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BUILDING BACK BETTER FOR WOMEN AND GIRLS IN INDONESIA:

UNLOCKING OPPORTUNITIES FOR GENDER EQUALITY IN THE POST-COVID-19 RECOVERY AGENDA

INTRODUCTION

Indonesia has been one of the countries most affected by COVID-19 in Southeast Asia,¹ compounding existing crises, in particular recurrent climate shocks. The pandemic also amplified gendered risks and vulnerabilities, reflecting longstanding gender gaps that remain in Indonesia and the well-acknowledged disproportionate impacts of emergencies on women and girls.²

COVID-19 generated strong action from the Government of Indonesia in responding to the public health emergency and in mitigating the social and economic effects of the pandemic on families, children, and the economy. However, the measures put in place have some limitations to tackle the specific challenges faced by women and girls and aggravated by several overlapping factors.



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In 2022, the Government of Indonesia showed global leadership on advancing gender equality and women's empowerment agenda by hosting the G20 Summit under the theme "Recover Together, Recover Stronger". It acknowledged how the pandemic has hit women and girls harder, and the need to centre post-COVID-19 recovery plans on gender equality and closing the gender gap.³

Against this backdrop, this Policy Brief seeks to provide the Government of Indonesia, civil society organisations and UN agencies with a framework for action that builds on the lessons learned and the opportunities that the pandemic has generated to advance gender equality and women and girls' empowerment in Indonesia. Its content draws on data and findings from UNICEF's Gender Analysis⁴ produced in response to COVID-19.5 It also incorporates the feedback and views of eight women's organisations we consulted as part of the development of this publication, shining the light on the unique experiences and contributions of women and girls during the pandemic.

COVID-19 DEEPENED INTERLOCKING CRISES FOR **WOMEN AND GIRLS**

The gendered impacts of COVID-19 on women and girls did not happen in a vacuum. In Indonesia, the indirect impacts of the pandemic have deepened interlocking crises for women and girls. They include economic insecurity and gender-based violence which are compounded by systemic, cultural and attitudinal gender barriers, and heightened by intersecting factors, such as households' demographics and socio-economic backgrounds.

1. Women are "essential workers" but the "missing middle"

COVID-19 has severely impacted the informal sector that hosts a large majority of women in employment,6 including through ownership of micro- and small businesses (MSBs). Informal employment is characterised by lower and irregular income and no employment benefits or security. The pandemic has therefore affected women's financial precarity and livelihoods due to job and income losses. Female (mostly single) headed households (FHHs), who were more likely to live in poverty before the pandemic and had no safety nets, have been more impacted.

The government's primary response to mitigate the economic impacts of COVID-19 has been the expansion of social assistance schemes beyond

its traditional "poverty" targeting system, to increase financial support for MSBs and middle-income families.

However, initial aid packages did not provide for women specifically. It was only six months into the pandemic that the government announced a new round of social assistance for women, such as stimulus packages for MSBs run by women and aid for female breadwinners. 10

Although women could benefit from the stimulus programmes put in place by the government, they faced gender specific constraints, making them less likely to benefit from them, such as lack of access to the internet or insufficient digital skills. 11 There have also been challenges in ensuring that financial assistance and other support reach those who need them the most, especially FHHs, 12 including at village level. 13



"Incomes did go down during the pandemic impacting families' livelihoods. There is a big chance that children will be impacted health wise as a result, for example by increasing stunting." (Consultation participant)



82 per cent of women were engaged in informal work before COVID-19, compared to 74 per cent of men in employment.⁷



In 2020, 63 per cent of men in informal employment did not get unemployment benefits or other forms of government support compared to 80 per cent of women.⁸



In 2019, women earned around 23 per cent less than men and were more than three times more likely to be unpaid/contributing family workers than men.



In 2020, only 20 per cent of all impact investments went to women led MSBs.⁹

One significant gap of the social protection expansion efforts, prior to, and during COVID-19, has been the lack of recognition and efforts to address the burden of unpaid care work, one of the key drivers of persisting gender gaps in labour outcomes such as labour force participation, wages and job quality, and access to social insurance for employment.

The Indonesian government started investing in care infrastructure and programmes before COVID-19, for example through the National Program for Community Empowerment (PNPM) which aims to improve access to childcare. However, the pandemic has shown the shortfalls of existing arrangements. In addition, no pension or allowance was available for carers despite women and girls of all ages who were, expected to care for children¹⁴ as well as older family members or those with a disability.

The pandemic has had a "push and pull factor" on women's employment. Women have either been forced out of the labour workforce due to key informal sectors such as hospitality shutting down, or they continued or become one of the main or sole breadwinner of the family to mitigate households' income or livelihoods losses. In both situations, women have had to shoulder increased unpaid care (including the burden of distance learning) as families stayed home and the redistribution of unpaid care work did not take place. However, measures to support increased unpaid work were not introduced.

This status quo on unpaid care work in the household has been compounded by traditional gender norms about the role of women in unpaid care work. In fact, the intrinsic feminisation of care work and traditional gender norms prior to COVID-19 was reflected in the country's policies and programmes. For example, social protection schemes target women in their traditional role as "mothers" and "female carers" and help meet families' needs, but do not support change in household gender relations across ages.

4

Watch this video:

"How UNICEF Indonesia supports families who lost one or both heads of household during the COVID-19 pandemic, while advocating for change that challenges gender norms around parenthood and caregiving."

Social and familial discrimination faced by men in participating within the family, specifically in decision-making around childcare, failed to shift during the pandemic. In 2021, UNICEF and the Ministry of Women Empowerment and Child Protection identified 11,653 children who were suddenly cared for by their father as primary caregiver. Men who lost their wives to COVID-19 faced unique challenges, as they took on the role of caregiving, a role originally taken on by mothers, and were faced with deep-rooted gender norms in their communities.



"There is a lack of integrated programmes including for unpaid care with the government's priority initiatives such as the stunting and Child-Friendly City programmes." (Consultation participant)



FHHs with elderly or family members with disabilities continue to perform more unpaid care work than men, especially in rural areas.¹⁶



Women and girls in the lowest welfare quintile face the largest disparity in participation in housework compared to men (2.1 times more than men).



The age group with the highest proportion of women engaged in housework was aged 35-39 years, with 93 per cent having reported doing housework in 2019 and 2021 compared to 43 per cent of men of the same age group.



Indonesian women have experienced greater loss in income from family businesses and an intensification of their unpaid care work burdens relative to men, with 61 per cent reporting more time spent on care for others in 2020, compared to 48 per cent among men.



In 2022, an estimated 40 per cent of Indonesian women left the workforce because of marriage and childcare and moved to unpaid care workers.¹⁷

Despite Indonesia's unprecedented action towards strengthening its social protection system during the pandemic, women have remained the "missing middle". However, there are positive signs that the government is looking to step up its actions towards a more gender-responsive social protection agenda. It is for example looking at options to increase women in the informal sector's access to the country's employment insurance scheme for informal workers. In addition, and most notably, in April 2023, the government, led by the Ministry of Women Empowerment and Child Protection, announced the development a roadmap on the care economy to be developed with partners.¹⁸



"To challenge the status quo on the roles of women and men at home, we need to transform basic assumptions but we lack a space for discussion and dialogue between men and women where no one is pointing the finger."

(Consultation participant)

Too much to bear: Women and Girls' Mental Health Crisis

The pandemic has had a particular mental toll on women (including older women) and girls due to higher workloads, increased domestic chores and care responsibilities, helping with school work - due to all family members being home as well as economic stress and insecurity. Young women have also been one of the groups most at-risk of anxiety, 1920 including due to social isolation, missing their friends, and added stress of distance learning. Physical and verbal abuse and violence against women and girls at home skyrocketed worsening psychological distress or mental disorders.²¹

- Before the pandemic women were more likely to have poor mental health than men.²²
- In 2020, 57 per cent of women experienced increased stress anxiety since the start of COVID-19 versus 48 per cent of men.²³
- In 2021, 19.7 per cent of female household heads were feeling unhappier, more stressed, or more depressed, compared with 16.8 per cent of male household heads.²⁴

The pandemic disrupted already limited and poorly resourced mental health services.²⁵ A shift to telemedicine, not covered under national health insurance, and inaccessible to those digitally illiterate or without access to the internet, and the lack of specific services to support women's additional burden at home, have left the most disadvantaged and at-risk women and girls without any assistance to help them cope with the mental health effects of COVID-19. It is however worth noting that there is very little data on the consequences of the pandemic on boys who prior to COVID-19, were more likely to be out of school than girls to engage in work

2. Vulnerable children's learning has been severely impacted by COVID-19 and increased households' negative coping strategies

During the pandemic, both boys and girls have seen their access to education hindered by economic hardship, lack of access to online classes,²⁶ especially in rural and remote areas,²⁷ challenges in remaining engaged in distance learning, and inadequate support from parents.

While boys were three times more likely to be out of school during COVID-19 due to working compared to girls, child marriage and increased unpaid work have severely and disproportionately impacted girls' access to learning and economic participation. Girls, particularly those from rural areas and from lower economic backgrounds, were 10 times more likely than boys to have dropped out of school due to child marriage. This has exacerbated adolescent girls' lack of opportunities and options to access (decent) employment later in life, further compounding their lower participation in the labour market.

The pandemic has also amplified existing challenges faced by children and adolescents with disabilities in accessing learning. They include lack of appropriate online tools and learning materials and assistive technology only available at school.³¹ Children with disabilities tend to have far fewer ICT skills than their peers without disabilities, which made their access to online learning more difficult than children without disabilities.³²

A positive trend towards the narrowing of the disability gap in education was noted in 2021. However, during the pandemic, children with disabilities still faced three times higher the risk of dropping out compared to their counterparts with no disability, and were more likely to never return when schools gradually reopened from September 2021.33 COVID-19 also led to an increase in children with disabilities participating more in housework and engaging in work, especially children in rural areas and in the lower quintile groups. By 2021, 5.2 per cent of children with disabilities were working, compared to 4.2 per cent for children without disabilities. They were also more likely to engage in child labour.



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3. Women and girls have been disproportionately impacted by an increase in multiple forms of gender-based violence, including child marriage

The number of GBV cases reported increased by a staggering 792 per cent between 2008 and 2019,⁴¹ pointing to the pervasive nature of GBV prior to COVID-19. The policy and legal environment, as well as gender norms, have perpetuated a culture of under-reporting and impunity, with GBV considered to be a "private matter" to be dealt with at home and in the community.⁴²

The pandemic has provided a strong example of the link between crises – including public health emergencies and climate shocks – and surges in GBV. COVID-19 related economic hardship, increased financial insecurity and stress, school closure, unemployment, lockdown measures and the closure of prevention and response services created the perfect storm for a severe increase in violence against women and girls at home. The government reacted quickly and implemented measures to protect women, adolescents, and children. For example, it introduced a new national protocol for handling sexual and gender-based violence (SGBV). It also adapted protection services, such as modified outreach services for victims of GBV, child abuse hotlines, information campaigns, and volunteer- led village level monitoring. Yet, GBV cases spiked during COVID-19. Incidence of intimate partner violence, domestic violence and online GBV were the most prevalent forms of GBV reported during 2020.⁴³ GBV also increased by 50 per cent between 2020 and 2021,⁴⁴ reflecting insufficient action to tackle a deeply rooted societal problem.

Disconnected: The Gender Digital Divide

The number of Indonesians with access to the internet rapidly increased from 64 per cent in 2018 to 74 per cent in 2022.³⁴ However, the digital gender divide persists, with women significantly less likely to have access to devices, use the internet and to be digitally literate.³⁵ In 2022, less than 38 per cent of rural women in Indonesia used the internet.³⁶ Girls from marginalised also tend to have lower levels of digital access, including mobile and smart phones.³⁷

Gender norms and lower income influence the use of smartphones and the control of the internet by male family members,³⁸ with gender role expectations being inculcated from childhood,³⁹ and impacting employment choices later in life.

The digital gender divide also impacted women's access to services during COVID-19. While the pandemic has accelerated digitalisation technology, especially the provision of critical services online, it has created new barriers for women and girls to access essential education, healthcare, and protection online platforms. The proportion of family planning services decreased from 64 per cent to 61 per cent between 2020 and 2021, and the government estimates that there were more than 800,000 unintended pregnancies in Indonesia in the first quarter of 2020 alone due to lack of access to sexual and reproductive health interventions (and increased GBV).⁴⁰

COVID-19 also increased the risk of girls getting married young, which in turn, has multi-layered consequences on their socio-economic empowerment. While ending child marriage has been a policy priority for the Government, which has raised the legal age for marriage from 16 to 19 years old, progress has been slow, including due to lack of public awareness raising campaigns on the new changes at the district and village levels. In rural areas, girls are three times more likely to marry before age 18 compared to girls in urban areas. In 2020, the government also launched its National Strategy on the Prevention of Child Marriage. Yet, lack of adequate gender-responsive social assistance and support to girls most at risk during COVID-19 contributed to a significant increase in the number of cases where parents sought a dispensation to marry their children under the legal age which was raised to 19 for girls in September 2019 under Indonesia's Marriage Law.

97 per cent of the 34,413 applications for marriage dispensation submitted between January and June 2020 were granted. 60 per cent of them concerned children under 18 years old. 46



Watch this video:

"How UNICEF Indonesia continues to support women and children as they recover and build back from the COVID-19 pandemic, while advocating for a stronger child and gender-responsive social protection system."



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The Tip of the leeberg? Filling the Sex and Gender Data Gap



Data is very important. If the data is not targeted, the programme will not be spot on and people won't feel the impact (Consultation participant)

Like many countries, Indonesia has struggled to monitor and respond to the gendered impacts of COVID-19 due to the existing lack of sex and gender disaggregated information in the country which has hindered the government's gender equality and women's empowerment policy agenda.⁴⁷ During COVID-19, it has made it very difficult, if not impossible, to monitor the gender equality and empowerment outcomes of policies and programmes introduced or strengthened during COVID-19. It also translated into insufficient gender-responsive measures⁴⁸ and challenges in timely and accurately identifying the most vulnerable women and children. Poor coordination across ministries has also compounded the gap in gender disaggregated data collection, that goes beyond sex, to account for intersecting factors of vulnerabilities and inequalities.

UNLOCKING OPPORTUNITIES TO PUT GENDER EQUALITY AND WOMEN AND GIRLS' EMPOWERMENT AT THE CENTRE OF INDONESIA'S POST-COVID-19 AGENDA

Women and girls are the invisible leaders of emergencies in Indonesia including climate shocks and public emergencies such as COVID-19, making essential contributions to the country's responses. During the pandemic, they have led prevention and management efforts of COVID-19; they have been the backbone of household and local economies by adapting or setting up small businesses to earn an income; they have performed unpaid care work including supporting home learning. Yet, they remain largely absent from decision making processes, including at the village level where women's organisations lead innovative initiatives to drive women and girls' leadership and socio-economic empowerment.

The post-COVID-19 recovery agenda is a pivotal moment that must be used to reverse pre-existing inequalities, using emerging changes in gender norms, roles and responsibilities, and leverage opportunities such as innovations and investments, to tackle persistent gender gaps that hinder women and girls' empowerment, and accelerate gender equality. Indonesia's renewed commitment on gender



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equality and women's empowerment must translate into women and girls' participation, leadership and decision-making in the development and delivery of gender-responsive policies and programming that address women and girls' interlocking crises. Women's organisations who work with women and girls and other vulnerable groups provide a critical pathway to ensure that the specific needs and priorities of women, girls, children and other vulnerable groups are included in programmes, policies, and budget allocation at all levels.

The following action areas must be prioritised and include the meaningful participation and leadership of women and adolescent girls and a cross-sectoral and multi-constituency approach (government, civil society, private sector, UN agencies etc).



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Action Area 1: Design and implement gender-responsive social protection systems

The government's unprecedented expansion of social protection during the pandemic must be a catalyst for reforms that specifically address gender-specific risks and vulnerabilities across women and girls' lifecycle alongside intersecting factors of inequalities. A gender-responsive social protection framework must reflect the lived experiences of women and girls in their diversities. It must also promote and value reshaped gender norms and be implemented at all levels, starting with villages. Priority interventions should include:

- Providing benefits and social assistance to the most vulnerable and disadvantaged groups including
 women and girls, including FHHs, women and girls with disabilities, older women. Interventions to
 include the meaningful participation of vulnerable and disadvantaged groups, including women and
 girls, in the decision-making process and the identification of specific gender barriers which may
 prevent women from accessing social protection benefits.
- Strengthening the mandatory social insurance system to expand coverage of informal economy workers, especially women, and unpaid care workers.
- Challenging the unequal distribution of care work and traditional gender roles and expectations
 by ensuring that social assistance schemes go beyond targeting women in their traditional role as
 mothers to include women and girls' socio-economic empowerment across employment, health,
 protection and education as key outcomes.
- Increasing cross-sectoral synergies through integrated and government's flagship programmes
 to enhance gender equality and empowerment outcomes that benefit women, adolescent girls,
 children and families.
- Ensuring gender responsive social protection is included in the redrafting of the Presidential decree.

Action Area 2: Harness COVID-19 related digital innovations and technology to increase women and girls' access to essential services, learning and work

The pandemic has accelerated digitalisation which was key in mitigating the socio-economic disruptions of COVID-19. But not everyone benefited, with women and girls less likely to be able to be digital literate and to access the internet and online platforms. Digital technology has the potential to generate decent employment and learning opportunities for women and girls, as well as for men and boys. However it also increases women, girls and children's risks of online sexual exploitation and abuse. Priority interventions should include:

- Investing in digital literacy and skills for women and girls and supporting their access to digital technologies.
- Targeting women and girls in rural areas, women and girls with disabilities, other vulnerable groups for increased access to digital devices and /or internet and promoting positive gender norms on technology, including girls' access to Science, Technology, Engineering, and Mathematics (STEM) education and careers.
- Leveraging digital financing technologies and engaging with financial service providers to increase
 women's financial inclusion based on women's needs and priorities and the specific and intersecting
 challenges they face.
- Promoting awareness of online safety including access to reporting and protection services for women, girls, and children.

Action Area 3: Invest in under-resourced and undervalued sectors

Under-investment and lack of prioritisation of several sectors have considerably amplified the indirect impacts of COVID-19 on women and girls. Building on the lessons from the pandemic, and as part of a gender-responsive framework, priority interventions should include:

- Recognising and investing in unpaid care and the care economy to foster women and girls'
 economic empowerment and improve outcomes for children, including through rewarding and
 advancing women health workers, early childhood education teachers and childcare workers
 (e.g. training, higher salaries); fostering the redistribution of unpaid care work, introducing parent
 friendly policies and legislation (e.g. universal childcare, statutory parental leave, child benefits), and
 increasing the availability and quality of early childhood education and childcare services.
- Investing in the longer-term effects of COVID-19 on mental health by increasing funding, providing
 increased access to population groups most at risk of being affected through strengthening health
 policies, systems, and services, and addressing stigma by promoting better understanding of
 mental health.
- Expanding non-formal education and/or technical, vocational education and training pathways for out-of-school adolescent girls and developing strategies for out of school children and adolescents.

Action Area 4: Align gender equality commitments and legislation

An enabling legal and policy environment is critical to deliver on Indonesia's gender equality and women and girls' empowerment. The passing of the long-awaited 2022 Sexual Violence Crime Law in the early aftermath of the pandemic, and of Regulation 30/2021 on the Prevention and Handling of Sexual Violence in Higher Education to prevent sexual violence in universities are significant milestones for women and girls. In addition to the policies highlighted above, priority interventions should include:

- Resourcing the implementation of the Sexual Violence Crime Law at all levels alongside increased measures towards shifting harmful gender and social norms
- Fully implementing the revised Marriage Law, introducing a set of strict standards on granting
 dispensation request to tackle the social gender norms, and promoting the public and authorities'
 awareness and understanding of the changes at all levels.
- Adoption and implementation of the National Strategy on the Elimination of Child Marriage and the National Strategy on the Prevention of Violence against Children through the development of provincial and districts' action plan with sufficient allocation of resources.
- Introducing legislation that prohibits employment discrimination against women such as unequal pay.

Action Area 5: Fill the sex data gap

Lack of collection and availability of sex-disaggregated data during COVID-19 has made it challenging to have a clear picture of the specific needs of women and girls and other vulnerable and disadvantaged groups. The sex data gap is not confined to the pandemic response and must be addressed to better respond to the effects of future and overlapping emergencies on the most at risk. Better data will unlock better outcomes for women and girls in their diversities. Priority interventions should include:

- Expanding the collection and use of comprehensive sex-disaggregated data using innovations on the remote collection of data and new tools such as data dashboards.
- Strengthening data collection systems with a focus on collection of disaggregated data on sex and other factors of vulnerabilities.
- Investing in research and data collection on the impacts of the most disadvantaged children and young people, including boys and children with disabilities.

UNICEF Indonesia is grateful for the support received from key partners, including the Government of Canada.



Watch this video:



"How UNICEF Indonesia supports young women and girls to return to learning as the COVID-19 pandemic subsides. Providing equal opportunities and access to education for young women and girls empowers them to reach their full potential and leads to better futures for girls and their communities."

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