



Policy Brief 2

Looking at the Impacts of the COVID-19 Pandemic and Social Restriction Policy Through Indonesian Women's Perspective

INTRODUCTION

To expedite the response to COVID-19, the Indonesian government issued Government Regulation (PP) No. 21 of 2020 on Large Scale Social Restrictions (PSBB). It has become a common knowledge that closure of schools and health care facilities as well as prohibition of religious or non-religious gatherings, which were all intended to curb the transmission of COVID-19, could bring negative impacts on women and girls in the long run. Hence, Komnas Perempuan (The Indonesian National Commission on Violence against Women) undertook a study titled "Managing Steps in Uncertainty: Strengthening Women's Movement in the COVID-19 Pandemic Era" (Komnas Perempuan, 2020h).

This policy brief aims to present the main findings from the study, namely the impacts of the COVID-19 pandemic from women's perspective, which include: (1) access to gender-based social security programs; (2) the right to protection and safety; (3) the risk of double burden, particularly from feminine work assigned to women; (4) violence against women and gender-based violence; (5) access to reproductive health services; (6) the economic impact on job opportunities for women, and; (7) limited online access and information.

ACCESS TO GENDER-BASED SOCIAL SECURITY PROGRAMS

Further evaluation is apparently needed on the impacts of 7 (seven) government social safety net programs, i.e. Conditional Cash Transfer (PKH/*Program Keluarga Harapan*), Cash for Work (PKT/*Padat Karya Tunai*), Direct Cash Assistance (BLT/*Bantuan Langsung Tunai*), Staple Commodities Assistance (*Kartu Sembako*), Competence Development for Job Seekers (*Kartu Prakerja*), electrical power subsidy for selected groups, and special social assistance in DKI Jakarta, Bogor, Depok, Tangerang, and Bekasi (Gugus Tugas Percepatan Penanganan COVID-19, 2020). Although reference has been made to Law No.40/2004 which stipulates that the government must fulfill the basic needs of all people, improvements are still needed, particularly on how the programs can be equally distributed in order to reach vulnerable groups as outlined in **Figure 1**:

Figure 1. Vulnerable target groups in social security programs



Figure 2. Central Government’s Social Safety Net in Responding to the COVID-19 Pandemic



Source: Satuan Tugas COVID-19, 2020 (Gugus Tugas Percepatan Penanganan COVID-19, 2020)

The demand for the seven social security programs as outlined in **Figure 2** had increased during the COVID-19 pandemic. Reports from the Conditional Cash Transfer (PKH) program indicate that the number of beneficiary families had increased from 9.2 million to 10 million (25% increase). The amount of cash received by pregnant women and young children of early childhood age have also increased from Rp2.5 million to Rp3 million per year (Tirto.id, 2020b). According to a World Bank report, around 115 million middle class Indonesians have fallen into the group category of people who are vulnerable to poverty due to the COVID-19 pandemic.

It is suspected that program distribution did not equitably reach the vulnerable target groups, so that the database is less accurate. Moreover, social security program schemes during a pandemic should consider gender and protection for women. This includes making distinction between aid packages intended for women in the general category and women in the elderly category. The general category aid package may include milk to maintain bone health, sanitary napkins, facemasks, liquid hand soap, gloves, disinfectants, vitamins, and flyers containing [health] promotional messages while the elderly category may include milk, diapers, facemasks, liquid hand soap, gloves, disinfectants, vitamins, and flyers (Komnas Perempuan, 2020h, 2020e).

THE RIGHT TO PROTECTION AND SAFETY

Since the pandemic is a public health emergency that presents health security issues for the people and is related to national resilience and state sovereignty, Indonesia mobilizes support from the military in maintaining national resilience in its response to the pandemic. Some of the health promotion measures were legislated, e.g. the social restriction policy that comes with legal sanction and is enforced with the help of the National Police (POLRI). Law No.34/2004 provides the instruction that the Indonesian Military (TNI) shall assume non-military functions in emergency situation such as the COVID-19 pandemic. Both the police and the military supported the implementation of Presidential Instruction (In-pres) No. 6/2020 on Enhancing Discipline and Law Enforcement in Health Protocols for COVID-19 Prevention and Control.

Law No.40/2004 on social security system should also accommodate the provision of **new and additional basic necessities, such as facemasks, soap, and clean water. The right to such new necessities has not been fulfilled.**

The government must give special attention to the fulfillment of right to safety. Lessons from the past show that social and economic deterioration often triggers radicalization. This is particularly due to the emergence of three viewpoints of the extremist groups regarding the COVID-19 pandemic: a) the pandemic as a plague, where the preference is to stay-at-home and support the social restriction policy; b) the pandemic as the sign of the end of times, leading to two polarized attitudes i.e. stay at home, and '*hijrah*' or move to a new location by bringing ammunition or weapons; c) the pandemic as an opportunity to hit the enemy and launch acts of terror. For example, the Zulfikar group targeting Chinese minority group by exploiting the issue of economic envy and the end of time, or the Duhair group exploiting the issue of communism and the end of times (Komnas Perempuan, 2020a).

The Indonesian National Counterterrorism Agency (BNPT) and CSOs have taken preventive measures through deradicalization process of individuals/groups who are vulnerable and exposed to radicalism. In this context, there is an apparent shift in the role of women in acts of terrorism. Deradicalization interventions have always been inclined to focus only on men yet today interventions for women are also needed. Acts of violence against women are part of the threat to the human dignity of Indonesian women who should be able to live in peace and security (Komnas Perempuan, 2020b, 2020h).

RISK OF DOUBLE BURDEN – FEMININE WORK ASSIGNED TO WOMEN

The transformation of homes as a place to work and to study has an effect of increased burden of housework. This particularly applies to women who ought to perform additional roles and obligations namely the feminine work [commonly] assigned to women. Usually this takes the form of increased burden of unpaid care work, particularly among couples with unequal relationship and as a result of health protocols, e.g. more frequent clothes washing or house cleaning (UN Women, 2020). Maintaining health protocol practices is also relied on women because they must introduce such protocols to children and the elderly family members (Fatimah & Asriani, 2020).

The Dynamics of Change Within Households during the COVID-19 Pandemic survey on 1,885 women suggested that employed women have been doing household work for more than three hours even before the pandemic; and the work became harder and longer after the pandemic. This was expressed in majority by women who work full time, i.e. women who take paid work. Another example of increased burden of household work is the sudden, unexpected role to be a teacher for the children at home. The COVID-19 pandemic adds to the physical and mental burdens for women who work full time (Komnas Perempuan, 2020d).

VIOLENCE AGAINST WOMEN AND GENDER-BASED VIOLENCE

Data on violence that occurred on March–May 2020 was obtained by Komnas Perempuan on May 2020 from 64 women’s crisis centres in 27 provinces. The total number of cases reported was 218 cases of violence against girls, 243 cases of gender-based violence in public sphere, 24 cases of gender-based violence as state violence, and 129 cases of online violence. The details are provided as follows (Komnas Perempuan, 2020f, 2020g).

Table 1. Cases of violence against women and gender-based violence, March–May 2020

- **218 cases of violence against girls**, 51% cases of molestation/incest/rape; 24% cases of abuse, and the remaining 25% are a mixture of cases such as trafficking, deprivation of children’s rights, child abduction, abandonment, and children not receiving their rights to take day-off from school;
- **243 cases of gender-based violence in the public sphere**, 45% cases of rape/molestation; 11% sexual exploitation; 15% cases of trafficking in person; 10% cases of abuse, and the remaining 19% of other cases such as forced sexual orientation;
- **24 cases of gender-based violence as state violence¹**, 53% cases of sexual harassment; 33% cases of rape, and 14% cases of incrimination. This includes a case of sexual violence against a 16-year-old girl perpetrated by a military personnel;
- **129 cases of online violence [based on data collected] from SAFENet**, 71% threats, 23% sexual harassment, and 6% of other cases. This can be categorized into four types of gender-based online violence, i.e.: (1) revenge porn (intimate content for revenge), (2) sextortion (distribution of intimate content for extortion), (3) doxing (distribution and sale of personal data), and (4) impersonating (fake account for the purpose of defamation).

The risk factors that are suspected to contribute to acts of violence against women during the pandemic are (a) increased emotional stress, conflicts, and frustrations arising from being space-restricted, leading to higher chance for acts of violence to occur; (b) reduced economic capacity because husbands were terminated from work or because of the lack of social security, causing tensions among the couple; (c) increased burden of housework on women, double role as wife, mother, and teacher for online schooling at home (Komnas Perempuan & Lemhanas RI, 2020).

The availability of health services needed by survivors remains limited despite the fact that the Ministry of Health has issued a Health Service Guide for Victims of Violence against

¹ Gender-based state violence is divided into two: i) violation of the state’s obligation committed by the state through its own action, or where the state is the offender; ii) violation through the state’s omission of their obligation

Women and Children during the COVID-19 Pandemic in 2020. A health personnel must pay attention to the steps in handling cases of violence, such as (Komnas Perempuan, 2020h):

- Make referral for the survivors to obtain health services and *Visum et Repertum* (medical examination) in Non-COVID-19 Referral Hospitals;
- Carefully examine their patients as an early detection of survivors of cases of violence;
- Pay attention to the history of violence before the COVID-19 pandemic, since domestic violence is very likely to be a recurring behaviour;
- Improve coordination with the networks who deal with cases of violence, such as P2TP2A (the Government Centre for Integrated Services for the Empowerment of Women and Children), Local Government Office of Social Affairs, Police Department, and NGOs;

BARRIERS TO OBTAIN ACCESS TO REPRODUCTIVE HEALTH SERVICES

- a. The instruction to postpone optional health check (non-essential services), including reproductive health check;
- b. Limited operational hours for other health services. A study on the impact of the COVID-19 pandemic to family planning and reproductive health in the first cycle of May-June 2020 indicates an average of 50% decrease of visits for reproductive health services in all health facilities (hospitals, community health clinics, private clinics, and independent midwifery practices).
- c. Concerns regarding the risk of transmission of COVID-19 during in-person contact with health personnel. The health personnel working in the frontline in dealing with COVID-19 is mostly women (2,7%) in the health sector compared to men (0,8%) (BPS, 2019a). Thus, women have a higher risk of exposure [to COVID-19] as health personnel and as health service user (Ministry of Health, 2017).

Without access to essential health care and treatment, there is potential risk of more severe sexual and reproductive health problems to occur in the long run.

Impact on family planning program and essential medicines for reproductive health.

Complaints regarding scarcity of contraceptives and essential medicines were raised by health personnel in independent practice (48%); private clinics (40%), and community health centres (13%). Among reproductive age couples, the prevalence of modern contraceptive use decreased from 63.7% (before March 2020) to 59.6% after the pandemic. In contrast, traditional contraceptive use increased from 4.5% to 5.2% after the pandemic (BKKBN, 2020b). This has an impact on the increase of unmet need for women of reproductive age who are sexually active and do not want to become pregnant, as well as increase in unplanned pregnancy resulting from the use of ineffective traditional contraceptive (Komnas Perempuan, 2020c).

A study by Aliansi Satu Visi (August-October 2020) found that 6.75% adolescents aged 18-24 years old who are not married have had sexual intercourse; where 44% used no contraceptives, 51% used condoms, and only 5% used birth control pills (Aliansi Satu Visi, 2020). Work from home arrangement increases the intensity of young couples of childbearing age spending time together so as to increase the risk of unplanned pregnancy. Even though women may not feel comfortable with the potential of them becoming pregnant [due to] lack of protection from contraceptives, unequal power relations in the household often lead to sexual intercourse with no contraceptives. Data from the 2017 SDKI (the Indonesian Demographic and Health Survey) suggested low prevalence of condom use among men (1.36%) and even lower among men who have had vasectomy (0.36%) (World Bank, 2020). This condition surely caused the unmet needs for reproductive health services among women (Chairani I, 2020). The Indonesian National Population and Family Planning Agency (BKKBN) has predicted that there will be additional 370,000-500,000 births in early 2021 (BKKBN, 2020a).

Impact on child marriage. The COVID-19 pandemic also contributed to an increase in child marriages. When schools went online and access to internet is not evenly distributed among Indonesians, children lose their opportunity to learn. This becomes the reason for parents to marry off their young daughters. In West Nusa Tenggara, it was reported that around 500 child marriages took place during the COVID-19 pandemic. From January to June 2020, the Indonesian Religious Courts received around 34,000 applications for marriage dispensation for children younger than 19 years old (BBC News Indonesia, 2020). Child marriages bring many negative impacts, risk of death during childbirth, loss of access to education, and possibility of domestic violence.

ECONOMIC IMPACT – JOB OPPORTUNITIES FOR WOMEN WERE SHUT

Disruption of economic activities due to social restriction policy has reduced the opportunity for women to look for work to earn income. Meanwhile, school and day-care closures resulted in additional unpaid care work for women at home (Hupkau & Petrongolo, 2020). As a result of the pandemic, women have fewer opportunities to get equal access and benefits from employment opportunities and economic development.

Prior to the pandemic, the biggest proportion (61,8%) of workers in the trade and manufacturing industry is women with low level of education (Smeru Institute, 2020),(BPS, 2019b). Women mostly work in the informal sector so that they are neither protected nor exposed to social assistance and health assistance.

- Economic changes from Q42019 to Q12020 show a decline in employment in the education sector (-10.39%) and government administration (-8.54%), which mostly consist of female workers (BPS, 2020a). These sectors employ more women, i.e. 7,95% in the education sector and 2.84% in government administration. Meanwhile the

proportion of male workers in the same sectors is less than 4% (BPS, 2019a).

- Data from the Ministry of Manpower (27 May 2020) indicates that 1.79 million workers were furloughed or laid off due to the pandemic. In addition, around 34,179 prospective migrant workers could not go abroad (Tirto.id, 2020a). This increases the number of unemployment by 5.23 million as the pandemic continues (CNBC Indonesia, 2020).
- A study by SMERU in February 2020 estimates an increase in the number of open unemployment in Indonesia, from 4.9% to 6.1% - 6.6% in March 2020 (Smeru Institute, 2020).

LIMITED ONLINE ACCESS AND INFORMATION

Data from the 2020 SUSENAS (national socio-economic household survey) shows that access to the internet among men is higher (56.7%) than women (50.8%) (BPS, 2020b). Gender inequality in the digital world, such as barriers to access, affordability, level of education, and biases in social norms have constrained women to benefit from digital transformation. There has been no concrete effort to address this gap. [the unequal] access to the internet also hindered access to online services for women who wish to file a report on violence (Komnas Perempuan, 2020h). Access to digital technology should be regarded as a human right regardless of gender. Therefore, women will not be sidelined in the access to information during the pandemic (Komnas Perempuan, 2021).

CONCLUSION

Social restriction policy to control the spread of COVID-19 eventually causes heavier social and economic consequences, lower job opportunities, and increased risk of termination from work for women. Transition to online mechanisms also presents a barrier for women who have limited access to the internet. Various policies, programs, and schemes have been developed by the government, such as social security programs and protection for security, including protection from violence against women. The social security programs provide important buffer to reduce the impacts of the pandemic for women and marginalized groups. Double burden and violence have been an issue even before the pandemic, yet they become more prominent during the pandemic despite the difficulties to document them since the social restriction policy makes it difficult for women to obtain support (reproductive health services such as antenatal care, childbirth, and services on mental/emotional disorders, as well as routine check of non-communicable diseases) because the health system was prioritized on COVID-19.

POLICY RECOMMENDATIONS

Short term

- a. **Protection and services for survivors of violence** – safety net should be established to address various shocks caused by the pandemic on women, children, and vulnerable/marginalized groups, including also to reduce the double burden faced by women. Collaboration with women’s crisis centres, both government and private (community-based) [should be established] with support from government budget for crisis centre of both types.
- b. **Economic access** – special schemes to be created under the social security programs particularly targeting women and vulnerable/marginalized groups; this is to include victims of violence, people who are terminated from work, or the elderly, *diffable*/people with disabilities, transwomen, etc.
- c. **The right to reproductive health** – increase the availability (free distribution) of contraceptives, such as injection and IUD insertion through private midwifery practice, private clinics, and mobile community health centres. Basic education on biology, menstrual cycle, and pregnancy should be disseminated in schools or through various media and by faith-based leaders/institutions.

Medium and long term

- a. **Access to technology and information** – enhance digital literacy (free training courses) for women and vulnerable/marginalized groups, along with expanded access to digital technology infrastructure (internet, wi-fi).
- b. **Social security** – to be distinguished between donation and training courses on how to find jobs or how to run online business, in which the contents include topics on management principles and steps to manage business risks – for women head of family, working women, women in the informal sector, and women survivors, to be provided in an integrated manner (with massive outreach).
- c. **Commitment of the state to fulfill the needs of youth for knowledge** – education on gender equality, combating sexual harassment, child marriage, increasing self-confidence, and decision-making skill, through school curriculum or in partnership with NGOs/faith-based institutions at the local level.
- d. **Community engagement** – engaging the community to monitor and evaluate government programs to ensure quality and accountability (good governance).

Click the following link to see the list of women’s crisis centres for victims of violence in Indonesia: <https://komnasperempuan.go.id/mitra-komnas-perempuan/pengada-layanan>

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