The Relationship Between Dimensions of the Family Quality Index Provincial Level Throughout Indonesia in 2021

Herien Puspitawati[1*), Ma'mun Sarma[2], Deddy Cahyadi Sutarman[3], Maya Septiyana[4], Octaria Intan Cahayani[5]

[1]Department of Family and Consumer Sciences, Faculty of Human Ecology, IPB University, Jl. Kamper, IPB Dramaga Bogor Campus, Bogor, West Java 16880, Indonesia
[2]Department of Management, Faculty of Economics and Management, IPB University, Jl. Agatis IPB Darmaga Campus, Bogor, Babakan, Dramaga, Bogor Regency, West Java 16680, Indonesia
[3]Center for Tropical Animal Studies (PSHT/CENTRAS) IPB University, IPB Baranangsiang Campus, Jl. Raya Pajajaran, Tegallega, Bogor City, West Java 16129, Indonesia
[4]Ministry of Women's Empowerment and Child Protection Republic Indonesia, Jl. Medan Merdeka Barat, Gambir, Gambir District, Central Jakarta City, Special Capital Region of Jakarta 10160, Indonesia
[5]Family and Child Development Science Program, Department of Family and Consumer Sciences, Faculty of Human Ecology, IPB University, Jl. Kamper, IPB Dramaga Bogor Campus, Bogor, West Java 16880, Indonesia

*)Corresponding author: herien@apps.ipb.ac.id

Abstract

The Family Quality Index (IKK) measures the success of family development in Indonesia and can be used as a basis for planning and indicators of successful family development at the central, provincial/regional, and regency/city levels. The objectives of the study were to analyze (1) the Cronbach's alpha reliability test and the content validity of IKK indicators, (2) the achievements of IKK at the provincial and national levels, and (3) the relationship between indicators and dimensions of IKK. The research method is a quantitative analysis of BPS secondary data for 2021. Cronbach's alpha was 0.50, and content validity was between 0.03 and 0.77. The provincial IKK score in 2021 ranges from 65.16 to 76.80, with a national achievement score of 73.43. Three provinces were included in category 3, namely "quality of gender-responsive families" and 31 other provinces were included in category 2, namely "quality of sufficiently gender-responsive families." There were positive relationships between the dimensions of structural legality and socio-psychological resilience and between the dimensions of structural legality and socio-cultural resilience. Furthermore, there were positive relationships between the dimensions of physical and economic resilience and between the dimensions of physical and socio-cultural resilience. The research implications showed that the potential problems of families at the provincial level were used as inputs in preparing action plans at the national and provincial levels.

Keywords: family quality index (IKK), gender analysis

Abstrak

Indeks Kualitas Keluarga (IKK) merupakan indeks pengukuran keberhasilan pembangunan keluarga di Indonesia yang dapat digunakan sebagai basis perencanaan dan indikator keberhasilan pembangunan keluarga di tingkat pemerintah pusat, provinsi, dan kabupaten/kota. Tujuan penelitian adalah menganalisis (1) reliabilitas Cronbach's Alpha dan validitas isi indikator IKK, (2) capaian IKK tingkat provinsi dan nasional, dan (3) hubungan antar-indikator dan dimensi IKK. Metode penelitian adalah kuantitatif menggunakan data sekunder BPS tahun 2021. Nilai

Cronbach's Alpha pada uji reliabilitas adalah 0,50 dan validitas isi antara 0,03 sampai 0,77. Capaian IKK tingkat provinsi pada Tahun 2021 berkisar antara 65,16 sampai 76,80 dengan nilai capaian nasional sebesar 73,43. Terdapat 3 provinsi masuk dalam kategori 3 yaitu "kualitas keluarga yang responsif gender" sedangkan 31 provinsi lainnya tergolong dalam kategori 2 yaitu "kualitas keluarga yang cukup responsif gender". Terdapat hubungan positif signifikan antara Dimensi Kualitas Legalitas Struktur (KLS) dengan Kualitas Ketahanan Sosial Psikologi (KKSP) dan antara Dimensi Kualitas Legalitas Struktur (KLS) dan Kualitas Ketahanan Sosial Budaya (KKSB). Selanjutnya terdapat hubungan positif signifikan antara Dimensi Kualitas Ketahanan Fisik (KKF) dengan Kualitas Ketahanan Ekonomi (KKE) dan Dimensi Kualitas Ketahanan Fisik (KKF) dengan Kualitas Ketahanan Sosial Budaya (KKSB). Implikasi penelitian menunjukkan potensi dan permasalahan keluarga di tingkat provinsi dapat dijadikan masukan dalam menyusun rencana aksi pada skala nasional dan provinsi.

Kata kunci: analisis gender, indeks kualitas keluarga (IKK)

Introduction

Indonesia is expected to enter a golden age in 2045 with the vision of becoming a sovereign, advanced, just, and prosperous country. The government implemented various policies to achieve this goal. One of the four pillars of development in 2045 is the development of superior human resources (Bappenas, 2019). Human resource quality is closely related to a family's quality of life. The family is considered to be the producer of quality human resources, serving as the primary and most important environment for supporting children's growth and development, establishing life norms and moral values, and shaping individual personalities. As the smallest socioeconomic unit, the family serves as the foundation of all institutions and the basic group, consisting of two or more individuals with personal interactions, blood ties, marriage, or adoption. Achieving the goals of a golden Indonesia requires the preparation of systematic policies to build human resources through quality family development.

Families play a vital role in building quality human resources. Family is the pillar that supports the existence of a nation. When pillars are porous, there is no solid foundation on which to build a nation. Various studies have shown that socioeconomic problems in society originate from family problems. Non-optimal family functions disrupt the functioning of the family system and do not achieve family goals (Puspitawati, 2017). If the husband and wife are unable to carry out the family's economic functions well, this will result in the family's needs not being met, which will then lead to conflict, which will lead to divorce. Previous research has found that divorce plaintiffs were mostly young women who had been married for less than five years, did not work, had low education, had one child, and divorce was an economic problem (Rofi & Salsabila, 2022; Wijayanti, 2021). Children are often victims of divorced parents. Parental divorce positively affects children's negative behavior (Widyastuti, 2017).

The findings regarding family research are as follows: Parents' low socioeconomic status was found to encourage children to marry early (Arbelia & Riany, 2022). Families with high economic pressure have a low quality of marriage, impacting the quality of their children (Puspitawati et al., 2019). Another social problem related to the non-optimal function of the family in its protective function is the non-fulfillment of children's rights, namely ownership of birth certificates. Furthermore, the BPS data (2021a) show

that approximately 10 percent of children still do not have birth certificates. Regarding the function of socialization and education, the BPS data (2021b) show that 3.44 percent of underage children smoke. The school dropout rate will increase in 2022 at almost all levels of education, including elementary, middle, and high schools (BPS, 2022). Based on the above data, this problem cannot be separated from the role and function of the family, which is less than optimal. The implementation of family functions and the partnership between husband and wife in carrying out their functions influence family satisfaction and happiness in life, which shows the quality of the family (Puspitawati et al., 2021). Therefore, human resource development begins with family development by creating high-quality families.

Issues related to gender bias were not addressed. There are still many gender and child problems that start in the family, which in the long term result in gender gaps in all aspects of development at the macro level. Moreover, unequal parenting between fathers and mothers in fulfilling and protecting children's rights further adds to the problem of gender bias in the treatment of children. A family quality policy is a solution to improve the family's human resources quality. Family quality policy refers to the Law of the Republic of Indonesia Number 23 of 2014 concerning the Regional Government, a sub-affair of the Ministry of Women's Empowerment and Child Protection related to developing family quality in implementing gender equality and children's rights. The formal definition of a quality family refers to the Law of the Republic of Indonesia Number 52 of 2009, Article 1, paragraph 10, which states that a quality family is formed based on a valid marriage and is characterized by being prosperous, healthy, advanced, independent, and having an ideal number of children, forward-looking, responsible, harmonious, and devoted to God Almighty.

In Indonesia, considerable research has been conducted on family living conditions. However, there has yet to be any specific research on family quality in each Indonesian province. This study explains the results of calculating the family quality index for all provinces in Indonesia. The family quality index (IKK) is a measurement index used to measure the extent of the quality of family life so that strategies and efforts can be made to improve the quality of family life in Indonesia. This shows that there are government efforts through related institutions to encourage families to have a prosperous quality of life through family measurement indices to create a better family life. Calculating the family quality index (IKK) is a basic need for the government to identify family problems so that policy steps and interventions can be taken to improve family quality, achieve gender equality, and fulfill children's rights. The family quality index (IKK) is a measuring tool for assessing indicators of the success of family development in Indonesia and is a basic reference in family development planning at various levels of government. The IKK calculation carried out by the Ministry of Women's Empowerment and Child Protection (Kemen PPPA) and BPS (2021a) refers to the Ministry of Women's Empowerment and Child Protection Regulation (Permen PPPA) Number 7 of 2022, which was developed from the previous index calculation, namely, the family resilience index (referring to Minister of Women's Empowerment and Child Protection Regulation Number 06 of 2013).

Ministry of Women's Empowerment and Child Protection (Kemen PPPA) and the Central Agency on Statistics (BPS) with the availability of BPS data the 2020-2021 Family Quality Index is the result of collaboration of the two. The calculation results produce gender-equal family quality and fulfillment of children's rights through 25 indicators in the five dimensions that form IKK (Kemen PPPA, 2021a). The five

dimensions are structure legality quality (KLS consists of two indicators), physical resilience quality (KKF consists of six indicators), economic resilience quality (KKE consists of six indicators), social psychological resilience quality (KKSP consists of five indicators), and socio-cultural resilience quality (KKSB consists of six indicators).

Previous research related to measuring indicates in family development is the family resilience index conducted by Puspitawati, Herawati, and Sarma (2015) in collaboration with KPPPA-RI formulating the family resilience index into six dimensions, namely 1) legality of structure (ownership of marriage certificate, certificate birth, living together), 2) physical security (needs for food, health, nutrition and separate rooms), 3) economic security (house ownership, income, insurance, costs of necessities, education, children dropping out of school, family members with at least junior high school education), 4) social psychological resilience (husband-wife violence, parent-child violence, law violations, opportunities for opinion, and respect), 5) socio cultural resilience (participating in society, caring for family members, communicating with family, carrying out activities culture/religion, 6) gender partnership (allocation of playing time with children, sharing roles, joint financial management, planning the number of children). Puspitawati, Herawati, and Sarma (2018) also carried out validity and reliability tests on the family resilience index.

Setiawan (2019) also formulated a family development index through the social welfare index (IKS) using two approaches: subjective and objective welfare. IKS is divided into five dimensions: 1) physiological needs, which include income, shelter, and health; 2) security, including economic, physical, environmental, and political security; 3) activities related to autonomy and freedom; 4) social interactions and rights; and 5) competence and self-esteem. Another measurement that is still related to family development is the Family Development Index (iBangga), which is promoted by the National Population and Family Planning Board (BKKBN) (BKKBN, 2020). iBangga is an instrument of family quality that measures three dimensions: peace, independence, and family happiness. The measurement of ibangga refers to Law of the Republic of Indonesia Number 52 of 2009 concerning Population Development and Family Development Article 1 Paragraph 7, namely, that family development is an effort to create a quality family that lives in a healthy environment.

Regarding the need for family quality policy, as described above, there has been no official measure or index that measures family quality. The test reliability of a measure or instrument, its reliability, and validity must be tested. Reliability and validity are ways to show the firmness of the variable measurement process and the results of an instrument that can be trusted (Roberts & Priest, 2006). Reliability relates to the consistency of a measure that has more or less the same results, even though it is conducted repeatedly at different places and times (Heale & Twycross, 2015). Validity is a test that shows an instrument's accuracy, logic, and relevance for measuring variables in a quantitative study (Cypress, 2017; Heale & Twycross, 2015). Based on this background, the objectives of the research are 1) to analyze the Cronbach's alpha reliability test and content validity of the indicators forming the IKK, 2) to identify IKK achievements at provincial and national levels, and 3) to analyze tests of the relationship between indicators and dimensions forming the IKK.

Methods

This study used quantitative methods to analyze BPS secondary data for 2021. The IKK calculation process has been performed since 2011. The steps taken to calculate the special IKK in 2021 are as follows.

1. Collaboration between three institutions, namely BPS, the Ministry of PPPA-RI, and the IPB University team, which was carried out in 2021-2022 by mapping candidate indicators for the family quality index that produced 25 indicators (Kemen PPPA-RI & BPS, 2021a) from the indicator origin, totaling 36 indicators (Kemen PPPA-RI, 2021a).

2. The reliability and content validity of the candidate indicators for forming a family quality index were tested through an online survey from March 2021 to April 2021. The research sample came from 34 provinces in Indonesia and was selected using a non-probability sampling technique. A total of 6507 wives or husbands represented their families (Kemen PPPA, 2021a).

3. From these results, 29 initial indicators were selected, and each original indicator was adjusted to the forming indicators by considering the definitions, concepts, and data sources (Susenas KOR, KP, MSBP, and Hansos Module) (Kemen PPPA-RI & BPS, 2021a).

4. The selected indicators that comprise the family quality index are then determined using a percentage formula in the form of family quality index indicator metadata starting in December 2020 (Kemen PPPA-RI & BPS, 2021a).

5. Considering the availability of data from the BPS and the team's agreement, 25 indicators were selected to construct the family quality index. Based on the metadata of the indicators that form the IKK, it can be seen that the indicators come from various survey sources as follows (BPS, 2021a):
   a. National Socio-Economic Survey, KOR 2020-2021.
   b. National Socio-Economic Survey, for Enumeration of Consumption Expenditure (KP) 2020-2021
   c. National Socio Economic Survey, Sociocultural and Education Module (MSBP) 2018
   d. National Socio-Economic Survey, Social Resilience Module (Hansos) 2020-2021

6. The data used in this study are 25 selected indicators that form the IKK based on 2021 BPS data.

7. The family quality index (IKK) results of the weighting dimensions were obtained using analytical hierarchy process (AHP) analysis. Questionnaires were given to experts from various stakeholders, and an in-depth discussion was carried out (Kemen PPPA-RI, 2021b) with weights per dimension as follows: KLS dimension = 0.219, KKF dimension = 0.283, KKE dimension = 0.205, KKSP dimension = 0.186, and KKSB dimension = 0.106.

8. Testing the reliability and validity as well as calculating the correlation between indicators and between dimensions forming the IKK using Statistical Package for the Social Sciences (SPSS) 25 software.

9. The IKK category is designated as a family development category with the following cut (KemenPPA-RI & BPS, 2021c):
   a. Category 1 = less gender-responsive family quality (IKK < 50.00).
   b. Category 2 = family quality is gender-responsive (50.00 <IKK ≤ 75.00).
   c. Category 3 = gender responsive family quality (IKK>75.00).

Findings

Test The Reliability and Content Validity of the IKK Indicators

Reliability is a test instrument used to determine the consistency of the indicators in the instrument by using Cronbach's alpha. Cronbach's alpha measures instrument reliability, with values ranging from zero to one. Based on reliability tests on 25 indicators, the family quality index (IKK), the Cronbach's alpha result was 0.50, and this value can be classified as reliable. The IKK indicator provides reasonable consistency for repeated measurements.

Validity tests the instrument's reliability to determine whether the IKK can measure what it is supposed to measure. The content validity test uses a correlation test between the items and their composites to determine the validity of each indicator that forms the IKK. Based on the content validity test on the IKK indicator, correlation coefficient values ranging from 0.03 to 0.77 were obtained, as presented in Table 1. The minimum value is found in the statement of the percentage of households with all family members (husband, wife, with or without children) living in the same house and not being separated (0.03), which is a dimension of structural legality quality (KLS). On the other hand, the maximum value is found in the socio-cultural resilience quality (KKSB) dimension with the percentage of households with handwashing facilities (0.77). Based on the results of the IKK content validity analysis, nine questions were significant, while 15 questions were not significant.

Table 1. Content validity test of the indicators that make up the 2021 IKK

No	Indicators and Dimensions Forming IKK	Item Correlation with Composite
	Dimensions of Structure Legality Quality (KLS)	
1	Percentage of households with members aged 0 to 17 years having a birth certificate	0.69**
2	Percentage of households in which all members (husband, wife, with or without children) live together and are not separated	0.03
	Dimensions of Physical Resilience Quality (KKF)	
3	Percentage of households where you or other members cannot afford to eat healthy and nutritious food	0.26
4	Percentage of households whose members experience disorders, complaints, or health problems	0.62**
5	PoU (Prevalence of Malnutrition) for all ages	-0.38*
6	Percentage of households with separate rooms for parents and children	0.73**
7	Percentage of households with children aged 5 to 17 years smoking	0.24
8	Percentage of households with sick members (complaints and health problems)	0.63**
	Dimensions of Economic Resilience Quality (KKE)	
9	Percentage of households that own a house	0.29
10	Percentage of non-poor households in districts/cities and provinces	0.21
11	Percentage of households with married household members who have a savings account	0.20
12	Percentage of households whose members have health insurance (eg BPJS or other)	0.17
13	Percentage of households with children aged 7 to 17 years out of school	-0.54**
14	Percentage of households with married women working	0.10

Continue from Table 1

No	Indicators and Dimensions Forming IKK	Item Correlation with Composite
	Dimensions of Social Psychological Resilience Quality (KKSP)	
15	Percentage of households with children aged 1 to 17 years experiencing physical or psychological violence by their parents	0.28
16	Percentage of households whose members are victims of crime or crimes	-0.26
17	Percentage of households with members traveling in the past year	0.27
18	Percentage of households with members aged 0 to 17 years doing activities	0.13
19	together with their parents	
	Dimensions of Sociocultural Resilience Quality (KKSB)	
20	Percentage of households with child marriages	0.07
21	Percentage of households with permanent handwashing facilities (codes 1 and 2)	0.77**
22	Percentage of households whose members are involved in social activities	0.44**
23	Percentage of households with members aged over 60 years	0.66**
24	Percentage of households whose members engage in religious activities	0.12
25	Percentage of households with members aged 0 to 17 years accessing the internet together	0.33

Note: *) significant at $p<0.05$; **) significant at $p<0.01$; Source: Ministry of PPPA-RI & BPS, 2021b, processed; Indicators 18 and 19 use BPS data regarding household members aged 0–17 years carrying out activities with their parents.

In the structure legality quality (KLS) dimension, validity ranges between 0.03 and 0.69. There is only one significant indicator, namely the indicator that has a high validity value, namely KLS1, with the question of the percentage of households with members aged 0 to 17 years who have birth certificates. At the same time, the KLS2 statement is the percentage of households with all family members (husband, wife, with or without children) living in the same house and not being separated is not significant.

The physical resilience quality (KKF) has a validity ranging from 0.24 (minimum value) to 0.73 (maximum value). There are four of the six significant KKF indicators: 1) percentage of households with members experiencing disorders, complaints, or health problems; 2) Prevalence of Undernourishment (PoU) for all ages; 3) percentage of households with separate rooms for parents and children; and 4) percentage of households with sick members (complaints and health problems).

Economic resilience quality (KKE) is known to have minimum and maximum content validity values of 0.10 and 0.54. In this dimension, only one of the six indicators is significant, namely, the percentage of households with children aged seven to 17 years out of school. The dimension of social psychological resilience quality (KKSP) had a minimum validity value of 0.13 and a maximum value of 0.28. The results also show that there were no significant KKSP indicators.

The validity of socio cultural resilience quality (KKSB) ranges from 0.07 to 0.77. In this dimension, three of the six indicators are significant: 1) percentage of households with permanent handwashing facilities, 2) percentage of households whose members are involved in social activities, and 3) percentage of households with members aged over 60 years.

Achievement of Dimensions Forming The Provincial Level Family Quality Index and National

The family quality index (IKK) consists of five dimensions which include dimensions: structure legality quality (KLS), physical resilience quality (KKF), economic resilience quality (KKE), social psychological resilience quality (KKSP), and socio-

cultural resilience quality (KKSB). Based on the calculation of the analytical hierarchy process (AHP) weighted family quality index (IKK) for all provinces in Indonesia, the lowest IKK value is 65.16, the highest IKK value is 76.80, and the national average IKK is 73.43. Based on the dimensions of the IKK, the lowest achievement (42.99) is the quality dimension of socio-cultural resilience quality (KKSB), while the highest achievement (84.67) is the dimension of physical resilience quality (KKF).

Table 2. Dimensions forming IKK and IKK in 2021, along with the highest and lowest values at the provincial level

Dimensions/ IKK	Lowest (Provincial)	Highest (Provincial)	Indonesian average
Structure Legality Quality (KLS)	58.21 (Papua)	80.50 (Lampung)	81.86
Physical Resilience Quality (KKF)	70.45 (NTT)	84.67 (K. Riau)	78.77
Economic Resilience Quality (KKE)	68.01 (Maluku)	79.40 (Bali)	71.58
Social Psychological Resilience Quality (KKSP)	54.85 (K. Riau)	66.90 (NTT)	62.38
Socio Cultural Resilience Quality (KKSB)	42.99 (Papua)	73.16 (Jateng)	65.39
AHP Family Quality Index (IKK).	65.16 (Papua)	76.80 (Bali)	73.43

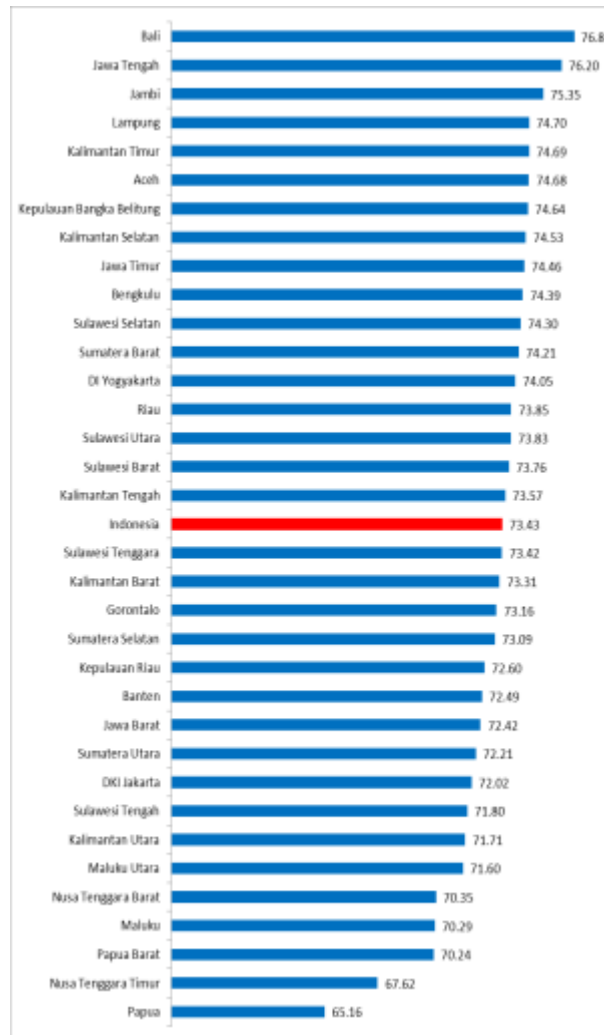Source: Ministry of PPPA & BPS, 2021b, processed

The legal structure legality quality (KLS) dimension has the lowest value (58.21 in Papua Province and the highest value (80.50 in Lampung Province. The lowest physical resilience quality (KKF) was 70.45 in Nusa Tenggara Timur (NTT) province, and the highest was 84.67 in Kepulauan. The lowest economic resilience quality (KKE) was 68.01 in Maluku Province, and the highest value was 79.40 in Bali. The social psychological resilience quality (KKSP) has the lowest value of 54.85 in the Kepulauan Riau Province and the highest value of 66.90 in the Nusa Tenggara Timur (NTT) Province. The lowest dimension of socio-cultural resilience quality (KKSB) was 42.99 in Papua Province, and the highest was 73.16 in Bali Province. Thus, the family quality index (IKK) in 2021 had the lowest value (65.16 in Papua Province and the highest 76.80 in Bali Province.

If the achievement of the lowest scores is sorted based on the level of dimensions forming the IKK in Indonesia, they are KKSB (Papua), KKSP (Kepulauan Riau), KLS (Papua), KKE (Maluku), and KKF (NTT). Furthermore, the order of achieving the highest scores based on the levels of dimensions forming the IKK respectively in Indonesia is the KKF (Kepulauan Riau), KLS (Lampung), KKE (Bali), KKSB (Jawa Tengah) and KKSP (Nusa Tenggara Timur) dimensions. The KKF dimension has the highest achievement among the other four dimensions.

When viewed from the provincial level, there are several unique aspects of provincial achievements related to the dimensions that form IKK and IKK as follows: (1) Bali Province is the province that has the highest KKE and IKK dimension achievements in Indonesia; (2) Papua Province is the province that has the lowest achievement of the KLS, KKSB, and IKK dimensions in Indonesia; (3) Nusa Tenggara Timur (NTT) Province has the lowest achievement of the KKF Dimension, but has the highest KKSP achievement in Indonesia; and (4) Kepulauan Riau Province has the lowest achievement of the KKSP dimension; however, it has the highest KKF achievement in Indonesia.

Figure 1 presents the results of the Family Quality Index (IKK) weighted by the analytical hierarchy process (AHP) for all provinces in Indonesia in 2021. The national IKK score was 73.43. Based on the results, half (50.00%), or 17 provinces, have a Family Quality Index higher than the national value, and the remainder (50.00%), or 17 other

provinces, have a family quality index lower than the national value. Bali Province had the highest IKK achievement, whereas Papua Province had the lowest IKK achievement. The top five provinces with the highest IKK are Bali, Jawa Tengah, Jambi, Lampung, and Kalimantan Timur. The five provinces with the lowest IKK in sequence are Papua Province, Nusa Tenggara Timur, Papua Barat, Maluku, and Nusa Tenggara Barat.

Source: Ministry of PPPA & BPS, 2021b, processed

Figure 1. AHP-weighted IKK per province in 2021 based on new metadata

Table 3. Presents the categorization of provinces based on the 2021 AHP weighted Family Quality Index. Overall, the 2021 IKK results at both the provincial and Indonesian levels are quite encouraging because there are no provincial levels, and Indonesia is categorized as less gender-responsive.

What is encouraging is that the 2021 IKK achievements at the provincial and national levels are classified in Category 2, namely "family quality that is fairly gender-responsive. This means that 31 of the 34 provinces in Indonesia have shown IKK indicator achievement data that are fairly responsive to gender (IKK values between 50.00-75.00). The meaning of Category 2 is that the quality of the family, as indicated by the 5 (five)

dimensions of KLS, KKF, KKE, KKSP, and KKSB, is sufficient to show the condition of gender equality or balance between men and women in the family.

The remaining three provinces are categorized as gender responsive, including Bali, Jawa Tengah, and Jambi (IKK value above 75.00). Based on the 2021 family quality index categorization results, as many as 3 provinces are classified in category 3, namely "gender-responsive family quality." The meaning of category 3 is that the quality of the family, as indicated by the 5 (five) dimensions of KLS, KKF, KKE, KKSP, and KKSB, has demonstrated conditions of gender equality or balance between men and women in the family.

Table 3. Categorization of provinces based on the 2021 AHP weighted family quality index value.

Family quality category	2021	
	Number of provinces (n)	
Less Gender Responsive	0	0.00
Fairly Gender Responsive	31	91.00
Gender Responsive	3	9.00
	Province Name	
Less Gender Responsive	There isn't any	
Fairly Gender Responsive	31 Other Provinces	
Gender Responsive	Bali, Jawa Tengah, and Jambi	

Note: Category 1 = Family quality that is less gender-responsive (IKK < 50.00); Category 2 = Family quality that is fairly gender responsive (50.00 <IKK ≤ 75.00); Category 3= Gender responsive family quality (IKK>75.00); Source: Ministry of PPPA-RI & BPS, 2021b, processed

The Relationship between Indicators and Dimensions of The Family Quality Index (IKK)

Dimensions of Structure Legality Quality (KLS)

The correlation test results between the 2 (two) KLS dimension indicators show no significant relationship between the KLS indicators. The percentage of households with members aged 0–17 years who have birth certificates (KLS1) is not significantly related to the percentage of households in which all members (husband, wife, with or without children) live in the same house and are not separated (KLS2).

Table 4. Correlation test between indicators on KLS dimensions in 2021

No	Indicator	KLS1	KLS2
KLS1	Percentage of households with members aged 0 to 17 years having a birth certificate	1.00	0.04
KLS2	Percentage of households where all family members (husband, wife, with or without children) live at home and are not separated		1.00

Note: *) significant at p<0.05; **) significant at p<0.01; Source: Ministry of PPPA-RI & BPS, 2021b, processed

Dimensions of Physical Resilience Quality (KKF)

In the correlation test between 6 (six) indicators in the dimension of physical resilience quality (KKF), there is a significant positive relationship between the KKF2 indicator and KKF3, KKF4, KKF5, and KKF6. This means that the higher the percentage of households with members experiencing disorders, complaints, or health problems (KKF2), the higher the PoU (Prevalence of Undernourishment) for all ages (KKF3), and the higher the percentage of households with separate rooms for parents and children

(KKF4), the higher the percentage of households with children aged 5–17 years who smoke (KKF5), and the higher the percentage of households with sick members (KKF6). KKF3 and KKF4 have a significant negative relationship, which means that the higher the PoU for all ages, the lower is the percentage of households with separate rooms for parents and children. KKF4 and KKF5 were significantly positively correlated with KKF6 expression. This means that the higher the percentage of households with sick members (KKF6), the higher the percentage of households with separate rooms for parents and children (KKF4), and the percentage of households with children aged 5 to 17 years who smoke (KKF5).

Table 5. Correlation test between indicators on KKF dimensions in 2021

No	Indicator	KKF1	KKF2	KKF3	KKF4	KKF5	KKF6
KKF1	Percentage of households where you or other members are unable to eat healthy, nutritious food	1.00	-0.23	-0.32	0.09	-0.30	-.03
KKF2	Percentage of households with members experiencing disorders, complaints, or health problems.		1.00	0.52**	0.44**	0.63**	0.90**
KKF3	PoU (Prevalence of Undernourishment) all ages			1.00	-0.38*	-0.15	-0.33
KKF4	Percentage of households with separate rooms for parents and children				1.00	0.09	0.37*
KKF5	Percentage of households with children aged 5 to 17 years smoking					1.00	0.59*
KKF6	Percentage of households with sick members (complaints and health problems)						1.00

Note: *) significant at p<0.05; **) significant at p<0.01; Source: Ministry of PPPA-RI & BPS, 2021b, processed

Dimensions of Economic Resilience Quality (KKE)

The correlation test between 6 (six) indicators in the dimension of economic resilience quality (KKE) shows that there is a significant negative relationship between KKE1, KKE2, and KKE3. This shows that the higher the percentage of households that own a house (KKE1), the lower the percentage of non-poor households (KKE2) and the lower the percentage of households with married household members who have savings (KKE3). KKE1 is also significantly positively related to KKE6, meaning that the higher the percentage of households that own a house (KKE1), the higher the percentage of households with married women working (KKE6). KKE2 has a significant positive relationship with KKE3, which shows that the greater the percentage of households that are not poor (KKE2), the higher the percentage of households with married household members who have savings (KKE3). However, KKE2 also has a significant negative relationship with KKE5 and KKE6, indicating that the higher the percentage of non-poor households in districts/cities and provinces (KKE2), the lower the percentage of households with children aged 7–17 years out of school (KKE5).) and the percentage of households with married women working (KKE6) is decreasing.

Furthermore, KKE3 had a significant negative relationship with KKE5. This indicates that the higher the percentage of households with married household members who have savings (KKE3), the lower the percentage of households with children aged seven to 17 years dropping out of school (KKE5).

Table 6. Correlation test between indicators on KKE dimensions in 2021

No	Indicator	KKE1	KKE2	KKE3	KKE4	KKE5	KKE6
KKE1	Percentage of households that own a house	1.00	-0.39*	-0.48*	-0.20	0.22	0.34*
KKE2	Percentage of non-poor households in districts/ cities and provinces		1.00	0.45**	-0.21	-0.41*	-0.49**
KKE3	Percentage of households with married household members who have a savings account			1.00	0.31	-0.42*	-0.20
KKE4	Percentage of households whose members have health insurance (eg BPJS or other)				1.00	0.20	-0.00
KKE5	Percentage of households with children aged 7 to 17 years drop out of school					1.00	0.21
KKE6	Percentage of households with married women working						1.00

Note: *) significant at p<0.05; **) significant at p<0.01; Source: Ministry of PPPA-RI & BPS, 2021b, processed

Dimensions of Social Psychological Resilience Quality (KKSP)

The results of the correlation test between 5 (five) indicators of social psychological resilience quality (KKSP) showed that the KKSP1 indicator had a significant negative relationship with KKSP2. This shows that the higher the percentage of households with children aged 1–17 years who experience physical or psychological violence by their parents (KKSP1), the lower the percentage of households whose members are victims of crime or crimes (KKSP2).

Table 7. Correlation test between indicators on KKSP dimensions in 2021

No	Indicator	KKSP1	KKSP2	KKSP3	KKSP4-KKSP5
KKSP1	Percentage of households with children aged 1 to 17 years experiencing physical or psychological violence by their parents	1.00	-0.34*	-0.06	0.15
KKSP2	Percentage of households whose members are victims of crime or crime		1.00	-0.12	0.07
KKSP3	Percentage of households with members traveling in the past year			1.00	0.23
KKSP4-KKSP5	Percentage of households with members aged 0 to 17 years doing activities together with their parents				1.00

Note: *) significant at p<0.05; **) significant at p<0.01; Source: Ministry of PPPA-RI & BPS, 2021b, processed

Dimensions of The Socio-cultural Resilience Quality (KKSB)

Based on the correlation between 6 (six) indicators of dimension socio-cultural resilience quality (KKSB), KKSB1 and KKSB5 had a significant negative relationship with KKSB6. This means that the higher the percentage of households with members aged 0 to 17 years accessing the internet together (KKSB6), the lower the percentage of households with child marriages (KKSB1), and the percentage of households whose members carry out religious activities (KKSB5). The KKSB2 indicator showed a significantly positive relationship with KKSB4 and KKSB6. This means that the higher the percentage of households with permanent hand washing facilities, the higher the

percentage of households with members aged over 60 years (KKSB4) and the percentage of households with members aged 0–17 years accessing the Internet (KKSB6). The KKSB3 indicator showed a significant positive relationship with KKSB 4 and KKSB5. This indicates that the higher the percentage of households whose members are involved in social activities (KKSB3), the higher the percentage of households with members aged over 60 years (KKSB4), and the higher the percentage of households whose members engage in religious activities (KKSB5).

Table 8. Correlation test between indicators on KKSB dimensions in 2021

No	Indicator	KKSB1	KKSB2	KKSB3	KKSB4	KKSB5	KKSB6
KKSB1	Percentage of households with child marriages	1.00	-0.03	0.14	-0.16	0.02	-0.37*
KKSB2	Percentage of households with permanent handwashing facilities (codes 1 and 2)		1.00	0.06	0.44**	-0.16	0.48**
KKSB3	Percentage of households whose members are involved in social activities			1.00	0.49**	0.64**	-0.30
KKSB4	Percentage of households with members aged over 60 years				1.00	0.07	0.33
KKSB5	Percentage of households whose members engage in religious activities					1.00	-0.35*
KKSB6	Percentage of households with members aged 0 to 17 years accessing the internet together						1.00

Note: *) significant at p<0.05; **) significant at p<0.01; Source: Ministry of PPPA-RI & BPS, 2021b, processed

Correlation between Dimensions The Family Quality Index (IKK)

The correlation between the dimensions of the family quality index (IKK) shows that the structure legality quality (KLS) dimension has a significant positive relationship with the dimensions of social psychological resilience quality (KKSP) and socio-cultural resilience quality (KKSB). This means that the higher the KLS dimension, the higher are the KKSP and KKSB dimensions. The results also show that the dimension of the physical resilience quality (KKF) has a significant positive relationship with the dimensions of the economic resilience quality (KKE) and the socio-cultural resilience quality (KKSB). This indicates that the higher the KKF dimension, the higher are the KKE and KKSB.

Table 9. Correlation test between dimensions forming IKK in 2021

Indicator	KLS dimensions	KLS dimensions	KLS dimensions	KLS dimensions	KLS dimensions
KLS dimensions	1.00	0.22	0.07	0.37*	0.48**
KKF dimensions		1.00	0.35*	0.12	0.53**
KKE dimensions			1.00	0.26	-0.01
KKSP dimensions				1.00	-0.09
KKSB dimensions					1.00

Note: *) significant at p<0.05; **) significant at p<0.01; Source: Ministry of PPPA-RI & BPS, 2021b, processed

Discussion

The reliability of the 25 IKK indicators shows that Cronbach's alpha is 0.50, which can be classified as moderately reliable. Sugiyono (2013) stated that the moderate reliability category is between 0.40-0.70. Robertson and Evans (2020) also stated that the acceptable Cronbach's alpha value ranges from 0.45-1.00. This shows that the IKK reliability is acceptable and reliable so that the indicators of the IKK can show the extent to which the measuring instrument can be trusted or reliable in measuring IKK. It can consistently measure IKK at different times and on different subjects, with relatively similar results. Content validity found nine significant and 15 non-significant indicators with correlation values between 0.033 and 0.767. This shows that some of the indicators IKK, which are noteworthy core concepts, can be simplified again.

Calculating the family quality index using AHP in 2021 produced an Indonesian IKK value of 73.43 (Kemen PPPA & BPS, 2021b). The results also show that 17 out of 34 provinces (50 percent) have IKK values higher than the Indonesian average. The remaining 17 provinces (50.00%) had IKK values lower than the average Indonesian IKK (Kemen PPPA and BPS, 2021c). Based on the results of the analysis of provincial categories based on AHP IKK, it is known that there are 31 provinces included in the moderately gender responsive category ($50.00 < IKK \leq 75.00$) and there are 3 provinces categorized as gender and child rights responsive (IKK > 75.00) (KemenPPA-RI & BPS, 2021b).

The correlation between the indicators and the dimensions of IKK revealed many interesting findings. The higher the percentage of households with family members experiencing complaints or health problems (KKF2), the higher the PoU (prevalence of undernourishment) for all ages (KKF3), the higher the percentage of households with separate rooms (KKF4), the higher the percentage of households with children aged 5–17 years (KKF5), and a higher percentage of households with sick members (KKF6). This finding is in line with Sartika (2010), who stated that health complaints are an indication of infection with a disease; sick individuals lose their appetite and cause food intake to decrease. Infectious diseases significantly impact the body's immune system and nutritional status (Sartika, 2010). The living environment is the factor that causes disease transmission. Families with members who complain of certain diseases usually have a separate room to avoid exposure to the disease because family members are at great risk of transmission (Ramadhan et al., 2020). The smoking habit of children has an effect on health because of the dangerous content contained in cigarettes, which causes health complaints experienced by families to increase (Sartika, 2010).

The higher the Prevalence of Undernourishment (PoU) for all ages, the lower the percentage of households with separate rooms. Family resilience is seen from adequate food and nutrition, family health, and the availability of a permanent place or location to sleep (Puspita et al., 2020). Families whose members experience malnutrition mostly come from low socioeconomic status (Perdana et al., 2020). Families with low economic status have low resilience in all aspects of resilience because of limited access to meet family needs and security, including having a separate bedroom (Herawati et al., 2017).

The higher the percentage of households with sick members (KKF6), the higher the percentage of households with separate rooms (KKF4), and the higher the percentage of households with children aged 5 to 17 years smoking (KKF5). These results are in line with those of Hairunisa and Amalia (2020), who found that when a family member has a particular disease that has the potential to be contagious, the family tends to choose a

separate bedroom to prevent transmission. Family complaints regarding children who smoke cannot be separated from concerns about health conditions because the factors that cause the emergence of respiratory diseases are increasing, namely children who are active smokers or children who have smoked (Dharmayanti et al., 2015).

The higher the percentage of households that own a house (KKE1), the lower the percentage of households that are not poor (KKE2), and the lower the percentage of households with married members who have savings (KKE3). These results are in line with Shahreza and Lindawatie (2021), who state that families who have their place of residence have better financial resilience than families who still rent or live with their parents because the family has better financial resources, so they have an allocation save because basic needs can be met.

The higher the percentage of households that own a house (KKE1), the higher the percentage of households with married working women (KKE6). This finding is in line with Hakim et al. (2014), who stated that working wives are associated with good financial management and high family financial satisfaction; this is because families with dual incomes can manage their finances freely, including planning asset ownership. Furthermore, the higher the percentage of non-poor households (KKE2), the higher the percentage of households with married members with savings (KKE3). Families with high incomes have flexibility in planning and managing their finances; therefore, they have a greater possibility of setting aside money for savings (Brilianti & Lutfi, 2020).

The higher the percentage of non-poor households (KKE2), the lower the percentage of households with children who have dropped out of school (KKE5), and the lower the percentage of households with married women who are working (KKE6). One of the factors that cause children to drop out of school is the family's economic condition, and most children dropping out of school come from the low economic conditions of their parents (Saepuloh & Suherman, 2018). In families with low economic status, wives decide to work because their families' needs are not met if they rely only on their husbands' income, so women choose to work to help their family's economic condition (Tuwu, 2018). Furthermore, the higher the percentage of households with married members who have savings (KKE3), the lower is the percentage of households with children who have dropped out of school (KKE5). Parents' financial situation is one of the reasons many children drop out of school, in addition to their motivation, access to school, and parents' education (Baningsih & Nuranisa, 2020).

The higher the percentage of households with children experiencing physical or psychological violence by their parents (KKSP1), the lower the percentage of households whose members are victims of crime (KKSP2). This finding is not in line with Astri (2014), who stated that children who experience violence from their parents tend to run into the streets and become street children. This makes children very vulnerable to various forms of crime. Kurniasari (2019) also stated that parental neglect and abuse of children have an impact on the child's mental condition and cause trauma, which then results in children being at a high risk of becoming perpetrators of violence.

The higher the percentage of households with children accessing the internet with their parents (KKSB6), the lower the percentage of households with child marriages (KKSB1) and the percentage of households whose members participate in religious activities (KKSB5). Sexual education and Internet use accompanied by parents play a role in preventing child marriage (Yusri et al., 2022). The internet has a negative impact on users if it is not used wisely, one of which is negligence in carrying out religious obligations (Ningsih, 2023).

The higher the percentage of households with permanent hand washing facilities (KKSB2), the higher the percentage of households with members aged over 60 years (KKSB4), and the higher the percentage of households with members accessing the Internet (KKSB6). This finding is in line with Gemini et al. (2022), who stated that families with elderly people usually pay more attention to clean and healthy lifestyles, such as providing clean hand washing and sanitation facilities because families play an important role in the health of the elderly. Hidayati and Handayani (2021) revealed that access to information influences family awareness of healthy living. Furthermore, the higher the percentage of households whose members are involved in social activities (KKSB3), the higher the percentage of households with members aged over 60 years (KKSB4), and the higher the percentage of households whose members participate in religious activities (KKSB5). This finding is in line with Fitriyadewi and Suarya (2016), who found that when individuals enter old age, the average intensity of social interaction is quite high because elderly people no longer work, so they socialize more with their family and the surrounding environment. The social activities that families often carry out are religious activities; the more frequently a family participates in religious activities in the home environment, the higher their social interaction with the surrounding environment (Arsyad & Rama, 2019).

The higher the KLS dimension, the higher the KKSP and KKSB dimensions. This finding is in line with Puspitawati, Herawati, and Sarma (2015), who stated that the dimensions of legality and structure are positively correlated with the dimensions of social psychological resilience and socio-cultural resilience. This shows that when a family has good dimensions of structural legality, the quality of social-psychological resilience and socio-cultural resilience will be better. Furthermore, the dimension of the physical resilience quality (KKF) has a significant positive relationship with the dimensions of the economic resilience quality (KKE) and the socio-cultural resilience quality (KKSB). This finding is in line with the research results of Puspitawati, Herawati, and Sarma (2015) that the dimension of physical resilience is positively correlated with economic resilience and socio-cultural resilience. This shows that when a family is able to meet its physical needs, its economic and socio-cultural needs also improve.

Conclusion and Recommendation

Conclusion

Based on reliability tests on 25 indicators of the family quality index (IKK), Cronbach's alpha value was 0.50, which can be classified as moderately reliable. Based on content validity, the correlation coefficient values obtained ranged from 0.033 to 0.767, with nine questions being significant, while 15 questions were not significant. Based on the Analytical Hierarchy Process (AHP) weighted family quality index (IKK) calculation, the lowest value is 65.16, the highest value is 76.80, and the Indonesian average is 73.43. Seventeen provinces (50.00%) have a higher IKK value than Indonesia, and 17 provinces (50.00%) have a lower IKK value than Indonesia. Based on the dimensions forming the IKK, it is known that the lowest achievement (42.99) is the dimension of the socio-cultural resilience quality (KKSB), while the highest achievement (84.67) is the dimension of the physical resilience quality (KKF). Based on the gender-responsive category, 31 of the 34 provinces in Indonesia show IKK indicator achievement data that are fairly gender responsive (IKK values between 50.00-75.00), and the remaining three provinces are categorized as gender-responsive, including Bali Province,

Jawa Tengah, and Jambi (IKK value above 75.00). The results of correlation tests between indicators and dimensions forming the IKK found many interesting things, including that the higher the percentage of households with health complaints, the higher the PoU (Prevalence of Undermalnourishment) for all ages, the higher the percentage of households with children aged 5 to 17 years who smoke, and the higher the percentage of households with sick members (complaints and health problems). This study was limited to the analysis of BPS secondary data. Therefore, there is a need to test the validity and reliability of the Family Quality Index using primary data assisted by an initial questionnaire that asks representative families throughout the province.

Recommendation

The research implications show potential family problems related to family quality at the provincial level in Indonesia, which can be used as input in preparing action plans to improve family quality at the national, provincial, rural, or urban levels.

Acknowledgment

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