

Management of inclusive data for Merapi volcano eruption risk areas using participatory action research (PAR) with the perspective of women, the elderly, and persons with disabilities

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Abstract. This research, conducted by Plan Indonesia, YAKKUM Emergency Unit (YEU), and the Klaten Association of Disabled People (PPDK), with support from ELRHA, UKAid, the Norwegian Ministry of Foreign Affairs, and Plan International, aimed to foster inclusive research by integrating Views from the Frontline (VFL) guidelines with the Feminist Participatory Action Research (FPAR) method. The study involved women, people with disabilities, including youth and children with disabilities, as well as the elderly. Research participants included people with disabilities, the elderly, health cadres, and elderly cadres, and was conducted from May to December 2023 in the disaster-prone areas of Kemalang and Manisrenggo Districts, Central Java. Data analysis was done through triangulation, utilizing multi-party meetings to verify findings based on various times, places, and participants. The research identified types of threats related to the Merapi volcano eruption and needs based on the Humanitarian Inclusion Standard, focusing on gender, age, and ability. Key recommendations include integrating disaster risk management approaches with community-led action plans, enhancing inclusion, promoting local leadership, and developing a national advocacy strategy to increase community involvement in disaster risk reduction efforts, particularly for women, the elderly, and people with disabilities.

1 Introduction

This paper was developed by Plan Indonesia, YAKKUM Emergency Unit (YEU), Klaten Disability Association (PPDK) with support from Enhancing Learning and Research for Humanitarian Assistance (ELRHA), UKAid, the Norwegian Ministry of Foreign Affairs and Plan International in order to promote inclusive research involving women, people with disabilities, including young people and children with disabilities, and the elderly (Lansia) through the integration of the Views from the Frontline (VFL) guidelines with the Feminist Participatory Action Research (FPAR) method involving the research process by persons with disabilities, the elderly, health cadres, and elderly cadres.

The development of this guideline was carried out during the period from May to December 2023 in Kemalang District and Manisrenggo District which are areas of Disaster Risk Area 3 and Disaster-Prone Area 2. During this development, consultations were carried out involving representatives of the village government, people with disabilities, the elderly, health cadres, elderly cadres, village volunteers, academics and related agencies in the Klaten Regency government such as the Regional Disaster Management Agency (BPBD), the AP3KB Social Service (Women's Empowerment, Child

Protection, Population Control, and Family Planning Service), the Population and Civil Registration Service (Dukcapil), the Ministry of Communication and Information (Kominfo), and the Central Statistics Agency (BPS).

Structural gender inequalities entail that disasters affect women, girls, persons with disabilities, and the elderly in diverse ways than they influence boys, men, and or so-called 'normal people' (givingcompass.org). The vulnerability of women multiplies when they are in a lower socioeconomic group, predominantly in the Global South, in this case risk-area Klaten close to mount Merapi slopes. This vulnerability influences preparedness, evacuation, response, number of deaths and recovery.

The causes for this vulnerability can frequently be tracked to the roles women hold in society and existing gender and cultural standards where they exist. This can comprise the tasks and chores women and girls carry out, the clothing they wear, the way they anticipated to behave, etc. This vulnerability is also part of the intersectional nature of the gendered effect of disasters [1]. For example, women and girls in the disaster-prone area tend to have higher rates of poverty, greater encounters accessing health care, shrinking access to disaster mitigation and preparedness. They often live in women-led households and are more likely to be casualty of the natural disaster.

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Before a natural disaster, women and girls usually have the chief responsibility for caring for a home and the persons in it including children, older family members and people with disabilities. Their caregiving responsibilities may prevent their ability to evacuate. After a disaster, women will likely be accountable for caring for the sick and injured while still maintaining their daily house chores. And if the major breadwinner is killed during the disaster, women often need to search for outside employment and, especially in an international context, girls are pulled from school to take care of the household. In all countries, ferocity against women and girls is a factor post-disaster. Sexual assaults, physical abuses, and human trafficking multiply after a catastrophe. Stress is worsened in crowded shelters or momentary housing which may lead to violent behaviour, including sexual attack.

In cultural communities that require modest clothing, women and girls may find it harder to run away from danger (i.e. running from lava eruption, tsunami, or a collapsed building) because of the barriers their clothing may create. Additionally, modest dress and/or cultural norms may mean females engage in different cultural and recreational activities. This could mean girls may not be taught how to swim or to climb trees. This creates barriers that make it difficult to take care of themselves when trying to volcano eruption or survive flooding. During recovery, women and girls may have to work harder to carry out the functions of daily living for their families. This can include lining up for relief supplies, having to travel farther to access water or cooking in challenging conditions. These activities often happen during the day, limiting the access women and girls have to education or outside employment [2].

The aims of this paper is to develop a guideline to promote inclusive data involving women, girls, people with disabilities, including young people and children with disabilities, and the elderly (Lansia) through the integration of the Views from the Frontline (VFL) guidelines with the Feminist Participatory Action Research (FPAR) method involving the research process by people with disabilities, the elderly, health cadres, and elderly cadres.

2 Methods

Methods being applied in this research are FPAR, GEDSI, DDEI, and VFL. First, FPAR (Feminist Participatory Action Research, herein after abbreviated as FPAR), is a method that is consistent with the values and objectives of PLAN. PLAN uses methods that hold human rights justice objectives to support and advance women's rights movements and enhance women's human rights. FPAR generates novel forms of collaborative associations that are essential to empowering women and consolidating their voices and promoting agency.

FPAR is a political choice (as is all research) that begins with the belief that knowledge, data, and expertise is gendered, constructed to create privileged authority, and that women have expertise that should inform policy decision-making. Our primary goal in developing the

FPAR research paper is to change systems and structures to improve the lives of marginalized women. By 'change' we mean 'structural change' or the change in structures and other systems of marginalization that largely eliminate women's agency and role in disaster response. Participants are not the objects of research but rather the subjects of inquiry who set the agenda, participate in data collection and analysis, and control the use of results, including deciding what actions to take or what direction to take in the future (apwld.org).

Second, GEDSI (Gender, Disability, and Social Inclusion) is also a component that is at the heart of the intersectionality applied in this paper. This GEDSI analysis will help researchers to observe five domains: overview of laws, policies, regulations, and institutional practices; cultural norms and beliefs; gender roles, responsibilities, and time use; access to and control over assets and resources; and patterns of power and decision-making related to the lives of women, older people, people with disabilities, young people, sexual minorities, and those marginalized in disaster events.

Third, Data-Driven Approach to Equity and Inclusion (DDEI). DDEI is the approach and method used in this guide to measure, analyse, and improve diversity, equity, and inclusion in data collection. In a data-driven approach, decisions are made based on data, not intuition. Following a data-driven approach in this paper offers a measurable method. This is because data-driven strategies use real facts and information, and not just instincts in disaster situations. This strategy is a diversity strategy, which is an action-based plan designed to reduce disparities and create a culture of inclusion in research.

Fourth, VFL (Views from the Frontline), is an innovative participatory monitoring method designed to strengthen public accountability in policy implementation in KRB (Disaster-Prone Areas) by reporting on the experiences of the most vulnerable communities for the implementation of disaster risk reduction at the local level [3]. VFL collects various perspectives from communities (women, disabilities, elderly), local governments, and civil society organizations that are most affected by disasters. VFL is a strategy for stakeholders in strengthening community resilience.

3 Results and discussion

Collaboration between communities, disaster-affected people, collectives, universities, policymakers, and others is commonplace in research today [4] and produces important information that can be used to address the social issues affecting those involved. Benefit of using this approach includes ensuring authenticity, impartiality, and shared ownership of the work, as exemplified in this research.

However, there were challenges in conducting and writing this paper. One challenge was providing a platform for community co-researcher—also referred to as co-researchers [5]—to accurately share the data they contributed to the collaborative paper. In other words, they can struggle to critically inform the stories they narrate about the issues they experience are most

important. This paper addresses this by giving pen and paper directly to people (especially women, disabled, and older people) to write about their experiences. The perspectives of marginalized groups (including many of the fellow researchers in this paper) are often devalued, ignored, and marginalized in society and even intentionally by the state. Their voices are routinely silenced and ignored when they try to raise their concerns. [6] discuss how the marginalization of discriminated groups is a control mechanism used to misrepresent public opinion. Another form of silencing is the practice of reproducing hegemonic discourses and positivist views. This is a problem that occurs within academia, as [6] allude to. Burns, Hyde, Killest, [7] have revealed how this silencing also happens within research bodies.

Researchers then choose to conduct Participatory Research, or other derivative forms such as Participatory Action Research (PAR) or participatory organizational research, as one way to lessen the problem of the erasure of fellow researchers' voices [7]. This approach is reiterated when this paper uses PAR and Feminist Participatory Action Research (FPAR) principles in a paper-writing project to address the issue of unheard and unseen voices of fellow researchers (such as those affected by the Central Java volcanic eruption of Mount Merapi).

This paper project was a Community Based Participatory Action Research (CBPAR) project, which included focus groups focused on "what was the disaster response experience?" from women living in the volcanic eruption risk area. The focus groups obtained information about the challenges faced by women due to the eruption. The PLAN team was aware of this issue and ensured that it was emphasized when presenting the paper.

Based on [8] perspectives on some of the potential benefits and challenges of community-government / university / organization co-creation in community-based research. [8] writes about the empowerment aspect of community-based participatory research. He notes how this is a collaborative approach that involves each partner throughout the research process. Also noted is how the research "increases community capacity, broader stakeholder participation in decision-making, and promotes social justice" (p. 1). More specifically, [8] asserts that empowerment through research transpires when all researchers take control of the development of the paper, and also when they gain social influence through confidence in their abilities.

This paper discusses the value of inclusive data relationships by elevating the voices of co-researchers (community members/affected residents) and provides suggestions on how to care about their participation and boost the knowledge they share. In addition, it discusses the various aspects and stages of participatory research. It then provides a detailed explanation of the experiences of women, disabilities, and older people, especially in relation to Sexual and Reproductive Health and Rights (SRHR) (www.unicef.org), monitored by information on the methods and concepts that allow this inclusive data to achieve amplification and authenticity of the voices of co-researchers that are published and broadcast publicly (collaborations.miami.edu). The paper then discovers the

idea of power relations with and how this form of power enables the research team to create a balanced relationship that values each contribution to the process of writing this paper. The paper exposes the voices of affected residents, written by them, by revealing some of the encounters and limitations of their disaster response achievements so far.

This paper is a catalyst for advocacy for inclusive, equitable, and participatory data. It proves how authoritative and optimistic the impact of our voices can be on the weeks we experience. This also confirms that the approach we use in this research supports preserve the stories shared by our co-researchers, the residents affected by the Merapi volcanic eruption.

States that the meaning of power-with is finding ways to share power that permit it to advance and cultivate within a group [9, 10] narrate power-with as a form of power that assists build strength among a group and incorporates mutual interests. Power-with also amplifies individual knowledge and skills. Power-with builds relationships between different groups, which aids them facilitate social change. Advocacy groups, such as PLAN Indonesia, YEU, PPK (Perkumpulan Penyandang Disabilitas Klaten), and other teams, tend to use power-with to construct allies and multiply support for their goals [10, 11] explains that those who use this form of power prioritize commitment and co-creation, value experiential knowledge, and consider that everyone learns from each other. This research was made possible thanks to social interconnection coordinated by, among others, PLAN Indonesia.

One of the principles of FPAR is the validity of all knowledge because everyone teaches and studies from each other and has knowledge to distribute and grow. Power-with indicates participation, another important principle of FPAR. The "with" in power-with emphasizes collaboration and inclusion. Participation allows input from all members of the research team to contribute in a meaningful way. No research can be successful without equal contribution. In doing so, this research paper creates a secure climate with co-researchers to accelerate dialogue. This paper pursues to ensure that co-researchers' concerns and inputs are conveyed in a genuine way. This is primarily to fulfill the primary objectives of this paper, which is to convey the voices of the co-researchers who wrote in this paper without negotiation. Authenticity, novelty, and feminist and inclusive partisanship have been the driving powers behind the writing of this paper.

Research Stage being applied in this research is as follows. First, Research Code of Ethics. The Research Team must receive an explanation and training on PSEAH (Protection from Sexual Abuse and Harassment) at the beginning of the activity stage. The Research Team will sign a statement of agreement on PSEAH during the activity. Components that are part of the code of ethics include: a. Respecting and adapting to local cultural culture, dressing appropriately and politely, smiling, greeting, and greeting in a friendly manner. b. Being tolerant of participants and informants who will carry out their worship. c. Not committing sexual harassment, physical or verbal violence. d. Disciplined and punctual. e. Maintaining privacy/personal matters and the rights of

others. f. Understanding duties, functions, and work procedures. g. Being open to criticism and suggestions. h. Communicating with Plan Indonesia, YEU, and PPDK staff, between members of the Research Team, and participants and informants of the researcher/limited discussion using Indonesian or other appropriate language of instruction. i. Separating personal relationships with participants and informants in terms of job responsibilities. j. Must not influence the opinions and answers of participants and informants. k. Must not falsify data. l. Maintain the confidentiality of participant and informant data and information provided by participants and informants only for the benefit of the RESEARCH TEAM in collaboration with Plan Indonesia, YEU, and PPDK. m. Ensure that the RESEARCH TEAM process is carried out transparently, accountably, efficiently, and effectively. n. Must not do things that are SARA (Ethnicity, Religion, Race, and Inter-Group, namely views or actions based on sentimental thoughts regarding self-identity concerning descent, religion, nationality, or ethnicity and group). o. Not be gender biased or have prejudices against certain genders, ages, and disabilities that result in injustice or gender-based violence. p. Do not intimidate and do not promise anything to participants and informants. q. Be neutral and provide equal treatment to participants and informants, considering their special needs. r. Do not expect any reward or to receive any compensation from participants and informants in any form. s. Implement health protocols to prevent the transmission of COVID-19 or the risk of certain diseases in accordance with announcements or regulations from the government wherever they are

Second, obligations of the Research Team: a. willing to participate in research team briefings and other activities according to the activity schedule in the direction of the research coordinator team. b. Receive capacity building related to PSEAH, Disaster Risk Reduction (DRR), Humanitarian Inclusion Standards and Feminist Participatory Action Research Approach (FPAR) from the research coordinator team. c. Conduct research activities based on the specified targets, namely women and men with disabilities and the elderly, their companions, female heads of families, and/or women who are pregnant, breastfeeding or have children and toddlers and heads of families who have wives who are pregnant, breastfeeding or have children and toddlers in the agreed area. d. Committed to coordinating with the team coordinator, government, and organizers through community companions from supporting institutions. e. Willing to comply with the code of ethics in data collection, signing a statement of having received information and willingness (informed consent), as well as a statement letter to be involved as a research team and committed to following the process in full. f. Able to explain the background, objectives, and description of the survey process to participants and informants.

Third result is Community Socialization and Consultation. Based on the FPAR/PTPF method, all PTPF activities must begin with community socialization and consultation before the research is designed and started. This research requires a series of socialization and consultation with various stakeholders. At this stage,

PTPF will only consult with women, to ensure that there is a discussion on power relations and gender issues that may not be easy to discuss in front of men, so that they can be explored in depth. The objectives of pre-research community socialization and consultation should include: a. Gaining support, collaboration, and ownership of the community/stakeholders. b. Forming a research team with the research community. The selection of the research team is based on a consultation process with the community and village government with the following criteria: 1. Have knowledge of the profile of the research location in this case the village in the research location. 2. Women, the elderly and the disabled who are willing to be involved in the research are strongly encouraged to be involved. 3. Actively involved in community groups, especially women, such as PKK members, elderly or health Posyandu cadres, disability groups, village disaster preparedness volunteers, people with disabilities or their companions, the elderly, from the research location. 4. Having been involved in data collection or surveys will provide added value to the research team. 5. Often involved in activities with the elderly and/or disabled. 6. Can communicate well in the language used at the research location in this case Javanese and Indonesian. 7. Have disaster experience in this context, the eruption of Mount Merapi. c. Have disaster experience in this context that has occurred and experienced themselves while living in the village where the research is located. d. Identify the problems that are the focus of the research project. e. Design research methods, questions, and objectives. f. Develop an advocacy plan for long-term change (sustainable during the research process).

Fourth is Research Process. At this stage, the research team collects data based on the set of questions and activities carried out including: 1. Ensure that the data collection process is in accordance with the research target through coordination and approval with the local Village Government. Management of activities at the research location including official notification to the village, hamlet, RT/RW which is the research location must be carried out before the activity takes place. Including activities to ensure the place and time of the discussion, accommodation needs, and transportation of elderly or disabled participants and their companions, consumption needs and stationery supplies for the discussion, especially considering the needs of women's groups. 2. Preparing additional support needs or assistive devices needed by the research team or informants (people being recorded) in the research area, especially those at risk or not easily accessible for the disabled or elderly, to ensure that all data represents local conditions and nothing is left behind as a manifestation of the VFL spirit. 3. Conducting consultations with target informants based on data collection management through the choice of agreed data collection methods through Focus Group Discussions (FGD) and Interviews. Target Informants are people who know the daily situation, are willing, and able to communicate with the research team. This method is carried out through the following divisions: 4. Checking the documentation of information from the interview/interview process and FGD and ensuring that all processes and information are managed properly and

pay attention to aspects of information confidentiality. Each research team activity consists of a Research Team or interviewer, discussion note taker, and officers for administration and logistics.

Fifth, analysis of research results shows the following. The analysis stage is carried out by triangulating data through multi-party meetings for checking provided by research participants and informants based on time, space, and different people. The analysis components include: 1. Threats in the context of developing this guideline are in accordance with the identification of information on the types of threats known and agreed upon with village stakeholders together with the research team, participation related to disaster risk reduction based on the profiles of researchers and informants from the local location [12]. 2. Identification of needs based on Humanitarian Inclusion Standards associated with data on gender, age, and ability (disability, children and the elderly, especially women). The components of the Humanitarian Inclusion Standard are as follows: Seven Sectors of the Humanitarian Inclusion Standard: 1. Protection Inclusion Standard, 2. Drinking Water and Environmental Sanitation Inclusion Standard, 3. Food Security and Livelihood Inclusion Standard, 4. Nutrition Inclusion Standard, 5. Temporary Shelter, Settlement, and Household Equipment Inclusion Standard, 6. Health Inclusion Standard, 7. Education Inclusion Standard, 3. Accommodate recommended actions to meet needs including the nine key HIS (Humanitarian Inclusion Standards) and other needs for children, youth, elderly and disabled people especially women in Disaster Management.

The results of the analysis show that strengthening community inclusion is a vital factor in data inclusion. In the interviews managed in this research, in communities most at risk of disasters, this data was openly accessible and disaggregated by community, age, gender, disability, and village location. This data is at present being used to update development results and strategy. The FPAR, GEDSI, DDEI and VFL procedures have improved the inclusion and collaboration of communities, local government and civil society groups in decision-making in the KRB. For example, communities have worked with local civil society groups to create community commitment alliances to encourage for and take collective action to decrease disaster risk.

The results also show local community-led action planning (women, older people, and persons with disabilities) is crucial in data inclusion. The development of local action plans in communities means that the basic needs of communities at risks of disaster are now being addressed. To date, local action plans have been changed and realized. These plans address dangers to lives and revenues such as poverty, water insecurity, battle and obstacles to risk reduction such as exclusion of communities by local government. Each plan identifies central activities to be undertaken, by whom and the resources needed. For example, food security in disaster situations. This research is able to inspire the accomplishment of local community-led planning in disaster-prone areas.

Championing community leadership (women, elderly, disabled) had been promoted during the field research. Around the world, Plan Indonesia and its partners are developing a program by nurturing community leadership so that communities at risk of disaster have the resources and strength to make real changes (www.gndr.org). For example, communities have procured the scheme to tackle water shortages in disaster-prone areas. With the support and collaboration of local governments, this research paper will be an intervention in producing local leaders in disaster-prone situations as part of disaster risk mitigation and reduction.

Advocating for national-level participation is also a must agenda to be foreseen to make data inclusion successful. A national advocacy plan can be developed through the research results of this paper, with multi-stakeholder consultations at the country level. These plans can be used to guide national campaigns and initiatives aimed at building systematic community involvement in development plans, decisions, and actions, especially disaster risk reduction. In the Merapi volcanic eruption area, for example, several community organizations have voiced the voices of communities affected by the eruption and have sought to strengthen disaster risk reduction policies through advocacy and dialogue with various stakeholders.

4 Conclusion

This research paper combines multiple perspectives, insights, and methods to strengthen policymaking. This integrated research approach to disaster risk management will bridge the gap between the urgent needs of affected people, science, policymaking, and implementation. Therefore, this paper outlines a series of recommendations for strengthening the capacity of all stakeholders in Disaster Risk Reduction [13].

Understanding disaster risk is a challenge not only for affected people, but for all relevant DRR stakeholders. It requires a comprehensive understanding of the complex interconnections and interdependencies between different hazards, as well as the complex dimensions of vulnerability and exposure – encompassing the root causes and drivers of disaster risk [14]. This paper can help understand disaster risk in a more inclusive way than previous disaster research guides that were only quantitative and exclusive, and often left out the voices of the most vulnerable people in disaster-affected areas [15]. This paper is a step towards investing in disaster risk reduction for community resilience by enhancing disaster preparedness for effective response and in post-disaster recovery, rehabilitation, and reconstruction.

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