

MENTAL HEALTH COMMUNICATION PATTERNS BETWEEN CADRES OF PEKKA (WOMEN HEADED FAMILY EMPOWERMENT) AND CLIENTS (FEMALE HEADS OF HOUSEHOLDS) IN CIANJUR, WEST JAVA

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ABSTRACT

The female head of the household has a double obligation as a mother who takes care of the children. They are also responsible for meeting the financial needs of family members. Single parent status not only makes them feel tired physically but also psychologically. The burden they feel is getting heavier when they face stereotypes from society that still considers widows as a negative status. This heavy burden of life makes them experience mental problems such as being moody, lamenting their fate, often crying and even being anti-social. They need communication partners to maintain peace of mind. PEKKA (Women Headed Family Empowerment) cadres are here to provide them with solutions. Cadres position themselves as friends to share problems with clients (female heads of households) until clients feel enthusiastic about living life again. This study used qualitative research with a case study approach to determine the pattern of mental health communication between cadres and clients to motivate clients to ascend from adversity. The results show that they communicate by opening chit-chat, persuasive talking, casual chat, paraphrasing, summarizing, and closing chit-chat. In these activities they also showed nonverbal communication, use electronic communication media, and leave messages to cadre friends or clients.

Keywords: Communication Patterns, Female Heads of Household, Mental Health

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Introduction

Indonesia has a written regulation of Marriage Law No. 1 of 1974 Article 31 paragraph (3) "The husband is the head of the family, and the wife is a housewife." However, Indonesia has unwritten rules entrenched in society. Husbands often feel only obliged to provide for and take care of their wives and children. All household matters and caring for children are the wife's obligations. If the wife cannot do that, her husband, other family members, and the surrounding community will view her negatively. Many husbands or fathers are reluctant to do housework. Some people think negatively when the husband does housework. The husband will be considered

a man who is afraid of his wife or a husband whom his wife controls. This assumption intends to undermine the husband's position as a leader who provides for his wife so that he has the right to regulate his wife. Sudarmanti et al. (2015) explained that most household heads in Indonesia are husbands. The husband is responsible for making decisions, which apply to all family members, including the wife.

The wife's responsibilities will automatically increase when they have children. Mothers have the task of caring for children, ranging from physical to mental needs. The mother's duties are bathing, preparing food, playing with the kids, and

calming them when they cry. When the child enters school, the mother will accompany the child's learning process, from taking the child to school to helping complete home-assignments from the teacher. If the child is naughty or unintelligent, the mother will also be the first to blame. Without realizing it, the magnitude of the responsibility of married women will burden them psychologically. The mental burden will increase if they are divorced. Automatically a mother will become the head of the household. She is not only obliged to take care of the house and children but also has to earn a living to support herself and her children. She becomes a single parent who bears all the burden of the family.

Several mothers also felt this burden in Cianjur, West Java, Indonesia. Based on the results of our pre-study visits, the reason they became single parents was that their husbands died or they got divorced. One of the reasons for this divorce was the completion of marriage contracts with foreign nationals. When we explored further, we found that many women from Cianjur had contract marriages with foreign men. According to some residents, the contract marriage phenomenon between Cianjur women and foreign men has been going on for decades. Akhmadi et al. (2010) reported that most brides are children under 16 years old.

PEKKA and SMERU recorded data on the number of early marriages, exemplified by Sukanagalih Village, which reached 159 adolescent girls in 1 year (PEKKA & SMERU, 2014). There were no recorded data from other years because some people still considered early marriage a taboo issue, so it was not published. The results of Rubyasih & Utami (2016) research show that women in Cianjur carry out contract marriages due to economic motives to provide for themselves and their families

(parents, brothers, and sisters). They claim that it is easy to get some money from their husbands, who are foreign nationals. It is not uncommon for a woman to have a contract marriage more than once. Problems will arise when the contract expires. Women will find it difficult to get money to provide for themselves and their families. Another problem in Sukanagalih Village was domestic violence (61 cases) and polygamy (husband has more than one wife) in 87 cases. Marriage contract termination, domestic violence, and polygamy impact the high divorce rate (253 cases).

This fact has caught the attention of the Indonesian government, which is concerned with the welfare of women. A woman's burden will increase if she has children in her marriage. The child will be her responsibility because the ex-husband returns to his home country or the ex-husband has another wife to support. The heavy burden that these female heads of households must bear has the potential to harm their psyche. Rahman et al. (2017) said that divorced women have a higher vulnerability to their physical health and psychological health. Pirak et al. (2019) added that divorce impacts women's welfare, social activities, and health. Naufaliasari & Adriani's study results show that a woman abandoned by her husband has a heavy psychological burden. She bears a new status with a negative stigma (Naufaliasari & Andriani, 2013). Besides, Klee & Bartkowski (2022) emphasize that mental health is essential. An unhealthy mentality can have terrible consequences for a person. She will become stressed, depressed, and even suicidal.

PEKKA Foundation's presence is to lighten their burden. The National Committee for Women of the Republic of Indonesia sent PEKKA (Women Headed Family Empowerment) cadres to Cianjur.

The goal is to train single parents (clients) to be prosperous, get gender justice, and have dignity in society. Susanti (2013) explained that the implementation of the women-headed households empowerment program, in general, has a positive impact on all its members. It reflects the improvement of welfare, access to resources, critical awareness, participation, and control of women-headed households to resources following the empowerment program's objectives. Santos et al. (2017) stated that after participating in women's empowerment activities, the participants obtained self-perception and life quality, attached to more significant participants' stability.

PEKKA cadres interact intensely with clients, so they do not feel alone dealing with post-divorce problems. The client, who previously did not want to interact with other people, finally wanted to communicate with her family, neighbors, and PEKKA cadres. Clients were even willing to join PEKKA Cianjur programs. An example of the success of this cadre approach with clients could be seen in the number of clients who took BFBL (Beauty for Better Life) classes. Of the 47 participants who registered, 41 were eligible to work as hair care practitioners. They also had a license to open a hair-care salon (PEKKA, 2017). When conducting the survey, we also met with female heads of households who had completed their education up to university. Other single-parent women we met were people who were successful in learning to communicate. They were no longer gloomy and lonely people. They acknowledged that all of these successes were due to the continuous guidance of PEKKA cadres. Based on this fact, we argue that PEKKA Cadres have a mental health communication strategy. Although the cadres are not mental health experts, they can inspire clients

(female heads of families) to live better lives even without a husband.

Basit (2017) stated that one way to maintain mental health is through communication Health. The communication aims to provide information or knowledge, influence others and change behavior. Thus, these activities involve individuals, families, or communities. Morrissey & Callaghan (2011) stated that the core of mental health communication is communication that aims to help others solve their mental problems, ranging from mild stress to depression. Generally, people who do this type of communication use interpersonal communication. They perform listening, paraphrasing, summarizing, questioning, and non-verbal communication. Based on this explanation, this study aimed to identify the pattern of mental health communication carried out by cadres PEKKA to female heads of families so that clients rose from adversity.

Literature Review

Morrissey & Callaghan (2011) explained that mental health communication is an interpersonal skill used by communicants (nurses, therapists, or other interested parties) to help people who experience mental health problems. The communication process is done by listening, paraphrasing, summarizing, questioning, and non-verbal communication. Listening means the communicator must be able to restrain himself from dominating the conversation. He must realize that the client is a person who is having a problem that needs a friend to share his suffering. Therefore, the communicator must be patient waiting for the communicant to tell the burden of his life. Communicators who apply listening principles will make clients feel respected, understood, and cared for. This feeling of

comfort will help them express their emotions and release anxiety better. Listening skills involve verbal and non-verbal. Verbal in the form of enthusiastic responses such as 'I see' 'Please continue' 'Oh' 'Say more about'. Non-verbal behavior can be seen from staring, nodding, and smiling.

Paraphrasing is a spontaneous response from the communicant when he is doubtful or confused about what he hears. The communicant repeats what the communicator has said to confirm it. The communicant will modify the sentences he hears with his own language style when communicating until he gets a convincing explanation. Questions in paraphrasing usually only consist of one or two sentences because they are intended to confirm doubts. Summarizing is similar to paraphrasing. If paraphrasing is used to ensure that some sentences are not understood by the listener, then summarizing is used to ensure the

essence of a conversation topic. Summarizing is not only useful for listeners. Communicators also feel the benefits of summarizing conveyed by the communicant. He feels heard and appreciated by his interlocutor. Since there are no misunderstandings, both of them can continue the conversation to another theme or finish the communication. Another thing that needs to be done when communicating mental health is questioning and nonverbal communication. Both are usually done conditionally and spontaneously. When listening, paraphrasing, and summarizing, the person communicating will automatically do questioning and nonverbal communication. Questioning is characterized by the words 'when', 'what', 'how', 'who' or 'where'. When having a conversation or when asking a question, they will respond with eyes, smiles, nods, frowns, and other expressions even without words.

Research Methods

This study used qualitative research with a case study approach to identify the process of mental health communication carried out by PEKKA cadres with clients (female heads of families). Creswell (2014) explained that qualitative research is a method to explore and understand the meaning of several individuals or groups of people in social or humanitarian problems. A case study is a research strategy used

when researchers want to know about specific events, activities, program implementations, processes, or communities with a special uniqueness. Informants in this study were cadres and clients who intensely conducted mental health communication. Clients rose from adversity due to separation from their husbands. Table 1 shows the data of clients.

Table 1. Client's Data (2024)

No	Cadre	Client Initials	Client's Problem	Conditions after Communication with Cadres
1	J	NN	Unstable finances (NN only works as a factory worker and farm laborer with temporary worker status. Her husband migrates and rarely gives her money)	NN's feelings and thoughts become calm, so she is more enthusiastic about working. She is more able to manage finances for family needs.
2	J	NR	Difficulty dividing time between	NR can enjoy life by spending more time

			earning a living and taking care of the children. Lack of understanding of how to raise boys and girls. NN also lacks confidence in interacting with people.	with her children and interacting with the community. NR also understands more about the boy and girl characters.
3	J	AD	Sad and depressed after the divorce due to separation from husband and child (the child's custody is with the husband). AD has been silent for months, does not want to interact with other people, and lacks appetite because she misses her child. AD is also traumatized by marriage.	Interacting with PEKKA cadres helped her forget past problems. AD is no longer traumatized by marriage. Now she is married and has another child.
4	E	RS	She has married several times. She has economic problems due to having many children.	Working as a bridal makeup artist
5	E	TT	She has no permanent job and has economic difficulties after the divorce.	Working as a salon course instructor at PEKKA Cianjur
6	E	NY	She has no permanent job, so she has economic difficulties after her husband dies.	She has worked as a migrant worker (Indonesian migrant worker) abroad. Some of the money earned from working abroad is currently used as capital to open a food stall.
7	N	AY	She feels inferior because she has failed three times in her marriage.	AY is no longer inferior to her status as the head of the family. She learned to be an organizational manager. Now she is active as a board member of PEKKA Cianjur.
8	N	IA	IA's husband is polygamous and has another wife (besides herself). Her husband often commits Domestic Violence and does not provide her with a living. IA has to earn a living for her four children.	She was starting a new life with a divorce. After communicating with PEKKA cadres several times, she was excited to take Senior Secondary Education and College. Now, IA leads a PAUD (Early childhood education program) operating in PEKKA Cianjur.

Sources: Data Research (2024)

Data were collected through observation, interviews, and document analysis. The data validity was through member checking to cadres and clients. According to Creswell (2014), member checking is the process of asking informants again about the truth of the data obtained by researchers. If the informant agrees with the truth of the data, then the data is valid. However, if the informant disagrees, then the informant has the right to point out the errors in the data.

Informants help complete the data so that there are no more incorrect data.

We observed the everyday activities of clients and cadres in growing the client's spirit of life and conducted interviews after the process. We communicated with cadres and clients separately to make them feel comfortable with each other. Interviews were conducted in a relaxed situation so that cadres and clients were free to share their experiences

in communicating mental health among themselves.

Our document study was carried out by reading the PEKKA annual report (2001-2016) and the PEKKA case study book (Title: Revealing the Presence and Lives of Women Heads of Families). We analyzed the data by rewriting the results of observations, interviews, and document analysis. The data from our three sources were disaggregated according to the theme of this article, mental health communication activities. We established a communication pattern and explained each stage. We added excerpts from scientific articles to strengthen the explanation.

Findings

We found that there was a pattern of mental health communication between cadres and female heads of household (clients) so that clients were motivated to be passionate about life even though they were single parents. The pattern is shown in Figure 1.

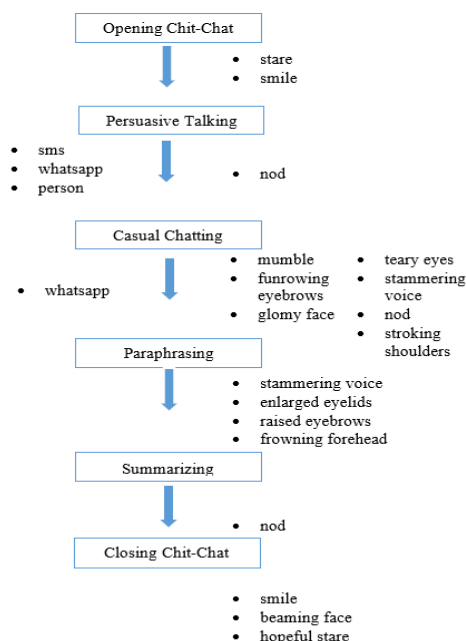


Figure 1. Mental Health Communication Patterns between Cadres and Clients

Cadres act as leaders of clients. The cadres are responsible for turning them into housewives who are excited about life again. Cadres have special tricks when communicating with each client according to their psychic condition. The research findings of Feng et al., (2016) exemplify that women's leadership styles consist of a mix of transformational, transactional, and participative. This style also affects the way to communicate with the people they lead. They will have a feminist side in speaking and listening. This style generally gets a good response from listeners because they feel more cared for.

This situation also occurs when PEKKA cadres and clients communicate. Cadres communicate persuasively, understanding, and considerate to make clients feel comfortable to respond. Over time the communication between them became more intense. Active conversations between PEKKA cadres and clients that made them return to their enthusiasm for life indicated that they conducted mental health communication.

Opening Chit-Chat

Indonesian people are known for their small talk to start communication. They do not go straight to the point when discussing their real intentions. The small talk begins with the questions: "How are you?", "How is your child doing?", "How is your family doing?" or "What are you busy with now?" The communicator must make small talk if the communicator aims to ask about the communicant's problems. The communicator patiently makes small talk for several days until the communicant is ready for a serious conversation. PEKKA cadres also did this to clients. They greeted clients first when they passed by around the house or met at Posyandu events and other activities in their environment. According to Morrissey & Callaghan (2011), questioning

in verbal communication is characterized by 5W + 1H questions 'when', 'what', 'who', 'where', 'why', and 'how'. Cadres and clients looked at each other and broadly smiled when greeting and returning greetings. The combination of verbal (small talk) and non-verbal (staring and smiling) communication would make the cadre and client more familiar. Non-verbal communication can be performed by looking at or avoiding eye gaze, facial expressions, body gestures, and voice intonation (Morrissey & Callaghan, 2011).

The client no longer felt alone because people still asked about herself and her family. Cadres took advantage of this intimacy to dare to ask more serious questions, such as the client's mental condition after separation from her husband. Also, the news of the children after the parents' divorce and their economic condition after their husband/father was no longer providing for them. At this stage, the client was usually already open and willing to tell the situation. The client began to show a sad expression when talking about her problem. The cadre also looked with a caring sign and a faint smile to strengthen the client's mentality. This is as conveyed by Lisinskiene et al. (2019) that healthy communication in any relationship is based on the premise that both parties are open and honest with each other.

Persuasive Talking

The cadre was careful about initiating serious conversations with the client. The cadre realized that the client was grieving because she was a single parent. According to Jansson (2020), the compulsion to become the head of the family will affect a person's psyche in living the next life. At the beginning of the problem, she will reject a vital reality from the mind. She

becomes gloomy and stressed. This resistance will subside over time.

Cadres began to invite clients to meet, such as offering to visit their homes directly or cadres took the initiative to visit clients' homes. Cadres presented themselves as friends to share stories with clients. The client nodded in agreement. They sent messages to each other (via SMS or WhatsApp) and called to determine the time and place of the meeting. Cadres also often left messages to the client's neighbors when the cadre wanted to visit the client's house. Vice versa, clients who could not use WhatsApp or telephone, would leave messages to the cadre's neighbors. Cadres and clients visited each other's homes to share stories. Triwardhani & Chaerowati (2019) explained that one of the fun factors in communication activities is the physical involvement of communicators and communicants. They meet in person to talk.

Casual Chatting

Cadres positioned themselves as good listeners to clients. According to Morrissey & Callaghan (2011), listening is the most critical activity in mental health communication. Listening to clients talk allows them time to tell stories, explain problems, and argue. This process involves verbal and nonverbal communication, physical, mental, and emotional. The cadre freed the client to tell her problems. Communication activities occurred in a relaxed situation, such as on the sidelines of babysitting, cooking, or sitting on the house's terrace. Clients told about many things they experienced after becoming single parents, ranging from problems with their ex-husbands, living expenses, and difficulties dividing their time between trying to earn a living with their families to caring for sons and daughters. When sad

about their problems, clients sometimes ignore their children. Women experiencing mental health disorders might not care about their families because they drown in their sorrow (Arango et al., 2018).

The client realized that a boy's development required his father's assistance. However, after the divorce, she found it challenging to communicate and educate boys without a husband. Triwardhani et al. suggested paying attention to the child's character when communicating with them (Triwardhani et al., 2020). Different characters require different communication techniques. In addition, we must also build a comfortable atmosphere for children so that children do not feel like being judged. Thus, the child will readily accept the message conveyed by the communicator. Triwardhani & Chaerowati's example showed how mothers and children spend time communicating and doing activities together (Triwardhani & Chaerowati, 2019). Mothers can ask about school lessons and help children complete assignments from the teacher. They must continuously maintain communication in other activities at home. Frequent joint activities between them have the potential for conflicts, so the child will sulk or does not want to continue the activity. In this situation, the mother should not force herself to continue communicating with the child. The mother gives the child time to calm down. After that, they can communicate with each other again.

The client sometimes mumbled and furrowed her brows because she was expressing thoughts or remembering the problem. The client's story extended to some people's views around her, who regarded widowhood as a negative status, especially for clients who divorced many times. This negative stereotype impacted their psyche, and in the end, they did not feel confident when meeting many people, especially those

they had just met. Cadres were also aware of nonverbal communication from clients, such as gloomy facial expressions, teary eyes, and broken voices when they shared sad problems.

The cadre responded with nonverbal communication, such as nodding to signify understanding the client's story or rubbing the client's shoulder to show concern (reassurance). Cadres continued to motivate clients to stay passionate about life. While rubbing the client's arm or back, the cadre said: "It is okay, it is okay... This problem has passed..." The cadre did not force the client to tell further when the client's mood was somber. The cadre offered casual chats via WhatsApp so the client could discuss her problems at any time. The client agreed. They often interacted using the messaging application.

Paraphrasing

When someone talked about the burdens of her life, there were moments she could not describe the problem clearly. She could not control her tongue, thoughts, and feelings simultaneously. The severity of her problem made her unable to think clearly, making it difficult to remember the situation. She was also bad-tempered and irritable and had difficulty remembering her problems. She was also in a depressed mood (persistent sadness, anxiety, and "empty mood"), so she felt exhausted from remembering her problems. All of this resulted in the client stammering in telling the cadre. Anger from disappointment with the ex-husband was also clearly visible on the client's face. Enlarged eyelids, slightly raised eyebrows, and a voice that trembled when the client asked what was wrong with her so that her husband had the heart to commit domestic violence, was evidence of her anger. This is normal because the client

is unable to control his emotions. Farooq et al. (2022) explained that intelligence in managing emotions affects communication skills. People who think calmly will be able to put together sentences better when expressing ideas or feelings. The sentence will be pronounced more clearly to others. Otherwise, people who are in a sad state will tend to have difficulty communicating.

The cadre responded by frowning in confusion. The cadre paraphrased by trying to ask for clarity of the story because the cadre cared about the client so that later they could provide the right solution. While looking at the client, the cadre asked, "Is this what you mean?....". Paraphrasing is repeating each party's words to ensure the essence of one's speech in different sentences so that the other person is not offended. The client responded with a nod if the cadre's guess was correct. The client shook her head if the cadre's question was considered wrong. The client retold briefly so that the cadre understood. According to Morrissey & Callaghan (2011), the characteristics of verbal communication in listening are reactions to the words, "Mmm...", "Yes...", "Absolutely...", "Oh, I see...", "Please continue...", "Please tell more about it", "Really?... ", and "So?"

Summarizing

The cadre and the client summarized each other's core conversations. The cadre concluded the core of the client's problem. The client justified it or re-explained it so that the cadre understood. Summarizing is an attempt by the communicator to summarize the whole point of the conversation and then explain it to the client. The client responds to whether the summary matches the problem in this process. The client has the right to agree or disagree and provide an explanation to resolve the error

in the summary (Morrissey & Callaghan, 2011).

Cadres did not patronize the client about their problems. Cadres suggested that clients keep themselves busy with various activities, such as finding work, playing with their children, and assisting them in studying. Cadres also advise clients to try visiting PEKKA Cianjur to find other solutions to their problems. The cadre explained that PEKKA Cianjur has various programs that clients can choose from, such as marriage law seminars, confidence building, communication training, salon courses, and entrepreneurship training. Sudarmanti et al. explained that women who become entrepreneurs will have a better sense of self-confidence than those who are only a housewife (Sudarmanti et al., 2015).

PEKKA Foundation publishes guidebooks and magazines to be distributed to the Union of Women Heads of Families throughout Indonesia. The titles of the books include "Against Surrender" and "A World Without a Husband". There is also a magazine that is published every two months, which has now turned into a bulletin called "Mirror", with contents including coverage of PEKKA Foundation activities, opinions on motivation to empower, and experiences of female heads of household after participating in Union activities. The cadres opened several PEKKA activity books and immediately showed them fun photos of PEKKA activities. The client nodded as a sign that she understood the benefits of PEKKA activities for her. Biswas et al. (2018) provided examples of capacity building for rural women by establishing and strengthening self-help groups in Cook Behar, Bengal Barta, India. Its activities include economic empowerment, discussions about various family welfare

activities, and social and psychological activities.

Closing Chit-Chat

The client has begun to be enthusiastic about living life and agreed with the cadre's offer of solutions. It could be seen from the client's excited facial expressions about joining the PEKKA Cianjur program. The cadre smiled more as a sign of enthusiasm when the cadre explained that clients would receive intense assistance from trainers at PEKKA Cianjur. Their faces were beaming, and their eyes were full of hope that the PEKKA Cianjur program could provide them with a solution. Rodiah et al. (2019) stated that the desire of a hostile stigmatized community to join a community raises feelings of happiness, kinship, and care for each other and helps members to socialize again in the community. Zapata-Lamana et al. (2022) said that skill is a critical factor for adults. They still need skills to spend time at home and in social circles. Thus, they will not feel bored in adulthood.

Conclusion

Cadres and clients carry out mental health communication starting with chit-chat as an opening, followed by persuasive talking to keep communication from being interrupted. The following communication is in the form of casual chat, paraphrasing, summarizing, and ends with chit-chat. People carry out verbal and nonverbal communication. They also use various media to stay in touch intensely. This study can be a source of inspiration for similar research with the theme of tutor communication patterns when training clients during skills courses (e.g., hair/beauty treatment) until the client passes

the course, even though the client has mental problems at that time.

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