor Linda Briskman**

Curtin University, Australia

**ABSTRACT SUBMISSION:**

<b>Abstract Submission</b>	<b>Deadline: January 31, 2012</b>
<p>Applicants are invited to submit abstracts (in English) on the major themes of this conference. The abstract needs to be an original work that has not been presented or published in other venues.</p>	
<p>Abstract Format (MS word, 12 point font):</p> <ol style="list-style-type: none"><li>1. Presenter (s) details (names, address, affiliation, email, telephone and fax number)</li><li>2. Presentation format (oral or poster)</li><li>3. Title (not exceeding 15 words)</li><li>4. Abstract (between 300-500 words)</li><li>5. Keywords</li><li>6. Audio-visual equipment if needed</li></ol>	
<p>Methods of Submission</p> <ol style="list-style-type: none"><li>A. Online submission at <a href="http://www.icsdap2012.com">www.icsdap2012.com</a> is preferred</li><li>B. Email the completed abstract to: <a href="mailto:icsdap2012@gmail.com">icsdap2012@gmail.com</a></li><li>C. Hard copy or disk can be mailed to: ICSD-AP Conference 2012: Kantor Staf Ahli Menteri Sosial, Gedung Kementerian Sosial Lantai 2, Jl. Salemba Raya No. 28, Jakarta, Indonesia, 10430. Tel. +62 21 3103591</li></ol>	
<b>Full Paper Submission</b>	<b>Deadline: May 15, 2012</b>
<p>Once the abstract has been accepted for the conference, presenters need to submit their full papers. For detailed information on full paper submission, please check the conference website at: <a href="http://www.icsdap2012.com">www.icsdap2012.com</a>.</p>	

## Call for Article Submissions

In the meeting of ASEAN Social Work Consortium in Manila at the beginning of this year, Indonesia was proposed to publish an ASEAN Journal. The journal will be published twice a year.

We are looking forward to the participation of you to submit an article which is a critical research paper or results of research in the field of social work.

The requirements are as follows:

1. The manuscript has never been published nor submitted for publication to another journal.
2. The manuscript is the result of research conducted five years ago at the latest.
3. The article is a critical analysis of certain issues in the field of social work.
4. The article should include and be formatted according to the following structure: title, author's name with academic degree, abstract of a maximum of 75 words consisting of purpose, methods, research results, keyword; introduction that consists of the background, the research objectives, methods, a concise review of the literature; research results and discussion; conclusions and suggestions; and list of references.
5. Article must be single-spaced, in 12-point Arial font, and should not exceed 20 pages.
6. Article is written in English.
7. Referral sources used must be within last 10 years of publication. Referral preferred are primary sources of research reports or research articles in scientific journals and magazines.
8. The authors should attach biographical information, including final education, experience in research or social work fields.

The manuscript should be submitted by e-mail to the editor (e-mail: aseansocialwork.journal@gmail.com), cc. mysusi70@yahoo.com; nurul\_eh@yahoo.com )

ISSN: 2089-1075



9 772089 107000

