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15 COMMUNITY-BASED INTERVENTIONS TO IMPROVE THE LIVES OF WOMEN AND GIRLS: PROBLEMS AND POSSIBILITIES

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13 Imagine. A world where women and girls stand equally with men and boys, and take up all of life's opportunities without fear, harm, discrimination, or disadvantage.

(Victorian Women's Trust)

2 This chapter focuses on how community psychology can contribute to the goal of improving the lives of women and girls, especially those who are disadvantaged and/or marginalized. Our discipline and profession is well placed to do so, given that community psychology aims to empower the powerless, reduce inequality, advance social justice, and understand and change societal forces that maintain inequality, injustice, and powerlessness (Gridley & Turner, 2010; Sloan, 2010). But although community psychology has historically incorporated principles consistent with feminism (Bond, Hill, Mulvey, & Terenzio, 2000; Mulvey, 1988), concern with ensuring that women are included in and benefit from community change has been a more recent development (24 Angelique & Culley, 2003; Moane & Quilty, 2012; see also Volume 1, Chapter 6, this handbook).

Since the late 1980s there has been a stronger focus on explicitly feminist perspectives within community psychology via special issues of journals, textbook chapters, conference content, and on strengthening analysis and action within feminist community psychology approaches on intersecting identities and inequities (Angelique & 5 Culley, 2003; Gridley & Turner, 2010). In particular, special issues of the *American Journal of Community Psychology* (Bond et al., 2000) and the *Journal of Community*

Psychology (Angelique & Mulvey, 2012) have documented and contributed to the development of a feminist community psychology. But even the most critical and self-reflexive work in the field is largely based in academic rather than community settings, at least as reflected in publications.

A further challenge is the ongoing problematizing 22 of women and girls, even within our own discipline, as noted in Volume 1, Chapter 6 of this handbook. A scan of 12 journal databases for community psychology articles focused on practice with women or girls revealed an emphasis on violence against women, whereas a number of others have focused stereotypically on narrow constructions of women and motherhood. The focus of interventions has tended to be at the individual or service level (such as responding to rather than preventing family violence) or where the "problem" is still perceived to be women themselves (e.g., exercise programs for mothers to address physical inactivity or health) rather than social or structural barriers to change. While acknowledging the contribution of such approaches, a 6 often defaulting to them ourselves, we aim here to focus more on the enormous strengths and possibilities of women and girls. Moreover, working at multiple levels means that alongside individual-level or even community-based interventions, it is vital to work systemically toward enduring structural change (Angelique & Mulvey, 2012).

Building on what has been articulated by others (e.g., Angelique & Mulvey, 2012), this chapter provides an overview of what a feminist community psychology approach to working with women

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APA Handbook of Community Psychology: Vol. 2. Methods for Community Research and Action for Diverse Groups and Issues.

M. A. Bond, I. Serrano-García, and C. B. Keys (Editors-in-Chief)

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2 could look like in practice. In the first section, we locate the work of community psychologists with women within a global context. The second section is devoted to exploring some examples that operationalize feminist community psychology in three key domains: poverty/economic participation, civic participation, and health as universal indicators of social justice and equity for women and girls (United Nations, 2013). We consider education to be a major tool for change in all three domains.

WORKING WITH WOMEN IN COMMUNITY: THE THEORETICAL CONTEXT

Why Women and Girls?

1 Women account for one-half of the potential talent base throughout the world. Closing gender gaps is thus not only a matter of human rights and equity; it is also one of efficiency. (World Economic Forum, 2013, p. 31)

No country has closed the economic participation gap or the political empowerment gap [between men and women]. (p. 16)

No country in the world has achieved gender equality. (p. 35)

Only in the last 100 years have laws formally stipulating women's subordinate position been revoked in most Organisation for Economic Cooperation and Development (OECD) countries. Previously, women had limited access to education, were barred from professions, and in some respects were the property of their husbands or fathers (Dupré, 2011). In many communities, these rights are still not in place for all women. 5 Pakistani schoolgirl Malala Yousafzai, who was shot in 2012 by the Taliban for her activism on girls' rights to education, has become the global face of campaigns for universal access to education.

International reports continue to document communities and countries where policy and structural barriers still restrict opportunities for women and girls (Buvinic, Morrison, Ofosu-Amaah, & Sjöblom, 2008), with enormous individual costs as well as to families, communities and even countries. Evidence

clearly demonstrates that gender inequality directly affects many major global population issues, including family violence (World Health Organization, 2010), poverty, and maternal and child death. Gendered discrepancies in public participation are closely linked to gender divisions in unpaid labor and caring, to which women across the world overwhelmingly commit substantially more time than men (Budlender, 2010). In sub-Saharan Africa, women and girls spend 40 billion hours a year collecting water, equivalent to a year's worth of labor by the entire workforce in France (United Nations, 2013). The full costs of gender inequality globally, taking into account the wasted skills and potential within communities where over 50% of the population face gender-based barriers, are felt on a daily basis around the world.

International Frameworks Informing Work With Women and Girls

5 It's girls in schools; it's labor too; it's being able to plan the kids; and owning all our land; aspiring to be [Prime Minister]; and having roads and water; so that life in the future will be better for our daughters. (International Women's Development Agency, 2006, p. 3)

Given the importance of a systemic focus in community psychologists' work with women and girls that is aimed at reducing structural power asymmetries (Angelique & Mulvey, 2012), two approaches offer promise in placing this work within an international context that supports multileveled, contextualized interventions. The first is the United Nations Millennium Development Goal 3, to promote gender equality and empower women (United Nations, 2013), and the second is the World Health Organization's Social Determinants of Health approach to prevention (Commission on Social Determinants of Health [CSDH], 2008).

The Millennium Development Goals (MDGs) are a set of eight goals focused collectively on addressing extreme global poverty and inequity, that were agreed on by all United Nations member states in 2000. MDG 3 has provided opportunities for collective effort (across such diverse interests as local

women's organizations, development agencies, and the World Bank) for governments to act on and be accountable for policies that shape gender inequities (Buvinic et al., 2008; United Nations, 2013).

The social determinants of health approach has similarly drawn attention to the importance of attending to gender inequity as part of addressing the structural, political, and economic factors underpinning population ill-health. The final report of the CSDH includes a chapter on gender inequity. The report identifies actions that address multiple power and resource-based inequities, including those experienced by women and girls, as one of its three primary action areas (CSDH, 2008; Sen & Östlin, 2008).

A key element of second and third wave feminist research and work that has influenced the social determinants of health framework, as well as feminist community psychology, is intersectionality (Angelique, 2012; Reed et al., 2012). The term refers here to the complex interconnected inequities experienced by women across diverse cultures, abilities, and backgrounds. This analysis focuses on the need for practitioners to hear from and involve women from a range of backgrounds in the design, development, and implementation of interventions intended to benefit them. It is not enough to improve conditions for heterosexual, White, nondisabled women (and men) only, as the chapters in Volume 1, Part IV of this handbook make clear.

Although these frameworks are valuable platforms for community psychologists, there are challenges and tensions in operationalizing them (Baum, 2007). As with all attempts to disrupt entrenched privilege, capturing evidence of inequality and inequity is not enough to bring about change. Social movements including feminism have sought to develop tools for community empowerment and advocacy, and to facilitate and support community action that is truly transformational—with varying degrees of success (Gridley & Turner, 2010).

WORKING WITH WOMEN IN COMMUNITY: THE PRACTICE

The examples in this section have been synthesized from the practice wisdom of the authors and the women we have worked with over many years,

together with that of community psychologists elsewhere in the world. Hoatson (2008) outlined a number of prerequisites for working with disempowered groups, including women, such as obvious immediate benefits to being involved, starting on a small scale, and including community participation from the beginning. The seven themes linking feminism and community psychology, identified by Hill and her colleagues (Hill, et al., 2000) and restated in Volume 1, Chapter 6 of this handbook, resonate strongly with the following questions in which we invite community psychologists to reflect critically on their work alongside and for the benefit of women and girls.

1. Are you working in partnership with women in all their diversity to facilitate their involvement on their own terms? Are you including those who have the most stake in and are the most powerful voice for change?
2. Do you imply that women are to blame for their problems; that is, does your work problematize the target group? Try placing yourself in the target group and consider how you would prefer to be described, in place of problem-based descriptions.
3. How is the work you do contributing to developing and enhancing women-and-child friendly structures and opportunities?
4. Does your work use inclusive methods such as participatory action research that make sense to the women and girls they are designed to benefit? How change is implemented is as important as the change itself.

In the next section, we explore some ways women are typically problematized (by society and in policy terms), and present cross-disciplinary practice examples that have enhanced possibilities for women and are accessible to communities with few economic resources.

Poverty and Economic Participation of Women and Girls

When one is poor she has no say in public, she feels inferior, she has no food, so there is famine in her house, no clothing and no progress in her family. (Sloan, 2010, p. 333)

The problem. International statistics about wealth distribution have changed little in 50 years. Economic participation and relative income are demonstrably the most intractable of the global gender gap indicators, and no country has yet achieved equal pay for women (World Economic Forum, 2013). Poverty results from the unequal distribution of the resources that make life livable, and overall women and girls have the smallest share of those resources. Poverty is, at least in theory, avoidable because there are sufficient resources worldwide to ensure no one lives in absolute poverty (Dupré, 2011). *Absolute poverty* is defined as having insufficient food, shelter, and clothing, and intergenerationally it ensures very low levels of formal education. *Relative poverty* is the differential between the wealthiest and the poorest within a particular community, society, or country. It is a marker of position within a social hierarchy, with social and political forces maintaining the differential (Sloan, 2010). And although being poor carries its own stigma, it is also associated with stigmata attached to gender, race, religion, marital status, and/or disability. This means that being a woman of a stigmatized cultural group within any society, whether African American in the United States, Aboriginal in Australia, or Kurdish in Turkey, multiplies the stigma of relative poverty.

Economic participation rates are much lower for women with young children than for men or for women without children. Worldwide it is still women who undertake most childrearing, but the work of caring for and educating children is not counted as a positive in economic reckoning. And what Hochschild (1989) termed the *second shift* of employed women's unpaid labor at home is increasing (Phillips, Li, & Taylor, 2013).

Being a mother who is not financially supported by a partner is very strongly associated with poverty (Bernstein 2014). This is especially true in countries with little or no welfare support net, and where childcare is difficult and/or expensive to obtain. Phillips et al. (2013) have estimated the cost of bringing up one child in Australia (food, clothes, childcare, and education in a lifetime) at an average of AUD\$450,000 (~USD\$380,000)—a formidable cost for a sole parent with primary childcare

responsibilities (read mother, except in a small but growing number of cases). And that figure does not take account of income forgone. However, if the economic disadvantage and the stigma are removed, single parenting is neither better nor worse for children than couple parenting—only different (Bernstein, 2014).

The possibilities. Working for social justice and empowerment is accepted as the core work of community psychology. Indeed, Sloan (2010) made a global call for “community psychologists to work as interdisciplinary participants in a broad social movement for the eradication of poverty through participatory democracy and the redistribution of world resources” (p. 348). Improving the social, political, and economic status of women and girls is almost the definition of feminism. Increasing economic participation is one broad strategy for improving the socioeconomic status of women and their children; providing an income safety net for those with family responsibilities is a complementary strategy. It is also well established that educating women and girls is central to improving the health status of communities as well as improving their ability to participate in economic and civic activities (Buvinic et al., 2008).

Although the size and form of health, education, and welfare services vary widely, almost every country provides some level of support to its citizens. The role of government in mandating and distributing such services is an investment in economic development; it has been argued that the welfare net is “the mark of a properly constituted civil society” (Dupré, 2011, p. 160). Impacting on the policy direction of governments, in particular on how they fund health, education and income support, is thus an area of significant possibility for community psychologists wishing to improve the lives of women and girls. The examples detailed in the following sections relate to women's mothering role and its implications for economic disadvantage.

Practice example 1: Single but not alone—single mothers and income support.

We DID Change the system, we DID change forever society's views of “unmarried mothers” and “illegitimate children” and we DID

win almost equal rights to income support and we DID win almost equal rights for our children. (Clancy, 2012)

Stories abound across the developed and developing world of empowerment of women raising their children without male support. "Madres Solteras" (Single Mothers Cooperative) of El Salvador was established in 2005 when workers with years of experience in the garment industry were losing jobs. In partnership with ethical trade networks in Canada and elsewhere, the cooperative supports single parents to maintain paid employment (Canadian Federation of Student Services, 2014). But such examples are not easy to find in published literature.

Carson and Hendry's (2012) history of community-based feminist activist group the Council of Single Mothers and their Children (CSMC) documented over 40 years of activism by Australian single mothers. The campaign initiated by the CSMC led to the Australian Labor Party's 1972 election commitment to establish welfare payments for single mothers and their children on an equal basis with civilian widows. By enabling mothers to care for their children themselves, the introduction of income support led directly in turn to the closure of most orphanages (Carson & Hendry, 2012). In subsequent years, CSMC has also campaigned for review of illegitimacy laws and adoption systems in Australia, and maintains vigilance for efforts to remove or lessen income support provisions, which remain under constant review, in Australia and elsewhere. Single mothers still live with stigma and marginalization in addition to poverty, and are the first to fall through the gaps when safety nets are inadequate.

Gains made from advocacy at a policy level in the "developed" world can also be adopted elsewhere, in arguably less favorable environments. For example, in the tiny Muslim state of the Maldives, where nearly half of all households are headed by single mothers, income support payments for single parents were introduced in 2010, and retained even after a change of government reversed many other liberal reforms (UNICEF, 2013).

Community psychologists have long embraced the concept of self-help, perhaps most notably in

the work of Rappaport (2000) and others with the GROW movement. Often such self- or mutual-help groups are defined by a shared problem or diagnosis. But not all take on a political advocacy role as CSMC has done. Perhaps the rallying cry "the personal is political" and the notion of consciousness-raising are gifts to community psychology from feminism.

Practice example 2: How do you grow a community hub for women and children? Add playgroup and stir. The second example is from Colleen Turner's long-term work as part of a large-scale community development project. In the early 21st Century, there has been a focus in some places on early childhood as a way of intervening in systemic and entrenched disadvantage for particular locations and population groups (Shonkoff & Phillips, 2000). This example is one of more than 35 Communities for Children projects undertaken with women and children over 10 years, and illustrates a bubble-up process where a local intervention has been shown to be replicable and flexible enough to adapt to local need. The final evaluation of the Broadmeadows project found significant improvements in neighborhood connectedness for mothers and their children involved in community activities such as playgroups. The evaluation study was published in a special issue of the *Australian Community Psychologist* (Yuksel & Turner, 2008) devoted to place-based interventions to improve the well-being of young children and their families living in areas of socioeconomic disadvantage.

Playgroups are organized gatherings for pre-school-age children and their parents or caregivers (overwhelmingly mothers) to engage in social and play-based activities (Warr, Mann, Forbes, & Turner, 2013). They are also sites for community connectedness, support and change. Playgroups provide a place where women can meet and choose their level of involvement and at the same time gain social support, while their children can also gain social support and develop early social and language skills that assist in their educational development (everybody wins). Supported playgroups are larger groups where one or two women are paid to coordinate the group and its activities. They are increasingly a way of women developing skills for

leadership and employment, and hence combating poverty and increasing their civic participation. In the Broadmeadows project, these playgroups were located in primary schools designated as inclusive hubs for family engagement in their local community and in education.

Being the mother of young (preschool-age) children in a foreign country with limited or no understanding of the dominant language—and in many cases limited access to health and community services—can present significant health, education and economic challenges for women and their children in refugee families. Culturally and language-specific playgroups have become a strong point of engagement and support for such women in a new community. Playgroups located in primary schools and led by women from the same language and cultural background began within the Broadmeadows Communities for Children site as a way of supporting women, reducing isolation, and nurturing young children. As a result of advocacy by a range of organizations including local community services, philanthropic agencies and local government, this schools as community hubs initiative has now been taken up nationally to support newly arrived immigrant and refugee families accessing systems and resources such as health, education, and civic participation opportunities through connections formed in the playgroups. The project is now based in 50 primary schools in areas with high numbers of newly-arrived immigrants. Not coincidentally, these are also communities of low socioeconomic status.

One of the unexpected outcomes of such a community-based approach is the opportunity (not always taken up) to educate and empower parents and caregivers at the same time as educating and supporting their very young children. Holding English classes for immigrant parents of young children simultaneously with a playgroup serves this two-pronged function. The children learn English at the same time as their mothers are enabled and encouraged to engage with the education system. Ideally, a partnership is established between parents and schools that supports children from newly arrived immigrant families (Warr et al., 2013).

Maximizing the bubble-up effect. Two possible scenarios have been outlined here for working toward reducing poverty and its impacts—one is of sustained activism by, or together with, those most impacted; the other is a simple universal platform (playgroups) that can involve marginalized women and their preschool-age children at a support level and provide a range of options for civic and economic participation. These examples highlight that the most effective and sustainable approaches are developed by working in partnership and collaboration with people experiencing poverty to address its causes and impacts. They also illustrate the amplified intersectional influences of gender, culture, and class/socioeconomic status.

Civic Participation

16

I wanted to go out and change the world but I couldn't find a babysitter. (Chopra & Sweetman, 2014, p. 409)

12

Whether in the public or private sphere, from the highest levels of government decision-making to households, women continue to be denied equal opportunity with men to participate in decisions that affect their lives. (United Nations, 2013, p. 5)

The problem. This section explores the barriers and possibilities for women to participate in their communities, using practice examples from Australia and Indonesia that draw on community psychology research, theory and principles. Participation has become a core value within community psychology, and involves people taking part in activities or decision-making processes that influence, change or make improvements at different levels. Participation can also be a tool for improving personal well-being, where individuals engage in processes that have potential for personal empowerment and where organisations can better reflect the aspirations and needs of people through their active involvement (see Volume 1, Chapter 15, this handbook).

Numerous models have been developed to rank levels or types of community engagement, derived from Arnstein's (1969) ladder of citizen

participation that described different levels of influence afforded to citizens, ranging from manipulation to citizen control; or from nonparticipation to tokenism through to citizen power. Opportunities for participation range from one-way information delivery, one-off consultations, volunteering, or community group involvement through to community activism or social movements, decision-making bodies or citizen juries, and to people being elected as leaders in their own right (International Association for Public Participation, 2007).

Ensuring opportunities for women to participate in decision-making processes that affect their lives is key to challenging inequalities and effecting social change (Angelique & Mulvey, 2012). But structural barriers continue to prevent women from fully participating in political processes and influencing power and resources. Different types of involvement reproduce traditional gender ideologies, such that women are disproportionately represented at each level. Divisions of volunteer labor reflect gender role differences within the home and workplace.

For example, women are overrepresented in community activities that involve personally nurturing and caring for others, such as volunteering to care for the sick or elderly, informally helping neighbors, and participating to strengthen institutions that support children and families (Musick & Wilson, 2008; Osborne, Baum, & Ziersch, 2009). Such roles have typically been assigned a lower social status, just as domestic labor is devalued (Daniels, 1988). However, women's community participation often fulfills broader social roles by meeting shortfalls left by inadequate state funding or service provision (Chopra & Sweetman, 2014; Musick & Wilson, 2008), and also contributes to building relationships, forming networks and creating social capital, all fundamental community psychology goals (Gridley & Turner, 2010).

At the other end of the volunteer continuum, women remain under-represented in political engagement, decision-making roles and leadership positions. This type of participation reflects traditional male roles in the public domain, such as serving on boards of organizations with greater decision making power (United Nations Volunteers, 2017). Globally, in relation to political participation, the

average proportion of women members in parliaments worldwide is just over 20 percent (United Nations, 2013). This imbalance persists despite women's aspirations for leadership, their abilities as agents of change, and their right to participate equally in society.

Where women are successful in attaining leadership roles, they often face extensive public castigation and negative media scrutiny. This was evidenced in the case of Julia Gillard (first female Prime Minister of Australia, 2010–2013). Gillard experienced relentless vilification via social media, email, public discourse, and the media, where gender-specific language was widely used to denigrate her (Summers, 2013). In response to a male broadcaster's suggestion that women in leadership are “destroying the joint” (meaning “destroying our society”), feminists reframed the intended insult as a compliment by launching a subversive social media campaign (<https://www.facebook.com/DestroyTheJoint>). Such acts of resistance have resonated with women throughout Australia and the world, reigniting campaigns for gender equality in political participation and leadership—and in the media itself.

The possibilities. Increasing women's engagement in their communities (and valuing this participation) can enable a shift in power relations that affords women access to decisions and resources. Women have initiated their own projects to bring about social and political change locally and internationally, as a form of direct empowerment (see the previous example of self-advocacy by the Council of Single Mothers and Their Children).

Bringing people together from the “grass roots” to influence the political process is also consistent with feminist community psychology approaches to achieving community and structural change (Angelique & Mulvey, 2012). In Australia, the Purple Sage Model of community dialogue, developed by the Victorian Women's Trust, draws strongly on concepts of collaboration, social justice and active participation in research and action. The model was applied successfully during the 1999 Victorian State Government election (Crooks, 2000). More recently in the 2013 campaign for the election of independent activist Cathy McGowan to the Federal

Parliament, the model's focus on actively tuning in to community issues and ensuring an equal voice for all in the campaign process resonated strongly with previously disillusioned community members (Capper, 2013). Neither community psychologists nor feminists have a monopoly on these concepts—the most we can claim is to have articulated and applied them in our respective domains of psychological research and practice (notoriously devoid of political consciousness) and feminism (where the personal and political already sit comfortably together).

Following are two examples of possibilities for enhanced community participation by women. Emma Sampson and Monica Madyaningrum trained in community psychology and have subsequently worked to engage with women in local communities in Australia and Indonesia respectively to enhance their community participation.

Practice example 3: Facilitating women's community involvement from the ground up. Emma Sampson was involved in facilitating local community participation in an outer urban area of Melbourne, Australia, with a culturally diverse, disadvantaged community. The team undertook an extensive process of collaborative action research with more than 350 local residents (of whom over 75% were women) to develop a local community engagement framework. Applying community psychology principles, values and skills, the team worked alongside the women participating to increase their stake in decisions affecting their lives and community.

Although community engagement was a popular policy imperative at the time, there was a mismatch between how governments and institutions viewed participation and the aspirations of local residents. Traditional volunteer work tended to meet the care needs of those not provided for by the state, and these roles usually either excluded many women (and men) who were vulnerable or disadvantaged themselves, or did not meet their needs for participation, such as skills development. Our work with women highlighted the importance of context when working toward change. Women facing disadvantage spend much time and effort meeting basic survival needs, and so formal or traditional forms of community involvement are not always a priority

or indeed possible (e.g., single mothers may need to take paid work rather than have the luxury of doing voluntary work). Applying a critical community psychology approach, I worked to avoid victim-blaming approaches (e.g., "migrant women don't volunteer") by identifying contextual factors and using a broad definition of participation. For example, many disadvantaged women are involved in informal community activities such as childcare or transport, yet such participation is not formally acknowledged.

Our experience resonated with the gendered patterns of participation outlined previously, where women tended to engage in care roles, and were driving participation that would result in better opportunities for their children and families, such as advocating for better community facilities. They were also keen to gain skills for themselves, often to re-enter the workforce. Where this recognition and support was provided, a pathway to participation was evident for many women. Reflecting Arnstein's (1969) ladder and the associated gendered patterns of participation, many women would begin in care or community support roles (such as visiting the elderly or providing community information), with minimal power to influence broader decision-making. Where barriers to participation were addressed (e.g., opportunities were flexible, childcare was provided), many of these women would then move on (once confidence and skills were gained) to participate in decision-making roles, such as providing input on government policy or becoming a member of a local organization's board.

The framework developed from this project outlined principles for community engagement and became a tool for government departments and local community organizations. Strengthening women's voices within this process made it more likely that future initiatives would attend to practical barriers to women's full participation. Addressing such barriers would mean acknowledging women's typically informal, gender-bound involvements and enabling them to move beyond these to more direct decision-making roles.

Practice example 4: Community participation in Indonesia—Taking account of the sociopolitical context. Monica Madyaningrum is currently undertaking doctoral research on community participation

within the changing Indonesian socio-political context. Her research aims to examine how community members see participation, and to inform the emerging policy framework around community involvement. Community participation has gained widespread popularity in community development practice in Indonesia, as part of the national agenda to develop a more democratic society. However, with a long history of political repression, many social groups are still excluded from meaningful community participation (Ng & Madyaningrum, 2014). As one such group, women are politically and culturally marginalized by the predominant patriarchal system. In such a setting, working with a systemic and multilevel approach is critical.

A practice example illustrating this situation is a neighborhood-based environmental program in Surabaya city, Indonesia (Ng & Madyaningrum, 2014). Driving this program is the concern of some local nongovernment organizations (NGOs) over the poor living environment of Surabaya's neighborhoods, exemplified by the absence of proper waste management systems and the ensuing periodic outbreaks of water-borne diseases such as diarrhea and dengue fever.

Responding to the situation, some local NGOs initiated neighborhood-based waste management programs to promote clean, green, and healthy environments. The programs began with a series of community education activities targeted to address the technical and social aspects of the problem. Facilitating the creation of affordable waste composting tools is an iconic activity in this program, which is supported by social activists from various backgrounds (e.g., engineers, social psychologists, sociologists). However, the sustainability of the program now relies on local activists, most of whom are women from the Program Kesejahteraan Keluarga (PKK), a long established, government sponsored, neighborhood-based women's organization.

Originally, PKK was envisioned as a community development program targeted to promote women's participation in national development. However, in its implementation, particularly during the authoritarian era of the New Order (early 1970s to late 1990s), PKK mainly functioned as the regime's propaganda machine, rather than giving

voice to Indonesian women's aspirations. For this reason, PKK was frequently cited as an example of state-sponsored, organized and systemic subordination of women and a backward move from the early independence era (1950s) women's organizations (Suryakusuma, 1996; Wieringa, 1992).

With the fall of the New Order regime, controls over local organizations like PKK are decreasing. Taking advantage of this situation, some local NGOs used PKK as one channel to initiate the aforementioned environmental program. Regardless of its conservative nature, the existence of PKK in every neighborhood has provided a familiar social space for women. At a glance, the strategy used by these local NGOs—using PKK and targeting women's participation in gendered activities (e.g., managing household waste)—might appear to reinforce status quo by blaming the victim, considering that the root cause of the problem is the failure of the state to provide adequate public services. However, in a country just emerging from an authoritarian system, organizing a community movement to directly confront the ruling government is unlikely to be supported by the people. In such a context, generating "small wins" provides important building blocks for further developing the movement in the future (Ng & Madyaningrum, 2014). For example, the program has enabled the women to redefine PKK from a previously government-driven program to a more self-initiated agenda. The program has also gradually reignited people's belief in the power of collective movement, which then reduces their scepticism and fatalism caused by the long history of political marginalisation.

From little things big things grow. The examples provided previously illustrate how community change processes can be facilitated that maximize women's participation. A first step can be to attend to women's commitment and confinement to caring roles (affirming those roles as a strength and addressing constraints by providing childcare) while not typecasting women as only suitable for such roles and punishing them when they step outside them. Although these barriers are unique to women in relation to traditional gender roles, other structural impediments hinder participation in similar

ways for other disenfranchised groups, such as stereotypes around culture or age for migrants or younger/older people.

Working at multiple levels is a distinguishing feature of community psychology. Although community psychologists might seek to develop new participation initiatives to improve the lives of women and girls, using existing settings as a vehicle for them to participate “where they are” also shows promise as a broader change strategy. Conversely, whereas initial participation in more traditional (female) roles can lead to involvement in key decision-making processes (traditionally the domain of men), other models of political engagement draw on feminist and community psychology approaches that enable women to access decision-making roles more directly. For example, the Purple Sage model noted earlier involves a community dialogue process where key issues and actions to address them are openly canvassed. As proposed in Riger’s (2001) version of feminist community psychology, and echoed in Chapter 14 of this volume, we need to consider the multiple ways people’s lives intersect with and shape community settings, without ignoring how those lives (and settings) are embedded in larger socio-political structures.

Gender Inequity as a Health Issue

It becomes not a nice thing (to walk in public with my child who has a disability) so you just think “stop staring at me, just go about your business” . . . because whenever you go out it’s just really exhausting, a huge effort, and on my own especially. I couldn’t do it. (A mother who has three children including two with disability, on barriers to her physical activity, in an unpublished needs analysis informing Mothers Living Well)

The problem. A wide evidence base has amassed across all social science disciplines in the last half century about the pervasiveness of gendered inequities in the key social determinants of health, including income, education, social participation, and safety. Sen and Östlin’s (2008) extensive review of

gendered health inequities that informed the 2008 CSDH report further highlights the importance of key social factors for developing sustainable health interventions. Yet the issues underlying gendered health inequities often fall outside the public health radar. Similarly, Shenassa and Earls (2001) observed that important determinants of health outcomes identified by community psychologists are seldom incorporated in public health efforts, possibly because epidemiological approaches tend to describe more than explain health disparities.

Community psychologists thus continually find themselves confronted with the many tensions of working in a field dominated by biomedical models. In the Western world, problems such as obesity and depression are readily and increasingly identifiable as threats to women’s health, whereas in low- and middle-income countries, the threats can be very different. The socioeconomic status of women and girls can place them at a disadvantage in negotiating safer sex and accessing sexual and reproductive health information and services, with men constituting more than 60% of people age 15 to 24 who were newly infected with HIV in 2011 (United Nations, 2013). In both contexts, health promotion strategies are much more likely to target women’s own health and help-seeking behaviors and “life-style choices” than to address social determinants in the form of, for example, barriers to regular exercise and healthy eating that operate in under-resourced communities, or the unsafe and inequitable working conditions that place poor women at risk of sexual exploitation and abuse.

The possibilities. Addressing the social determinants that shape women’s health and health behavior requires a deep and critical understanding of the underlying gendered and other intersecting inequities. So tackling obesity rates amongst women and girls within a particular community would mean asking what factors facilitate or impede their safe participation in exercise, or how gendered and sexualized body image pressures might shape disordered eating at both ends of the scale. Similarly, strategies to reduce HIV infection rates amongst women in Asian or African countries would be aimed at increasing legal protections against sexual

exploitation and empowering women economically, politically and industrially to have access to an expanded range of choices in their employment and in their intimate relationships.

The practice examples in the following sections illustrate some ways in which community psychologists and those in related disciplines have worked with women in defining and addressing health concerns from their own perspectives within health promotion projects.

Practice example 5: Mothers Living Well—Addressing gender and place-based health inequity.

⁷ I think I am still just a suburban mum but now I am a suburban mum ⁷o can make a difference. . . suddenly I have discovered that I can actually make a change in the community. (A woman participant in Mothers Living Well Evaluation, Lime Management Group, 2010, p. 33)

Mothers Living Well (MLW) is an Australian example of health promotion undertaken within a social determinants of health framework using feminist community psychology principles of empowerment, community participation and structural level (environmental and social) change. As a community psychologist, Catherine D'Arcy has had a sustained leadership role in MLW, which used a community-based participatory action research framework to promote women's empowerment (see D'Arcy, Turner, Crockett, & Gridley, 2012).

MLW sought to address place-based and gendered health inequities evident in findings that adult women living in the Knox local government region of Victoria, Australia had reported lower physical activity rates than women in other local regions of the same state. They were also more likely to report their children as the main barrier to this participation (King et al., 2006). Furthermore, mental health accounted for a higher proportion of women's ill-health in the region than it did for the state population overall (Department of Victorian Communities, 2006). Such place-based inequities seemed likely to be particularly pronounced within Knox between suburbs of different socioeconomic status (SES), given evidence that the SES of a

suburb impacts independently on residents' health (King et al., 2006).

MLW sought to move from this problem focus to engage mothers in all aspects of researching and then implementing changes aimed at improving and supporting the well-being of local mothers and their families. MLW's action research cycle began with 170 mothers surveyed in public spaces (e.g., shopping centers, schools, parks). Peer researchers (called Mum2Mum researchers) were engaged through this first stage as partners across all aspects of the subsequent research, implementation, and evaluation: they planned and carried out in-depth interviews with other mothers, along with a community-wide mothers' PhotoVoice collection. Data was then analyzed within a number of community workshops and translated into a collective vision and action plan for the community. Community-level coalitions in this action stage brought mothers together with many others, including school principals, church representatives and local traders, to realize their shared vision (Knox Community Health Service, 2013).

How MLW achieved sustainable changes consistent with the mothers' vision is illustrated in the example of Neighborhood A. This neighborhood's coalition used the MLW vision as the basis for focusing its actions on streetscape and local reserve improvements to support mothers and families walking, cycling, and connecting socially. After community consultation, the coalition sought and gained council and state government funding, and then worked collaboratively with council traffic engineers and landscape architects to achieve this vision. The MLW impact evaluation (Knox Community Health Service, 2013) indicated that Neighborhood A achieved a signaled pedestrian crossing, street-based seating, artwork, plantings, a community noticeboard, and a major redevelopment of the local reserve with accessible pathways, playground, signage, and beautification. Mothers' reported sense of belonging increased, along with family walking and cycling, and coalition structures were sustained beyond the funded project (Knox Community Health Service, 2013).

For MLW, an important starting point was data reflecting women's specific barriers to walking.

Action planning had revealed that child supportive spaces such as playgrounds tended to be relegated away from public spaces, whereas streets and local roads took little account of children's needs. This gendered analysis further influenced how research was translated to action. Consistent with emerging feminist community psychology theory, planned neighborhood improvements took conscious account of the gendered nature of settings (see Volume 1, Chapter 18, this handbook). In contrast to the more common approach of educating mothers about child safety, actions were focused on engaging communities in creating child-friendly public settings in streetscapes, and prioritizing child-friendliness over driver convenience. This led to powerful actions like neighborhood Street Play Days which closed streets to cars, "play, meet, and walk" activities, and support for statewide campaigns to reduced local speed zones.

Practice example 6: SiRCHESI—Tackling a public health crisis in Cambodia. A second example of a community psychology focus on empowering, multileveled, community development and feminist-informed approaches has been documented by Canadian social psychologist Ian Lubek (Lubek et al., 2014). The aim of the project was to reduce health inequities for highly marginalized women who work as beer sellers in Siem Reap province, Cambodia. The project was initiated by the **Siem Reap Citizens for Health, Educational, and Social Issues (SiRCHESI)** in collaboration with international researchers, and focused on reducing the very high rates of HIV/AIDS in Siem Reap by developing capacity within that local community (Lubek et al., 2014). Given that 23% of women working as beer sellers in Siem Reap had tested positive for HIV in 2005, the project aimed to address the underlying determinants of this public health issue. It focused on the toxic environment and working conditions, including extremely low pay, that left women vulnerable to taking on risky sex work. A hotel apprenticeship program had been created in partnership with nine local hotels providing training and career pathway qualification to 26 beer sellers. The program reduced their exposure to unprotected sex and facilitated their transformation into "upwardly

mobile hotel workers". Out of the project, the women began work on further community needs, including discussions of a self-run community babysitting service (Lubek et al., 2014).

Another important part of the program has been ongoing and intensive lobbying for international beer companies to introduce conditions for beer sellers that support health and safety, along with the interdiction of drinking in the workplace. In addition, the evidence-based advocacy work to double beer sellers' salaries has supported the broader push within Cambodia for a living wage to meet people's basic needs, take care of their dependents, and maintain a safe, decent standard of living. In 2013, the opposition party CNRP proposed a living wage at \$160/month for all workers and \$250/month for civil servants (schoolteachers, doctors, etc.) to eliminate corruption and reliance on risky areas like sex work.

Is localization compatible with system-level intervention? SiRCHESI over time was able to focus on both levels, working practically on everyday issues for beer sellers, but also identifying key structural determinants inherent in the work conditions provided by beer companies. Although Cambodia does not permit "activist" NGOs, by disseminating their community knowledge to trade unions, political parties, and media, SiRCHESI became (indirectly) part of the advocacy process for government regulations to ensure a living wage and respect the Labour Code. In 2014, strikes spread to the predominantly female garment industry supplying over 600,000 jobs to Cambodians and the shirts and shoes we buy from global brands (Lubek et al., 2014).

Engendering health promotion. These practice examples illustrate important elements of feminist community psychology approaches to health promotion that withstand pressure to fit within the deficit model preferred by governments and funders (Labonte, 1994). The original focus for each project (women as mothers in the case of MLW and women as beer sellers in the case of SiRCHESI) arose from analyses which took account of gender-disaggregated data and focused on the gendered nature of settings. These analyses made visible women's gendered experience within what would otherwise have been

a more global picture that might have led to very different interventions (Sen & Östlin, 2008).

The examples highlight a tension often faced by health promotion workers, feminists and community psychologists, which is the inevitable privileging of certain levels of program action over others. MLW decided collaboratively to focus on local neighborhood improvements. The resultant lack of attention to structural factors such as welfare policy and gender discrimination that were raised by mothers in the initial research seems to have been a factor in the evaluation finding no improvement for women experiencing particular forms of social exclusion, such as those caring for children with disabilities. SiRCHESI on the other hand was more successful in operating across multiple levels, and took a strong focus over time on the structural factors influencing the beer sellers' gendered experience. These contrasting outcomes illustrate the important principle of addressing underlying inequities through policy and legislative changes beyond the reach of community-based interventions.

As with the previous practice examples, these health promotion initiatives illustrate that multiple levels of intervention (structural, community, individual) are required to improve women's lives (CSDH, 2008; Sen & Östlin, 2008). Working at community level is necessary but not sufficient to address gender inequality and inequity, which also requires economic, political, educational, and legal action. In MLW, although mothers needed to be central to defining priorities, the project sought to influence structures through engagement and building relationships with and between community members (especially mothers) and key decision-makers and planners. For MLW and SiRCHESI, community coalitions (with the professional role being that of facilitating and supporting the coalition) were effective in sustaining long-term action led by the affected people, with the focus remaining directed toward community priorities.

For professionals working with communities, a range of challenges can make it difficult to focus on multiple levels within a project. In partnerships with government and decision-makers, the need to work as contractors or employees can sometimes restrict the scope to challenge institutional structures and

practices. Although the collaborative model in MLW was successful in bringing about local level changes for that community, the evaluation did not find clear changes in the broader structures influencing gendered and other inequities experienced by the most disadvantaged women. For feminist community psychologists, the project's limitations in addressing such systemic challenges highlight the importance of reflexivity; that is, of sharing our experiences in messy settings and uncomfortable realities (Reed et al., 2012).

CONCLUSION: OPPORTUNITIES AND CHALLENGES FOR COMMUNITY PSYCHOLOGISTS

This chapter provided an introduction to some of the ways community psychologists can empower individual women and girls while developing models that support positive change processes. We have argued that community psychology practice must take account of the gendered context of individual and community life, taking a ²¹ starting point the possibilities and strengths of **women and girls and the communities in which they live**. The examples presented here all take a feminist-informed, multileveled approach in attending to the gendered structural, political, and economic factors impinging on women's lives. Many challenges remain for community psychologists seeking to apply such an approach in their particular settings. We invite you to reflect on some of the challenges arising from this chapter.

The primary need to work for and with the communities we serve, and report back to them what we have learned in ways community members can understand, gives rise to a central tension in community psychology. This tension exists when a community-driven agenda conflicts with the need to present the results of that work in evidence-based frameworks that convince publishers and academics that community-based work is real and replicable, and that persuade governments and policy makers that it is sustainable and worth funding. A related challenge is to get the diverse voices and interests of women and girls into the research literature and the international policy arena so that community

psychology practice that benefits them can gain traction wherever it is most needed.

Another challenge is to explore, theorize, and build expertise in recognizing and developing individual and community strengths. A focus on strengths must at least match our concern with problems. Psychology's knowledge base has been built around deficits, which has invested us with power and influence, along with a presumption of expertise. Challenging this power base is likely to be politically risky and hence strongly contested. Evidence of current problems might be essential to gain needed funding, but risks stigmatizing and problematizing the people and communities concerned. Projects like those initiated by MLW and the Council for Single Mothers and Their Children responded to such dilemmas by focusing on strengths and capacities within their communities and ensuring collaborative relationships so that the people most affected defined issues and priorities, rather than outsider organisations.

Community psychologists are well placed to work with and value the ways women and girls currently experience and have agency in their lives, while at the same time imagining and working toward a feminist future. We recognize that full participation for women cannot be achieved until structural causes of disadvantage and inequality are addressed. But community participation in existing groups and settings like PKK or a language-specific playgroup can be an empowering step along the long winding road to gender and other forms of equality.

Finally we challenge community psychologists not to shy away from issues for women and girls that have proved difficult to address via orthodox methods, and to work with everyone who is willing, as SiRCHESI has done with a seemingly intractable life-and-death issue for one of the most marginalized groups within a very poor country. Working across professional and discipline boundaries can broaden and amplify whatever we undertake as feminist community psychologists. Women in the community have no interest in professional demarcations. What is important to them is effecting positive change for themselves, and for their daughters and sons.

The chapter has drawn on international and local frameworks and synthesized practice wisdom from

community work with inspiring women and girls. The Millennium Development Goals (succeeded in 2015 by longer-term Sustainable Development Goals) remind us to think globally, while adopting and adapting a social determinants of health framework helps us to act locally. Working toward gender equity continues to be a fundamental challenge to the (individual and collective) discipline and practice of community psychology.

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