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Gender Equality, Disability and Social Inclusion in Practice

Research and Advocacy Experience of Knowledge Sector Initiative Partners

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Knowledge Sector Initiative

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Foreword

The Knowledge Sector Initiative (KSI) is a partnership program between the governments of Indonesia and Australia to strengthen evidence-based policymaking for inclusive and sustainable development. During the implementation of the knowledge-to-policy program or the knowledge-to-policy process in Indonesia, KSI recognized and amplified research and advocacy practices on gender equality, disability and social inclusion (Gender Equality, Disability and Social Inclusion – GEDSI) by non-governmental organisations, public research organisations and universities.

GEDSI is a crucial part of KSI's work, as more inclusive public policies are essential if Indonesia is to achieve its poverty reduction targets and achieve sustainable economic growth. KSI's strategy to mainstream GEDSI perspectives in policymaking is to engage KSI partners and stakeholders to integrate principles and practices that promote GEDSI in research and policy dialogue. Through such partnerships, KSI supports its partners to mainstream GEDSI perspectives and produce GEDSI-sensitive policy recommendations.

During the second phase of the program, KSI and its partners produced 46 inclusive knowledge products that emphasise the importance of building quality of life for all. This is a way of mainstreaming GEDSI to strengthen economic transformation and development that is sustainable, fair, equitable and on target.

This book contains a collection experiences from KSI partners in applying GEDSI perspectives in their research and policy advocacy. The experiences collected in this book are diverse and include research and advocacy on victims of violence, persons with disabilities, migrant workers, young farmers, women in rural and remote areas and victims of child marriage.

This book was produced through a long collaborative writing process that involved KSI partners, including research institutions, universities and civil society organisations, as well as partners from other DFAT programs such as the Australia-Indonesia Partnership for Justice Phase II (AIPJ2), Abdul Latif Jameel Poverty Action Lab Southeast Asia (J-PAL SEA), Australia-Indonesia Partnership for Gender Equality and Women's empowerment (MAMPU), and Indonesia Australia Partnership for Infrastructure (KIAT). The authors also come from diverse backgrounds: facilitators and program assistants in the field, researchers, lecturers and professors.

Despite the diversity, all of these themes have a common objective, namely, how to pursue research and advocacy that is more sensitive to gender equality, disability inclusion and social inclusion of marginalised groups to encourage more open and inclusive policies. KSI hopes this book can serve as a learning resource and knowledge reference for the public and policymakers who want to explore the topics of women's empowerment, disability inclusion, and strengthening marginalised groups.

Finally, we express our deep appreciation and gratitude to all who have contributed and assisted in the preparation of this book. We hope this book – *Gender Equality, Disability and Social Inclusion in Practice: Research and Advocacy Experiences of Knowledge Sector Initiative Partners* – will accelerate the accelerate the application of gender equality, disability inclusion and social inclusion perspectives in Indonesian policymaking.

Jana Hertz
Knowledge Sector Initiative Team Leader

Opening remarks

The COVID-19 pandemic has had a significant negative impact on the economic progress and human development of many countries, including both Indonesia and Australia. Women, girls, persons with disabilities and other marginalised groups are among those most affected by the economic and social impacts that have arisen because of the pandemic. As signatory countries of the *1979 Convention on the Elimination of All Forms of Discrimination against Women,* the *1990 Convention on the Rights of Child,* and the *2006 Convention on the Rights of Persons with Disabilities,* both Australia and Indonesia are committed to continue their efforts to minimise the socio-economic impacts of the crisis on these vulnerable groups.

The Australian Government, as a development partner of Indonesia, has a strong commitment to the mainstreaming of Gender Equality, Disability and Social Inclusion (GEDSI) issues across its entire development partnership, including in the knowledge sector. The mainstreaming of GEDSI occurs throughout the program cycle, including program development, implementation, and monitoring and evaluation.

In the last decade, the Australian Government and the Government of Indonesia have collaborated on delivery of the Knowledge Sector Initiative (KSI) which is aimed at supporting Indonesian policymakers in developing more effective and inclusive development policies through better use of research, data and analysis. During the pandemic, the data and research results produced by government and non-government institutions, including those supported through KSI, have helped the Indonesian government and its partners respond to the economic and social challenges that have emerged. The role of researchers and research institutions is becoming more important in ensuring the availability of quality research, including research that effectively considers GEDSI-related challenges and opportunities.

This book was written at a time when researchers in Indonesia are increasingly adopting a GEDSI perspective in their research. The tips on mainstreaming GEDSI perspectives described in the first part of this book will be useful not only to researchers, but also for government officials, civil society organisations, development practitioners, and other stakeholders involved in research to understand the context and diversity of GEDSI issues in Indonesia. The second part of this book provides an overview of key findings emerging from recent research that has been enriched by mainstreaming GEDSI as well as of advocacy activities that have been supported by GEDSI-sensitive data and research. This section is a reminder that research on GEDSI-related issues can play an important role in informing ongoing government and non-government efforts to promote the rights of women, girls, persons with disabilities and other marginalised groups.

Through KSI, the Australian Government is pleased to have supported the publication of this book at such an opportune time. I hope that this book will contribute positively to the ongoing process of developing inclusive and equitable public policies and programs in Indonesia. My gratitude and appreciation go to all parties who have contributed to this publication, especially to the KSI team, authors and partner institutions involved.

Happy reading!

Kirsten Bishop
Minister Counsellor of the Governance and Human Development Branch of the
Australian Embassy Jakarta

Opening remarks

The Indonesian government is committed to implementing a more inclusive and equitable development program. This determination is pursued through a process of planning and implementing development that is more in favour of segments of society that have historically been marginalised, such as the poor, women and persons with disabilities.

The government realises that marginalised communities suffer doubly from the burden of change. During the COVID-19 pandemic, for example, homemakers had to help support the household economy as a result of their husbands being laid off and carried the burden of their children's education due to home-based learning. This double burden is all the heavier among the poor and families who live in unequal gender relations. Meanwhile, for persons with disabilities, COVID-19 has made it harder to access health facilities and public services.

The government aims to achieve its vision by carrying out health reforms, providing social protection and food and disaster security. The government is also open to learning and adopting good practices on how communities and regions survive in the face of socio-economic shock.

In the uncertainty we face today, this vision cannot be realised by government alone. Cooperation and communication between government and non-government institutions need to be intensified. Innovations and lessons learned about how policies or programs strengthen marginalised communities need to be aired and exchanged more often.

I welcome KSI's initiative to publish *Gender Equality, Disability and Social Inclusion in Practice: Research Experience and Advocacy of Knowledge Sector Initiative Partners*. This book, written collaboratively by activists and researchers from non-governmental organisations and universities will serve as an important source of learning and inspiration to strengthen the paradigm of inclusive and equitable development.

This book aims to enrich the knowledge-to-policy process with perspectives from marginalised communities and to provide advice on how to involve other actors in the process. It is a collection of 30 of stories that highlight the importance of integrating knowledge into policy, especially in involving vulnerable groups as sources of knowledge and active advocates.

Vivi Yulaswati

Expert Staff to the Minister of National Development Planning for Social Affairs and Poverty Reduction of the Ministry of National Development Planning/Bappenas of the Republic of Indonesia

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Introduction

Knowledge integration and collaboration for more inclusive policies

A collection of lessons learned from research and advocacy on Gender Equality, Disability and Social Inclusion

Dr Primatia Romana Wulandari,
Wahyu Susilo,
Dwi Joko Widiyanto

Many researchers and activists, from universities, research institutions, think tanks, and non-governmental organisations, have developed research and advocacy on gender equality, disability and social inclusion (GEDSI). However, their experiences are not widely publicised and more often become hidden or 'tacit' knowledge, recorded only in the minds of the researchers. The dearth of publicity deprives research and advocacy of GEDSI perspectives, approaches and methodology.

In light of this problem, KSI took the initiative to collect the knowledge through a collaborative writing process. Through this process, KSI identified 30 learning stories and compiled them into a book titled *Gender Equality, Disability and Social Inclusion in Practice*. This book features contributions from 58 researchers and activists from 3 universities, 13 research institutes, and 8 non-governmental organisations. We expect this collection of knowledge will enrich the perspectives of knowledge producers – the researchers and activists – as well as knowledge users and policymakers in Indonesia.

The authors of this book come from a variety of institutions, so the style of writing is inevitably diverse. Academic circles (both think tanks and universities) exhibit rigour in the theoretical and methodological aspects. Meanwhile, among NGOs, there are 2 variants: NGOs that primarily conduct research and NGOs that focus on policy advocacy and direct services. These 2 variants reinforce and complement one another.

This collection of experiences is divided into 2 parts. The first part, entitled 'Lessons Learned on Research with a GEDSI Perspective', contains seven lessons on how to conduct research from a GEDSI perspective. The second part is entitled 'Lessons Learned on Gender Equality, Disability and Social Inclusion Advocacy'.

Despite the diversity of the stories presented, the matter of intersectionality features prominently across the articles, from sexual violence, child marriage, reproductive health, sexual rights and family planning, to natural disasters, women's leadership, access to economic resources, and issues that are often hidden and marginalised such as issues specific to women heads of household, older people and migrant workers. The theme of disability and social inclusion highlights advocacy for disability-friendly infrastructure, access to justice, health services and social protection during the COVID-19 pandemic, sensitive and non-stigmatising services for people living with HIV/AIDS (PLWHA) and mental health services. The articles remind us of the importance of learning about intersectionality as it reminds us too that activism should be intersectional and account for people of all races, genders, sexualities, abilities and class, which is essential when advocating for equality and human rights.

GEDSI-sensitive research

This section describes a number of issues, reflections, and tips on implementing research from a GEDSI perspective. This section was written by researchers and activists from CSIS, PPDI Padang, J-PAL SEA University of Indonesia, PPH Unika Atma Jaya, the SMERU Research Institute, the Indonesian Social Change Organization and the Knowledge Sector Initiative. This section contains eight learning topics, namely (1) Gender sensitive policy studies and advocacy in the perspective of organisational culture, (2) Producing more open knowledge, (3) Participatory action research: research methods with a feminist perspective, (4) Research protocols and ethics gender sensitive, (5) Sensitive research on people with HIV/AIDS, (6) Practical tips for researching domestic violence, (7) Building researcher capacity of marginal communities and (8) Collective action on mainstreaming GEDSI in research.

There are two main messages contained in this section: the involvement of marginalised groups in research and access for marginalised groups in research.

Knowledge producers need to stress the active involvement of marginalised groups at every stage of research. Taking direct experience from marginalised groups can help researchers sharpen research questions and identify problems. As a source of knowledge, marginalised groups can offer valuable knowledge on how to conduct field research and compile research reports and presentations that are accessible to marginalised groups. Failure to involve marginalised groups in research, or to communicate research results accessibly may mean that the research conducted has alienated or further marginalised the people the research was intended to benefit. Without the meaningful participation of marginalised groups across all stages of the research cycle, research approaches may become exploitative, research questions may not address the main problems they face, and the published reports may not be accessible to the marginalised groups themselves.

Lack of access to research findings subsequently prevents critical review or objection to the findings, which may be unintentionally and inaccurately informed by the researcher's own assumptions or beliefs about the marginalised group rather than the lived experience of the research subject.

There are two examples of collaborative-interdisciplinary research practice involving the marginalised groups under study. The article 'Producing a more open knowledge' for example, recounts the experience of PPDI Padang research collaboration between researchers with and without disabilities in an advocacy of cross-cutting disability-inclusive policies in the city of Padang. Meanwhile, 'Building the capacity of community researchers' covers the experience of PPH Unika Atma Jaya involving sex workers being part of a research team. Although not easy, this practice is believed to add to the legitimacy and quality of research results.

Research can also play an important role as part of the process of empowerment and skills capacity building within marginalised groups, in addition to increasing awareness of the rights of those marginalised. One way of becoming partial, as suggested in the article entitled 'Participatory action research: a research method with feminist perspectives', is to use a participatory action research or PAR approach.

Researchers may need to adapt their approach and methodologies to produce research with a strong GEDSI perspective. Researchers who are interested in issues of gender equality, disability and social inclusion need to have a strong awareness of their own assumptions, attitudes and beliefs, be supported by a GEDSI-sensitive research environment, and be prepared to share power and control over the research with people who may have a lower social status in the community and less research experience or knowledge.

However, as stated in 'Gender sensitive policy studies and advocacy in organisational culture perspective', it seems that research institutions still need to be encouraged to adopt research methods that are inclusive of marginalised groups. Research institutions have been criticised for having a strong 'gender-neutral' culture, which limits the amount and quality of research produced by these institutions. Similarly, the absence of disaggregated disability data and data collection methods, as well as researcher beliefs that persons with disabilities require 'special' research rather than inclusion in their research, hinders capacity and willingness of research institutions to adopt and allocate resources to disability-inclusive research methodologies and practices. Highlighting this issue, Knowledge Sector Initiative contributed an article on 'Collective action for GEDSI mainstreaming in research', which discusses the importance of collective action in encouraging the continued development of the GEDSI perspective in government-funded research.

Ensuring all members of the community can participate fully in research helps reduce the reproduction of bias in research outcomes. For example, if a research survey on the prevalence of violence against women is conducted only by spoken interview and interviewers who are not trained on disability inclusion, then it is highly probable that the data collected will not be representative of all women, as many women with disabilities are not provided with an option to participate. Some women with communication disabilities may not be able to use or understand spoken language but could participate if there were alternative data collection methods available, such as use of pictures in the interview, availability of written surveys or access to confidential professional deaf interpreters.

The absence of disability awareness training for field interviewers may also bias the selection of participants if negative attitudes or beliefs about disability, or certain types of disability are present in the research team. Questions may also not be included to identify when a participant is a person with disability, resulting in an incapacity of the data to indicate patterns of violence against women that are influenced by the intersection of their disability status. The absence of disability-inclusive research methods and practices in such a research project may have negative consequences for the quality of the research findings and data, reduce understanding of the real prevalence and experience of violence against women and limit the project's ability to inform appropriate prevention and response.

To reduce that risk of bias, this section also provides suggestions and examples of how one can choose research methods and adapt data collection methods to increase research participation of people with different marginalised conditions. The articles 'Gender-sensitive research protocols and ethics', 'Constructing GESI-sensitive research: lessons from Indonesia's Stigma Index 2.0' and 'Listening to women's voices better: lessons learned from longitudinal studies in exploring domestic violence issues' describe protocols, ethical standards, procedures and practical tips for researching women victims of violence, people living with HIV/AIDS and other marginalised groups.

When discussing gender research in this collection of writings, it is interesting to study the development of theories in women's studies, including the gender approach and the feminist approach. The development of women's studies with a feminist approach in Indonesia was initiated by many women's organisations that are directly involved with the experiences of women dealing with poverty and violence, contributing a lot to the feminist legal theory and the feminisation of poverty approach. This is complemented by university-based gender studies centres with a strong Women in Development (WID) approach.

Gender Equality, Disability and Social Inclusion policy advocacy

In this section, the discussion of advocacy within the scope of GEDSI is highly diverse. It shows the diversity of styles and concerns of NGOs, research institutions and universities regarding the complexity of issues faced by marginalised groups in Indonesia and the importance of an intersectional approach.

The authors in this section are researchers and activists from ICJ Makassar, Rumah KitaB, ASWGI-UPI Bandung, SMERU Research Institute, Article 33 Indonesia, SurveyMETER, PPH Unika Atma Jaya, PKMK UGM, Sajogyo Institute, AKATIGA, ASWGI-Unibraw, IRE Yogyakarta, , BaKTI Foundation, PEKKA Foundation, HWDI NTB, SAPDA Foundation, ASWGI-Unsoed, KAPAL Perempuan Institute, Indonesian Women's Coalition, AIDRAN and KSI.

On the topic of violence against women and children, there are discussions about child marriage and its prevention efforts in North Jakarta and Bone as well as efforts to handle sexual violence on campus.

The next topic is about inclusive health services. The discussion starts from family planning with the perspective of women's rights, adolescent reproductive health, the importance of integrated data for early detection of stunting, inclusive mental health services and the urgency of psychosocial support for PLWHA.

This is followed by discussion of the access of women and young people to agrarian resources. This topic outlines the challenges women activists face when fighting for women's sovereignty, and the advocacy journey to manage village treasury land for women and young people in Kebumen.

There are 5 articles on the topic of the economy and sources of livelihood for women, starting from the economic empowerment of post-migrant women in their hometowns, access to woman-run business in tourist areas, the importance of recognising women's knowledge in the weaving industry in Wajo, South Sulawesi, and female heads of household access to sources of economic livelihood.

The next topic concerns inclusive infrastructure. The discussion commences from the efforts of women to be involved in village infrastructure planning through labour-intensive projects, advocacy efforts for persons with disabilities to create inclusive infrastructure in West Nusa Tenggara and ensuring inclusive access for persons with disabilities in the judiciary.

There are 2 articles on the topic of women and disasters, namely about the role of female village heads in Purwokerto in dealing with the COVID-19 pandemic and grassroots women's leadership in mitigating the earthquake disaster in Lombok.

The topic of social protection contains articles on efforts to protect and pay serious attention to older people. The aspirations of this group are often forgotten and have so far escaped the notice of social protection policies.

At the end of this section there are two reflective articles on education and research. The first is about the disability rights advocacy movement during the pandemic; the second is about collective action mainstreaming GEDSI in research.

Although there are many advocacy stories with diverse topics, there are some key themes that unite this section. *First*, there are persistent efforts among researchers and activists to make data (evidence) the basis for GEDSI advocacy. All advocacy practices described in this section, whether issues of gender equality, disability inclusion or social inclusion, are always preceded by research that uses a GEDSI perspective for marginalised groups. Using this perspective in research means looking at the problem from perspective of inequality in social treatment or limited access to basic rights experienced by women, persons with disabilities and marginalised groups who constitute more than half of humanity. Seizing cultural interpretation and utilising cultural media as an egalitarian message delivery medium can also be an important lesson in fighting for a human rights and gender, disability, age, sexual orientation, indigenous, cultural, religious and ethnic equality agenda.

Second, when advocacy reaches the policy dialogue stage, it is important for people from marginalised social groups to guide how policy is shaped and implemented. For example, the lived experience and self-determination of persons with disabilities must form the basis of the formation of policy and programs about persons with disabilities. This is embodied in the slogan *nihil de nobis*, *sine nobis* (nothing about us without us); that it is impossible for policy and programs designed for marginalised population groups to be made without their direction and involvement. The participation of marginalised groups in research and advocacy is an entry point to encourage the government to establish policies that are more inclusive, responsive, effective and targeted.

Third, advocacy at the policy level alone is not enough. It must be accompanied by efforts to empower, assist and strengthen the capacity of women, persons with disabilities and marginalised groups. This approach emphasises the importance of enabling marginalised groups to become self-advocates so that they can take control of messages and input on policies. Being an effective self-advocate is particularly important for marginalised–people because the injustices that befall them can be countered by greater dignity, choice and independence in their lives.

This collection of 30 articles underscores the importance of integrating knowledge into policy by the meaningful inclusion of marginalised populations as sources of knowledge and as active advocates. People who experience marginalisation play an important role, not only as research respondents, but also as participants in policymaking. Research and advocacy with the GEDSI perspective absolutely needs to consider the participation of research subjects in determining the scope, form of study, and utilisation and communication of research results. Only in this way can research and advocacy help ensure human rights and social justice for all.

Part 1:

Lessons Learned on Research with a GEDSI Perspective

Producing a more open knowledge

Research experience with non-disabled researchers

Antoni Tsaputra SS MA PhD
Secretary of the Indonesian Association of Persons with Disabilities, Padang City

Persons with disabilities as objects and patients

Disability studies has had quite a long history. Starting in the 1960s and 1970s in Europe, disability studies at the time were characterised by medical, psychological and rehabilitation approaches, which tended to view persons with disabilities from the perspective of their physical, sensory, intellectual and mental health needs. Disability was only studied in the individual terms of the person with disability and the various obstacles they faced due to the 'defect' they carried. Persons with disabilities and their families and lives were little more than passive objects of study. This approach reflects the then dominant view that treats disability solely as an individual physical-medical barrier (medical model), something that is karmic (religious model) and persons with disabilities as helpless members of society.

This approach is detrimental to persons with disabilities when it becomes the basis of public policymaking. As a result of this prevailing individual model, public policy classed persons with disabilities among 'the sick', who had to be repaired, cured or rehabilitated to function 'normally' and not be a 'burden' to society. As a result, persons with disabilities were institutionalised and had to undergo rehabilitation so they could function 'normally' upon their return to society.

This perception that persons with disabilities are 'defective' prevailed for decades until it was challenged by a movement of disability activists that grew organically in the UK in the 1980s. It was these activists who came up with a new and controversial approach, which they called the 'social model of disability'. They voiced that all this time they had been treated and perceived as 'defective' by the system, the public and people closest to them. In their view, it is the system and society discriminating against persons with disabilities that must be changed, that must adapt to them – not the other way around.

Persons with disabilities are experts because their knowledge and life experiences are not shared by researchers without disabilities. Therefore, any research related to disability should maximise the central role of persons with disabilities in all processes. There are many barriers to participation that must be identified and removed, and a great commitment is required to conduct collaborative research as a more open means of production of shared knowledge.

The emergence of the 'social model of disability' then became a new avenue for disability studies to begin to look at how structural, economic, political and cultural factors affect the lives of persons with disabilities. From the 1990s, 2 leading British scientists and activists for disability rights, Mike Oliver and Tom Shakespeare, proposed a new idea: they encouraged persons with disabilities to participate in disability research as consultants or co-researchers to compensate for studies that tended to be dominated by non-disabled researchers. The argument was that persons with disabilities had the knowledge and the life experience that would make them experts in the topic of disability.

Research collaboration initiatives with researchers without disabilities

The Association of Indonesian Disabled Persons (PPDI) of Padang City is an organisation in West Sumatra active in the field of empowerment and advocacy for the rights of persons with disabilities. Established in 2012, PPDI advocates for the inclusion and active involvement of persons with disabilities in the making, implementation and monitoring of public policies that directly or indirectly affect the lives of persons with disabilities. PPDI conducts many capacity-building activities for advocacy, dialogue, and hearings with policymakers, in addition to its public campaigns and street protests.

The understanding of the history of disability research in Europe and the important role of research to inform public policy advocacy has prompted PPDI to conduct collaborative research involving researchers with disabilities and non-disabled persons in one team. Besides ensuring greater objectivity in research results, this collaborative research is conducted to disseminate the perspectives in the 'social model of disability' to researchers without disabilities.

This collaborative research started in 2013–2014, when PPDI Padang was entrusted by the Padang City Government to prepare the initial draft of *Padang City Regional Bylaw No. 3 of 2015 concerning the Fulfillment and Protection of the Rights of Persons with Disabilities*. One of the research findings was the importance of a human rights perspective in addressing disability, and the need for the city government to make disability a cross-sectoral issue. Thanks to the research, and PPDI's urging, this recommendation was adopted as bylaw.

This collaborative research initiative continues. PPDI Padang ventured to perform similar collaborative research with Andalas University, Padang State University, Imam Bonjol State Islamic University and the Padang Legal Aid Institute. Among the most important was collaborative research on inclusive education and employment rights of persons with disabilities. This research succeeded in mapping the problems in implementing inclusive education and fulfilling the right to decent work for persons with disabilities in Padang City. One of the policies that was driven by the findings of this collaborative research was the establishment of the Disability and Inclusive Education Services at the Padang City Education Office.

More valid and meaningful research results

In PPDI Padang's experience, it is not easy to conduct research into the experience of disabled persons with academic researchers who are non-disabled, especially if the researchers are unfamiliar with disability rights issues and movements.

Differences in perspectives usually emerge after the planning of research methods. Academic researchers tend so see the participation of persons with disabilities in research as limited to field data collection, and even that is on the condition that they must first be trained to follow rigid academic research principles. The coding, data analysis and research report writing, in their view, should only be carried out by experienced academic researchers. There are also concerns that academic researchers will treat researchers with a disability as something like interpreters, relegating them to the role of helping them to communicate when conducting field interviews. Although co-researchers with disabilities indeed may lack the experience to conduct academic research, that should not preclude them from engaging in all phases of research.

Problems of this nature are usually solved by dialogue. It is important to educate academic researchers that the knowledge and life experiences of co-researchers with disabilities, which non-disabled researchers simply lack, is crucial in reading and analysing the data. Such a collaboration is essential to uncovering new knowledge and ensuring that this knowledge is more open.

The core elements of disability inclusive research include disability awareness training from academic researchers and research teams to address negative attitudes, beliefs, misconceptions and stigma about disability. This training can also strengthen the inclusion of persons with disabilities as research partners, not just assistants. Expectations and ongoing two-way learning to support mutual understanding and skills development of all research colleagues can also be built as part of facilitation of disability awareness training.

Collaborative research with persons with disabilities has a positive impact, for both disabled and non-disabled researchers. Academic researchers without a disability receive a much broader and more complete understanding of the complex issue of disability, and learn to re-examine their views and values about human rights and inclusivity. They are challenged to reform their mindset shaped by conventional academic research standards

In research practice, co-researchers with disabilities also performed well. The training and assistance provided by academic researchers played an important role in helping co-researchers with disabilities carry out all phases of research according to scientific principles. Views and knowledge based on the life experiences of co-researchers with disabilities are necessary to sharpen the analytical knife to make collaborative research findings more valid and meaningful.

More open knowledge

During the dissemination and publication stage, research results produced from collaborative research became more accessible to grassroots networks of persons with disabilities. When conducting research on employment, for example, PPDI Padang and research partners without disabilities deployed 20 co-researchers with various types of disability to do fieldwork and disseminate research results among their networks. Besides PPDI Padang members, this activity also involved members of other organisations, such as students with disabilities from university student organisations and members of the Indonesian Women with Disabilities Association (HWDI), the Indonesian Association of the Visually Impaired (Pertuni) and the Indonesian Movement for the Welfare of the Deaf (Gerkatin).

The involvement of a range of disability communities and networks allowed knowledge production to be more open. It also helped increase the participation of a more diverse group of persons with disabilities, which is likely to result in more accurate and useful data and research findings that can better reflect the diversity of persons with disabilities and be more inclusive of those who may be more marginalised. The interests of persons with disabilities and their families are more likely to be accommodated and so, if used as the basis for public policymaking, collaborative research will have a much more tangible impact on these people's lives.

PPDI Padang will continue to learn to use collaborative research as basis for advocacy and capacity building for persons with disabilities as co-researchers. There are many valuable lessons to be learned from this collaborative research – openness, the desire to learn together and mutual respect and understanding of different views the chief takeaways.

PPDI Padang has managed to build strong and mutually supportive relationships between researchers with disabilities and researchers without disabilities and has demonstrated how disability-inclusive research can be effectively conducted in Indonesia.

For non-disabled researchers, it is important to ensure that persons with disabilities with whom they partner feel fully supported and seen as equals. They must understand that persons with disabilities are heterogeneous, with various specific needs. The participation of persons with disabilities must be visible from the initial planning of the research, including funding. Rigid interpretation and application of research principles, which relegates persons with disabilities to the margins, will undermine findings. It is crucial that researchers be made aware of this and are ready to make necessary adjustments in all phases of research.

On the other hand, persons with disabilities as co-researchers must also have the courage to voice their opinion regarding any matter in all phases of research and continue to enrich their knowledge about scientific or academic research. Persons with disabilities should always bear in mind that they are experts because their knowledge and life experiences are not shared by researchers without disabilities. Therefore, any research related to disability should place persons with disabilities at the centre of all the research processes. Only a truly open collaborative research and knowledge-sharing process can successfully identify and remove the barriers that limit the full participation of persons with disabilities.

Participatory action research: a research method with feminist perspectives

Prof Dr Emy Susanti
Airlangga University, Association of Indonesian Women/Gender and Child Study Centres

Feminism is a school of thought and awareness about gender inequality and injustice, discrimination and exploitation of women in family life, at work and in society in general. This awareness is followed by conscious action to fight gender inequality and achieve equality for men and women in all aspects of life.

Research with a feminist perspective applies a feminist awareness that is reflected in the entire research process, from the determination of the topic, research objectives, formulation of research problems, theoretical framework and selection of research methods, to the role of researchers and those being researched.

The feminist methodology is rooted in the critical paradigm. This paradigm has several characteristics. First, it views social reality as complex – created by humans and not by nature, full of contradictions and based on pressure and exploitation. Second, it accepts that humans experience alienation, are exploited, restricted, conditioned and kept away from realising their potential. Third, it believes the conditions that shape social life can be changed to become more empowering, based on values and impressions of intellect. Fourth, it believes the purpose of research is to explain, interpret and empower social life.

Feminist research methodology originated in and was developed out of the dissatisfaction of feminist experts and activists in criticism of the weaknesses of the positivist paradigm. The feminist approach sees that women's lives cannot be adequately represented by men. Social science cannot be neutral on issues of gender, race, disability and so on. In the feminist approach, social settings are important and can differ for women according to their place and time. Knowledge cannot be neutral, but must be able to raise awareness, and research is not the absolute authority of the researcher. Research must consider the perspective of the studied.

The feminist perspective has shown how the traditional approach, based on the positivist paradigm, fails to reveal women's life experiences because of its masculine analytical frame. Women's multidimensional awareness means women's daily lives and life experiences cannot be understood in linear terms.[1]

Feminist experts began their research by dismantling the experiences of individuals who were not members of the dominant group with the aim of opening new ways of understanding against the backdrop of 'marginalised voices'. Harding[2] explains that this feminist epistemological approach developed as a way to avoid sexist, colonialist, racist and heterosexist knowledge, and to start new thinking that fights for the lives of marginalised people with the aim of empowering them. Thus, the feminist perspective emphasises the role of research as a driver of social change.

One of the commonly used feminist research methodologies is participatory action research (PAR). PAR rejects the positivist paradigm that sees the world as a single, observable and measurable reality, where all variables can be controlled and manipulated to determine causal relationships between variables. PAR is social research that emphasises participation and action, and seeks to understand the world by trying to change it collaboratively and following cycles of reflection. The resulting action is then further investigated, and the reflective cycle is repeated: data collection, reflection, action and so on.

PAR practitioners make concerted efforts to integrate 3 basic aspects of research, namely participation in public life and democracy, action and engagement with experience and history, and rational-systematic thinking and knowledge development. PAR is not a monolithic collection of ideas and methods, but rather a pluralistic orientation for knowledge development and social change. PAR combines participation and action to understand and address social issues.

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[1] Riger, S. (1992). Epistemological debates, feminist voices: Science, social values, and the study of women. *American Psychologist*, 47(6), 730–740. https://doi.org/10.1037/0003-066X.47.6.730

[2] Harding, Sandra. (1993). Rethinking Standpoint Epistemology: What is Strong Objectivity?. *Feminist Epistemologies*, Linda Alcoff and Elizabeth Potter (eds.), New York: Routledge, 49–82.

Feminists use PAR to encourage women, the poor, and marginalised communities to understand the structural reasons for their oppression. PAR grows as a methodology that allows researchers to work in partnership with communities and encourage real action to drive change. Feminists pioneered the intersectional approach by seeing the burdens and layered oppression where a woman or member of another marginalise group also experienced disability. A blueprint for social change that can perceive layered oppression will ensure any proposed changes are more inclusive.

PAR uses various methods to obtain data. In PAR, there are no 'superior' methods and there are no methods that are feminist in themselves, because methods are mere tools or techniques.[3] One cannot claim that qualitative methods, such as interviews, are inherently 'feminist', or that quantitative methods, such as survey measurements, are 'unfeminist'. Any method can be used in a sexist way and, conversely, any can be used for feminist purposes.[4]

At the heart of PAR is the collective–reflective research that enables researchers to understand and improve the practices in which they participate in the situations in which they find themselves. Reflective processes that are directly related to actions are influenced by understandings of history, culture and local contexts, and are embedded in social relations.

The PAR process should empower and allow people to have greater control over their lives. PAR involves researchers and participants working together to understand a problem situation and change it for the better. PAR focuses on social change that challenges the realities of inequality; is context-specific, often targeted at the needs of specific groups; has an iterative cycle of research, action and reflection; and often seeks to 'liberate' research subjects to have greater awareness of their situation to take action. PAR can use a variety of different methods of data collection and analysis, both qualitative and quantitative.

PAR on women's employment issues serves as a good example here. In contrast to most other approaches, PAR is based on reflection, data collection and action aimed at improving the capabilities and bargaining position of the female workforce and reducing inequality by involving people who will be able to take action to improve their livelihoods.

Another example is maternal and infant health studies in rural areas. Researchers build and strengthen existing women's networks and play the role of facilitator. A community action cycle is developed, problems are identified and priority lists are made, plans are jointly prepared, implemented, then evaluated in a participatory manner.

In mental health, PAR has been used for research on the response of women victims of violence to participate in planning and implementing services and to determine alternative forms of

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[3] Harding, S. (1993). Rethinking Standpoint Epistemology: What is Strong Objectivity? *Feminist Epistemologies*, Linda Alcoff and Elizabeth Potter (eds.), New York: Routledge, 49–82.

[4] Peplau, L. A., & Conrad, E. (1989). Beyond nonsexist research: The perils of feminist methods in psychology. *Psychology of Women Quarterly*, 13(4), 379–400. https://doi.org/10.1111/j.1471-6402.1989.tb01009.x

treatment. The principles of PAR are also the basis for evaluating programs aimed at women's health. Evaluation of women's health programs is directed to be more democratic, build women's capacity and encourage women to evaluate the health services they receive.

The application of PAR in remote indigenous community research is aimed at supporting women's groups in planning, implementing and evaluating their activities. With support from the research team, women from indigenous communities can act with researchers to explore priority issues that affect them, identify their resources, generate knowledge and take action to improve their lives. If PAR is applied on persons with disabilities, it will deconstruct thinking about the concept of 'normality', and open up understanding of the specific problems they face and their perspective on how efforts to fulfil disability rights are carried out.

The PAR process takes place from reflection and action that combines participant observation, informal discussions, in-depth interviews and feedback to increase their self-awareness and self-confidence and raise their future expectations. PAR also requires researchers to work in close partnership with civil society and policymakers.

In Indonesia, this type of PAR is applied to uncover issues of injustice towards subjects who are vulnerable, marginalised, neglected and discriminated against. PAR is a research process that starts from upstream to downstream. The Ministry of Education, Culture, Research and Technology strongly encourages researchers to conduct downstream research. In this regard, PAR research can meet research needs on topics of gender equality, disability and social inclusion, as well as fulfil the criteria of research extending downstream. Most of ASWGI members have implemented PAR.

PAR requires that each party work together to effectively manage the different and sometimes competing agendas of partners. Participatory research methods must be chosen carefully so as to encourage more in-depth stakeholder and community involvement in the research process. This kind of engagement allows PAR to gain more value from the collective partnership between researchers and communities, which will create more meaningful findings.

Gender-sensitive research protocols and ethics

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In conducting research on a sensitive topic such as gender-based violence, researchers have a greater responsibility than usual to protect research subjects and pay attention to ethics throughout the process. J-PAL SEA, supported by the United Nations Development Program (UNDP), learned this lesson when conducting research to describe the livelihoods and welfare of people in Indonesia, particularly those related to gender-based violence and domestic work during the pandemic. This research took place from early October to early December 2020. To ensure that the research process was gender sensitive from start to finish, the researchers formulated various protocols based on research principles that protect the subject.

Careful preparation is important to ensure the effectiveness of the protocol in avoiding adverse events for study participants. It is important to always remember that all research has a responsibility to minimise the risk of harm, both material and non-material, to research subjects.

Human research principles

One of the main principles of all research involving human subjects, especially on sensitive topics such as violence, is to ensure beneficence. This principle requires research minimise risk for research subjects and ensure that the risk-benefit ratio of a study can be justified, including ensuring the safety of the subject. If this principle is not fulfilled, the research cannot be conducted.

Under ordinary conditions, this principle is fulfilled by direct data collection. This method allows the research team to better control the environment during the survey or interview. For example, when a survey or interview is conducted face-to-face, the interviewer can observe the respondent's emotions and behaviour to assess whether the respondent feels comfortable continuing the interview or feels that there is an impending threat. Many protocols and lessons have been prepared on this issue, including by the United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO). WHO, for example, has set ethical standards for research on sexual violence, known as *ethical and safety recommendations for researching sexual violence*.

The pandemic conditions have made controlling the situation of surveys or direct interviews more difficult, especially for respondents who have survived violence. As direct meetings with respondents can increase the risk of COVID-19 transmission, the J-PAL SEA/LPEM FEB UI research team had to adapt and modify its protocols so that studies could still be conducted remotely while ensuring the principle of beneficence was fulfilled based on the lessons learned.

Minimum must-dos

In all studies conducted by J-PAL SEA, the research team must meet several minimum must-dos (MMDs) to ensure that research adheres to proper protocols. The MMD covers various aspects of research, from ethical approval to data confidentiality in the form of a checklist of research ethics standard protocols.[5] J-PAL SEA conducts monthly reviews internally to ensure that all studies meet the MMD. However, for research related to sensitive issues such as gender-based violence, the research team considers several additional prerequisites necessary to provide more comprehensive protection to respondents. The research team added 9 specific items to the MMD, namely ethical approval, study title, informed consent, questionnaires and data collection instruments, data collection tools, assistance services for respondents, recruitment of respondents, data collection for sensitive issues, and gender perspective training for the research team. This protocol applies to data collection by online surveys and by telephone interviews.

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[5] Generally, the MMD that must be met by all J-PAL SEA research can be divided into 5 categories: basic requirements (e.g. ethical approval and human subject certificate), design of data collection (e.g. informed consent), design of intervention, data collection data (e.g. survey training), and data confidentiality (e.g. data encryption and data de-identification).

Ethics approval. Any research involving human subjects – whether the topic is sensitive or not – must obtain ethical approval from the research ethics committee before the study begins. Submitting a request to the research ethics committee is an important part of ensuring the research plan is solid enough to minimise risks (beneficence principle). In the ethical approval process, instruments and protocols are revised based on input from the ethics committee. The changes to instruments and protocols, for example based on bench test and pilot results, are reported to the ethics committee and re-approved before the research team conducts data collection. Another important note of the ethics approval process is that each ethics approval has a specific validity period, so researchers are required to ensure that an ethics extension is secured before the expiration date, which is generally one year after the approval is issued. If the ethical approval expires, the researchers cannot continue their research until new approval is issued. This ethical approval is one of the main aspects that is monitored internally. Finally, researchers also need to anticipate in advance the possibility that ethical approval for sensitive research will take longer than for normal research. Research with minimal risk is usually eligible for expedited review. However, research on sensitive topics will inevitably carry a greater level of risk to the subject, which means the research ethics committee will need more time to review the research plan.

Study title. The title of the study as much as possible must use neutral language, while remaining relevant to the research context. The title of the study should match the information collected and there should be no tendency to cover up the research topic. This is done to minimise risks to the respondent, such as the risk of the respondent's involvement in the study that could potentially endanger the respondent's safety or stigmatise the respondent.

Informed consent. Informed consent is a respondent's statement of willingness to be interviewed, provided with full understanding of what participation in the research will involve, the risks and benefits of participating and that there will be no harm or repercussion if participation is refused or consent is withdrawn at any stage of the research. Before the respondent expresses their willingness, the researcher informs the respondent that the questions that will be asked could be sensitive and so the respondent should be in a comfortable place when the interview is conducted. The researcher explains the confidentiality of the respondent's data and the procedures for maintaining data security, and that the respondent can choose to stop at any point. The interview questionnaire also contains a safety plan that is explained at the outset and mutually agreed upon. Safety plans are practical steps that include codewords to indicate that the respondent feels uncomfortable or insecure and wishes to stop the interview. For the respondent's safety, researchers do not attempt to re-establish contact with a respondent who has used a codeword to end a call.

Questionnaires and data collection instruments. The questionnaire must include the option 'refuse to answer'. The language of the questionnaire should be clear, unambiguous and not traumatising to the respondent. The data collection instrument should be composed of questions that are rated as not sensitive, moderately sensitive, sensitive, to the most sensitive, then closed with questions that are not sensitive. Data collection instruments should also be prepared by considering sufficient time for respondents or informants to think and answer questions, including providing sufficient time for respondents to manage emotions when answering questions (providing quiet time, pausing to breathe calmly and so on).

Data retrieval devices. Data retrieval devices, such as software for online surveys and telephone surveys, should block access to respondent tracking and responses. If the respondent's participation or answers can be tracked through the device, this has the potential to risk the respondent's safety.

Support services for respondents. Data collection for sensitive issues must include a response plan, including PFA (psychological first aid) techniques, as well as providing valid and relevant information on service providers, such as local psychosocial service providers. Prior to data collection, the research team shall conduct verification to ensure that the service is still operating actively and to prepare plans for anticipating emergency and extreme cases, such as suicide.

Respondent recruitment. Respondents who are survivors of violence were recruited in collaboration with local women's organisations that accompany survivors to ensure the safety of respondents before, during and after the interview. The participation of survivors as respondents must be based on the consent and willingness of the survivors themselves, given without coercion from any party, including the organisation or the counsellor. Their participation should also not affect their relationship with the organisation or the counsellor. Given that this study was related to violence and was conducted online, the research team decided to only involve respondents aged 18 years and over. Research involving child respondents requires additional safety standards that could not have been met in an online interview format.

Data collection for sensitive issues. There are at least 3 protocols that must be fulfilled in data collection for sensitive issues, namely security protocols during interviews or filling out surveys, handling protocols for emergencies and emergency protocols for interviewing teams.

1. **Security protocol** during interviews or the filling out of surveys shall be clearly spoken or written for respondents. This security protocol includes the possibility of changing the type of question (from open to closed so that the respondent need only answer 'yes' or 'no'), a protocol if someone else contacts the interviewing team using the respondent's cell phone number, and a protocol if someone else makes the respondent uncomfortable with being interviewed. For the latter, the team prepared a codeword that the respondent speaks over the phone to signal that they no longer feel safe to continue the interview.

2. **Emergency handling protocol** for respondents contains definitions of stress conditions, emergency conditions and extreme emergency conditions, as well as the role of each team member (interviewers, supervisors, J-PAL SEA/LPEM FEB UI research team) in handling emergency or extreme emergency conditions. The team has to fully implement this protocol in the context of data collection via telephone. For example, the interviewer should stay in touch with the respondent when an emergency occurs while asking other team members to contact the respondent's relatives or the relevant service provider.

3. **Distress protocol** for the interviewer team that contains signs of trauma, trauma management, as well as support provided by J-PAL SEA for the interviewer team and the research team to anticipate impact of the interview (vicarious trauma). One form of support provided to the interviewing team during the data collection process is a support and debriefing session or regular checking of the interviewer team's physical and mental health.

*Gender perspective training***.** The research team and data collection team or interviewers must receive training on gender perspective, issue deepening, principles and ethics of sensitive issue research, interviewing skills, coping with distress reactions and data confidentiality. The gender composition of the field team must also be considered to create comfort for the respondents during the interview. Therefore, the team should perform a gender scale screening at the time of recruiting the data collection team. For example, if we find that women tend to feel comfortable sharing information about their living conditions with other women, the interviewing team for women informants should also consist of only women. The same applies to male respondents or informants.

Research ethics training. The interviewing team needs to be equipped with training on research principles and ethics, which contains the main materials on protecting people, gender and children in research.

- The human protection material explains the definition and implementation of 2 principles of human protection in research, namely respecting respondents and protecting the confidentiality of respondent information. This material also covers the procedures for taking photos, including principles that must be applied in taking photos during research. General material on child protection contains a summary of forms of violence against children and shared responsibilities in child protection, including what the interviewing team should do if they encounter violence against children during data collection

- General material on gender mainstreaming and protection from sexual harassment contains a description of gender equality and zero tolerance for discrimination based on gender and sexual harassment, types of sexual harassment and reporting mechanisms.

The final part of this material is also equipped with field practices that pay attention to gender equality, including the respondent's interaction with the field team and with the people around them.

The importance of collaboration in sensitive-topic research

These processes are also accompanied by active correspondence between the research team and the research ethics committee to ensure that all research activities and protocols are approved. Prior to the commencement of the study, a detailed research plan must be provided to the research ethics committee, to include the procedures for recruiting research subjects, consent procedures for research subjects, instruments and data collection plans and safety protocols.

The research team must also consider any risk or outcome that might arise from the research plan that has been prepared, and ensure any changes to, or improvements to, research plans, instruments and protocols are properly and clearly communicated to the research ethics committee. Although this process seems long and complex, it is far better than the absence of a mature response plan protocol and relying on post hoc protocols in the field.

Researchers studying sensitive issues should pay close attention to the process and allocate sufficient time to prepare protocols and data collection plans carefully. Researchers have to carry out repeated tests and develop their instruments and protocols as much as possible. Testing can be done with co-workers/teams by way of role-play, or by testing on a limited group of respondents. Testing might also be done by role-playing with representatives from relevant institutions, such as women's crisis centres, service provider forums or related non-government organisations.

Collaboration with relevant organisations is also needed to open up opportunities for consultation and feedback on research plans. The research team must pay attention to and record important learning points from the pilot process and must be adaptive to situations in the field. This adaptation includes the use of language in protocols and instruments and responses from respondents, including how feasible and effective the protocol is for remote use.

Recommendations for future studies

While our study attempts to be as gender inclusive as possible, we believe that it is essential for future studies to be similarly disability inclusive as there is substantial prevalence of violence against women with disabilities. Hence, there is a need to adopt an intersectional lens to ensure women with disabilities are included in violence research.

Integrating a disability-inclusive approach to research protocol can help ensure both representation and protection of persons with disabilities (PWD). For example, researchers can require all personnel on their team undertake disability awareness training with a focus on addressing negative beliefs, assumptions and attitudes about disability and how this impacts the inclusion of people with disability in the research project. If needed, researchers can also consult experts on methods to make their study more disability inclusive.

These kinds of efforts will go a long way in driving research capacity to be more disability inclusive. This will not only provide more representation for PWD, but also potentially enrich the study itself. As such, we recommend researchers plan carefully and consider which disability inclusion efforts they can integrate in their study.

Conclusion

All research has a moral responsibility to minimise the risk of harm, both material and non-material, to research subjects. To fulfil this responsibility, researchers need to prepare a series of protocols and carry out joint monitoring in their implementation. This will help researchers conduct research ethically – both sensitive and non-sensitive – and protect their participants. Collaboration, both with the research ethics committee, research partners and study partners is an important part of preparing the protocol for refinement. Future studies should attempt to adopt an intersectional lens to integrate a disability inclusion approach.

Constructing GESI-sensitive research: lessons from Indonesia's Stigma Index 2.0

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PLHIV, stigma and urgency for sensitive research

Stigma is among the most pressing problems faced by people living with HIV (PLHIV). Negative comments, denial of service and social exclusion are a reflection of the stigma and discriminatory treatment that they often face in society, even in public services.

Stigma and discrimination prevent people at high risk of being infected with HIV from getting tested for HIV, hinder access of PLHIV to care and treatment services, reduce ARV adherence and affect the health and wellbeing of PLHIV. Individuals who are also marginalised at the social level, such as men who have sex with men (MSM), sex workers and drug users have a double burden of experiencing stigma and discrimination because they are part of a key population that is vulnerable to HIV infection. The negative and moralist judgments that PLHIV are often subject to result in the closed and passive outlook exhibited by PLHIV.

This all underscores the need to conduct research that is sensitive to the situations PLHIV face. The trend of positivistic and gender-blind research, which starts from the preparation of methodologies and data collection instruments, can derail research and result in recommendations that are biased and discriminatory, further exacerbating the stigmatisation of PLHIV.

An article published in The Conversation[6] revealed that not many Indonesian researchers use the gender and social inclusion perspective in planning and carrying out their research. A joint study by Airlangga University, Brawijaya University, Bogor Agricultural University (IPB) and Satya Wacana Christian University[7] showed that only 7% of all research from 2013 to 2017 has considered a gender and social inclusion perspective on minority groups.

The HIV/AIDS Research Center at Atma Jaya Catholic University of Indonesia (PPH Unika Atma Jaya), as a centre of excellence for research related to HIV/AIDS at the national, regional and international levels, sees that the situation is a challenge that must be responded to with research. PPH sought to develop research that is sensitive to PLHIV by reaching out and involving the PLHIV community, as well as being sensitive to gender mainstreaming issues and problems experienced by key population groups.

Stigma Index 2.0 as sensitive research

In 2020, the Stigma Index 2.0 research was carried out for the first time in Indonesia. Stigma Index is a large study that has been conducted in almost 90 countries. Together with Spirita Foundation and other partners, PPH had the opportunity to implement and disseminate the survey, which was designed to collect data on stigma and discrimination experienced by PLHIV in Indonesia. In Indonesia, this study had a rather large geographic scope, as it was conducted in 11 districts/cities in Indonesia, involving 11 local institutions/communities, 30 enumerators and 744 respondents.

One of the important stages that had to be passed before conducting the Stigma Index 2.0 research was to seek health research ethics approval from the ethics committee of the Atma Jaya Research and Community Service Institute (LPPM). This is done to ensure that Stigma Index 2.0 research is carried out in accordance with applicable rules and regulations, follows research ethics, takes into account the risks and benefits of research for respondents and upholds the principles of confidentiality, autonomy and human rights.

The research protocol was prepared by including information related to the procedure for guaranteeing respondent confidentiality at the time of data collection and analysis and a procedure for obtaining informed consent, and obtaining permission from authorised institutions. All research that uses humans as research subjects must first obtain information

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[6] Rauf, Diva Tasya Belinda & Dzulfikar, Luthfi T.(2020, 8 September). Mengapa belum banyak peneliti Indonesia gunakan perspektif gender dan minoritas dalam riset. Retrieved from https://theconversation.com/mengapa-belum-banyak-peneliti-indonesia-gunakan-perspektif-gender-dan-minoritas-dalam-riset-145635

[7] Airlangga University, Brawijaya University, IPB University, UK Satya Wacana university joint study (2018). Kesetaraan Gender dan Inklusi Sosial Indonesia. *Kajian Gender Strategis di bidang Ekonomi,Pertanian, dan ketahanan Pangan; Pendidikan,Sumberdaya Manusia dan Kemiskinan; Politik,Lingkungan &Sumberdaya Alam; Kesehatan dan Sosial.* Retrieved from https://drive.google.com/file/d/1epvEYKKnQJSi7B6Acbxqxrj7kFRaQLl8/view

that passes the ethical review before research can be carried out, and the Stigma Index 2.0 study was no exception.

The Stigma Index 2.0 study used a questionnaire developed by a combination of world organisations working on HIV issues (GNP+, ICW and UNAIDS), which had been translated into Indonesian and tested for usability. The questionnaire is different from other research instruments that are often used, where the questions asked limit the characteristics of informants to normative genders and do not provide space for informants to identify themselves into certain groups that suit them (for example, based on gender, sexual orientation or identity). Stigma Index 2.0 uses an instrument that is sensitive to Gender Equality and Social Inclusion (GESI[8]) as seen from the structure of the questions.

The questionnaire allows informants to describe their experiences of stigma and discrimination based on gender status (male, female and transgender), which allows the instrument to record these experiences for PLHIV that are based on sexual orientation and not HIV status. The Stigma Index 2.0 has confirmed that stigma and discrimination tend to be directed at certain groups that are already marginalised. The most common stigmatising and discriminating behaviours include negative or harassing comments from family or other people and disclosing HIV status without consent, which are experienced more often by women and transgender PLHIV than men. Transgender people and people who use drugs are also more likely to experience stigma and discrimination related to their gender or sexual identity.

PLHIV as sensitive research enumerators

The enumerators/interviewers, as the backbone of the Stigma Index 2.0 survey, are PLHIV who have been open about their HIV status and are recommended by institutions that are actively engaged in efforts to combat HIV/AIDS in Indonesia. The enumerators themselves received capacity-building training prior to conducting interviews with the respondents, through a 3-day workshop held by PPH Atma Jaya. This workshop was also a means to build a relationship and trust between PLHIV enumerators and PPH Atma Jaya.

In this workshop, enumerators learned about an introduction to stigma and discrimination, sampling methods, interview techniques, their role as enumerators, training on the use of questionnaires, simulations of intensive use of questionnaires, as well as research ethics. The enumerators also took the research ethics certification examination held by the Atma Jaya Research and Community Service Institute (LPPM Unika Atma Jaya). The entire process is carried out to ensure that the enumerators really understand the context and substance of the questionnaire.

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[8] GESI (Gender Equality and Social Inclusion) emphasises gender equality and social inclusion as a process of increasing access of communities or vulnerable people (including persons with disabilities) to resources, their participation in the formulation and execution of public decisions, as well as cooperation among them in using and creating opportunities.

During the Stigma Index 2.0 study, the survey process was carried out equally. Respondents were not positioned as subjects being interviewed – they were given their own copy of the questionnaire so together with the enumerators they could read all the questions they would be asked. The enumerators were also able to help respondents who need further referrals, such as referrals for health services, psychological services or legal assistance. The enumerators' closeness with the respondents was established since they first contacted potential respondents inquiring about their willingness to participate. In addition, the PLHIV status of the enumerators created a situation where respondents could feel comfortable sharing their experiences. Thanks to the competence and involvement of enumerators, this Stigma Index 2.0 managed to achieve a survey response rate of 84%.

Increasing trust and participation

The narratives above demonstrate how the use of a GESI lens in the design of the Stigma Index 2.0 research had a positive impact on the implementation of research and improved the quality of research results. Involving PLHIV as enumerators increased the level of trust and participation of other PLHIV as research respondents and prompted the creation of a safe space for respondents during the interview process, allowing them to better capture the actual conditions. This may not have been possible if the enumerators were not PLHIV.

Increasing capacity through various trainings and simulations conducted by PPH Atma Jaya gave PLHIV the competencies to carry out their work as enumerators in the Stigma Index 2.0 research. In addition, the use of GESI-sensitive research instruments increased the validity of research results to be used as advocacy material with key stakeholders in the formulation of inclusive health policies or programs, in particular to increase awareness among public service providers about stigma and discrimination and other social marginalisation that contributes to inequalities in health services.

Building the capacity of community researchers

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A study conducted on violence against sex workers in 2012 marked the beginning of the partnership between the AIDS/HIV Research Center at Atma Jaya Catholic University of Indonesia (ARC AJCUI) and sex workers who are members of the Indonesian Social Change Organisation (OPSI). This research was conducted because research on gender-based violence in Indonesia often overlooks the violence experienced by sex workers, regardless of sex or gender identity.

Violence perpetrated by intimate partners, security forces and strangers is something that sex workers experience daily. However, there has not been any systematic documentation of this phenomenon. For this reason, OPSI and ARC AJCUI initiated a study that aimed to document the various forms, responses and consequences of violence experienced by sex workers.

The results of this study are expected to serve as the basis for developing advocacy for OPSI and ARC AJCUI in their effort to protect human rights and fulfil services for victims of violence.[9]

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[9] Indonesian Social Change Organization. (2020, September 18). Sex Workers, Violence, and HIV in Indonesia. Retrieved from: https://bit.ly/3ivSNpd

Research ethics

An early issue that became the subject of in-depth discussion was the obligation to conduct an ethical review before conducting research. An application for approval of health research ethics was submitted to the ethics committee of the Atma Jaya University Research and Community Service Institute (LPPM) to ensure that the research was carried out in accordance with applicable rules and regulations, abided by research ethics, took into account the risks and benefits of research for respondents, and upheld principles of confidentiality, autonomy and human rights. Therefore, the research protocol that was prepared also regulated the procedures carried out to ensure the confidentiality of respondents at the time of data collection and data analysis, the procedure for obtaining informed consent from the respondents, and the procedure for obtaining permission from the relevant institution. Basically, all research that uses humans as research subjects must obtain permission from the ethical review commission before the research can be carried out.

Attention to research ethics is becoming increasingly important because research subjects are vulnerable to human rights violations that can be committed during the course of a study. The discussion of research ethics can serve as a fundamental and powerful tool for building awareness about human rights, and for teaching that the basic rights of marginal groups should not be violated during the research process.

Evidence-based advocacy

The idea of research documenting the various forms, responses and consequences of violence experienced by sex workers was developed into a proposal prepared by OPSI and ARC AJCUI. The experience of sex workers was both the topic to be researched and the main strategy in data collection. ARC AJCUI's research experience was the basis for developing the design and strategies for conducting data analysis.

Data analysis was carried out by the entire team according to the themes that had been determined together, and validation of the analysis results was carried out with members of the sex worker community. The results of this study were then disseminated by OPSI as initial evidence and the basis for encouraging the government, civil society and donors to pay greater attention to the protection of sex workers from violence. Based on the results of this research, OPSI has developed paralegal programs in several cities in collaboration with local legal aid agencies to document and report incidents of violence against sex workers in the area.

However, it seems that efforts to protect against acts of violence were still limited to cases that take place in the private domain, while violence against sex workers happens mostly in the public domain, committed by the state and the public through raids on the streets and forced closures of sex work 'localisations' (*lokalisasi*) in many places. The climax was the Prostitution Free Indonesia policy created by the Ministry of Social Affairs with the support of the Ministry of Women's Empowerment and Child Protection and Local Governments in 2015. Since then, violence against sex workers by the state and society has increased and become more widespread.

OPSI and ARC AJCUI responded to this localisation closure policy by initiating a research series on the impact of *lokalisasi* closures in 6 cities in 2016–2017.[10] The research began with a situational assessment conducted by OPSI in 2 cities. The assessment results were used to develop a study on the impact of the closure of the *lokalisasi* together with ARC AJCUI. The research team also included OPSI and ARC AJCUI researchers. Since this was policy research, where the main stakeholders were local government organisations and the public, data collection was carried out by both OPSI and ARC AJCUI.

OPSI and ARC AJCUI jointly and separately conducted a series of dissemination meetings with different stakeholders until 2020. This research demonstrated that the closure of *lokalisasi* is not the right policy to eliminate prostitution in society and instead creates a new problem where sex work becomes increasingly widespread, but hidden. In the context of public health, this creates problems in disease control, both in the sex worker community and the public at large.

Another main finding of concern of this research is that the social rehabilitation that has been carried out by the government has had no impact on reducing the number of sex workers through compensation for closure, as well as the provision of alternative courses and seed capital for sex workers. Social rehabilitation that is formal in nature has not been able to address the basic needs of sex workers, which encourages them to return to sex work in the city or other places.

Follow-up

Recommendations from this study have encouraged OPSI and ARC AJCUI to seek alternative means of empowerment for sex workers by developing an empowerment model driven by the perspectives of sex workers themselves. The *Yes I Can!* empowerment project was developed from 2018–2020.[11] This project focused on addressing the marginalisation of sex workers by strengthening awareness of self-control, capacity to interact with others, and strengthening ownership of resources, including skills and capital. This empowerment model is an alternative to the empowerment model from the Ministry of Social Affairs or from Social Services, which so far has only focused on providing job skills courses (sewing, cooking or hairdressing) as a

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[10] For impact of *lokalisasi* closure in 6 cities Jakarta, Bandung Jayapura, and Surabaya, see Praptoraharjo, I. et, al. (2016). Dampak Penutupan Lokalisasi/Lokasi Transaksi Seks di Empat Kota. Jakarta: Pusat Penelitian HIV AIDS UNIKA ATMA JAYA. Retrieved from https://bit.ly/3qyhfct. For impact of *lokalisasi closure* in Malang and Jambi, see Indonesian Social Change Organization. (2020, September 18). Retrieved from https://bit.ly/3nZspW3

[11] PPH UAJ. (2017, October 1). Retrieved from https://pph.atmajaya.ac.id/berita/dokumentasi/profil-konsorsium-program-yes-i-can/

means to get oneself out of sex work. This project was designed and implemented by OPSI with technical assistance and facilitation from ARC AJCUI.

Implementation of the *Yes I Can!* project was based on the *Berdaya* (empowerment) research previously conducted in 6 cities as a follow-up to the *lokalisasi* closure research. This research used a mixed method of survey, qualitative research and modelling using the Delphi approach.

This study started by identifying general trends about the situations faced by sex workers in their daily lives (work, relationships, self-acceptance and future goals) via a survey of sex workers in Jakarta. The general trends above were then followed by qualitative deepening with some of the sex workers to obtain context for the identified topics.

The sex workers were also asked to nominate their fellow sex workers whom they saw as ‘successful’. These nominees were then selected based on the variety of ‘successes’ and were interviewed to get an in-depth look at their success stories.

The results of this quantitative and qualitative research were then used to develop a model of work empowerment through a series of workshops with representatives of the sex worker community. This initial model was then studied further using the Delphi method where 3 aspects of the model, namely the principle, feasibility and acceptance of the model, were studied in-depth by empowerment experts – in this case people who understand sex work, the marginalisation of sex workers and empowerment service providers (government and society), namely academics and sex workers themselves, because it is they who know best what makes sense for them. The results of this Delphi workshop were then used as policy recommendations to related parties, including the government, donors and civil society organisations.

Due to the complex nature of the research, 2 OPSI staff were apprenticed at ARC AJCUI as researchers during the research period, which lasted approximately 2 years. These OPSI researchers were fully involved in the 3 stages of research, alongside the ARC AJCUI mid-level researcher who was responsible for carrying out the research process – from protocol development, data collection, data analysis and report writing. For the community researchers, joining a research centre was not an easy experience, considering their background, and it took strong motivation and great will for them to adapt to the new environment. On the other hand, the research centre’s acceptance of these community representatives provided reinforcement for their involvement in the next stage.

In the process of developing a framework to understand a problem, these community researchers learned to recognise and practice from real situations, in this case about the empowerment of sex workers. The concept of empowerment is understood and operationalised in this *Berdaya* research process. In addition to carrying out the *Berdaya* research, OPSI researchers were also involved in other research that ARC AJCUI conducted in parallel, as part of their work as ARC AJCUI researchers and to assist with their capacity building in research skills.

The results of this *Berdaya* study have been included as part of the global study of empowerment research for sex workers compiled by AIDSFONDS Netherlands.[12] Building on this research experience, OPSI independently carried out a number of studies in collaboration with international institutions that focus on access to services for victims of violence, reproductive health and HIV/AIDS, as well as community organisation.

The importance of involving vulnerable groups in research

The collaboration between the sex worker community and ARC AJCUI needs to be seen as an effort to develop long-term research capacity that requires commitment and trust from both the community and research institutions. Positioning the community as researchers will provide leverage and credibility to the research process and results, in terms of substance, data quality, analysis and recommendations.

On the use of evidence, community research has provided a voice for marginalised communities to directly raise concerns about their issues. The community also has a greater opportunity to identify problems that need to be followed up with programs or research based on community needs.

Members of the sex worker community have been able to carry out independent research based on their collaborative research experience. On the other hand, the willingness of research institutions to continue to support research conducted by the community through consultation and assistance is key to building community independence in research. As a planned and sustainable mechanism, this collaboration between the community and the research centre has become a good practice and provides benefits that strengthen both parties.

This community-based research has shown that research is not always objective, as is often the case. The involvement of community members in research can appropriately place the community as both subject and object. Going forward, community-based research should exhibit partiality for the community that is the target of the research. As a consequence, efforts to realise social inclusion through the fulfilment of citizens' rights require evidence that can describe the marginalisation and injustices experienced by marginalised communities firsthand.

The ultimate goal of this effort is the acceptance of difference through a respect for the human rights of individuals in the community. Embracing research aided by community researchers can be one of the strategies to achieve this social justice.

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[12] AIDSFONDS. (2019). The Impact of Community Empowerment. Retrieved from https://bit.ly/38Wsgyb.

Listening to women's voices better: lessons learned from longitudinal studies in exploring domestic violence issues

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The first time we met Yati (pseudonym) was during a focus group discussion (FGD). Through a local woman leader, we invited a number of women to discuss their knowledge of domestic violence and domestic violence reporting services. Yati was invited as a representative of the women in her community, not as a victim or survivor of domestic violence.

Naturally, we did not delve deeper into those personal experiences of domestic violence during the public FGD. We closed by thanking the participants, and asked permission to contact them in future if needed.

After the FGD, we visited Yati's house and she kindly welcomed us. Unfortunately, her husband was interested in joining our conversation, so we were not free to talk about domestic violence. So we said then that we only stopped by to say hello and we invited her to have another discussion some other time. Yati understood our 'code', and she offered an alternative time and place.

In private Yati spoke openly of her experience and reporting on domestic violence. Yati trusts that all information she provided will only be used for research purposes and her identity will be kept anonymous.

The above is a snippet of our experience in conducting a longitudinal study on domestic violence reporting as part of a larger longitidunal study on poor women's access to public services.[13] Although members of a community might know domestic violence exists, there are many reasons they might not be free to speak about it openly. At a social level, domestic violence is often considered a personal matter, only appropriate for private discussion within the family. If it is discussed outside the family, taboo can prevent discussion with people outside the community, such as researchers. For certain people, it can also bring public shame and harm their family's good standing in the community. Domestic violence can stir uncomfortable emotions or dredge up traumatic memories, both in study participants and researchers. It is important for researchers to consider these limitations and sensitivities in their study.

Building trust of study participants through a multi-step approach

It is not easy to extract information about sensitive issues such as domestic violence. The main lesson learned from this study is the importance of building trust between participants and researchers to allow participants to be more open in sharing what they know and have experienced, and their hopes and perceptions about domestic violence. When trust has not been established, participants would tend to give normative answers that may not reflect the real situation, both of any domestic violence they have personally experienced and of what is happening in their community.

Building trust between researchers and participants is not an intantaneous process. Throughout the 3 data collection temporal points (2014, 2017, and 2020), we attempted to develop various approaches to build trust with the participants. We approached them in 3 ways.

First, researchers prioritised sensitivity when interacting with participants. We realised that sensitivity in studying domestic violence is not something that just grows easily. Before collecting data, researchers underwent training to form an understanding of domestic violence issues, interview techniques and FGD facilitation techniques. Training materials were taken from reading references

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[13] This study aims to document changes in poor women's access to public services on 5 livelihood themes during the 2014–2019 period. The 5 themes are social protection, homeworkers, migrant workers, health and nutrition, and violence against women (VAW). Each theme has a different focus. The focus of the VAW theme is domestic violence experienced by poor women as wives, carried out by men as partners who are still bound in marriage. The selection of sites, study participants and data collection were carried out by taking into account the conditions of poverty and the characteristics of the 5 study themes. At each point in time of data collection, researchers conducted data collection for the 5 study themes at each location at all levels – individual, household, community, village and district. Regarding disability issues, we did not involve organisations of persons with disabilities. Persons with disabilities can become study participants if they meet the criteria for poverty conditions and the characteristics of the 5 study themes. In the household survey, identification of the presence of household members with disabilities was carried out. This study did not find any instances of domestic violence experienced by poor women with disabilities in the target villages based on the results of the identification of the study participants.

and stories shared by practitioners from the government and non-governmental organisations (NGOs) that work in victim rehabilitation, handling cases of domestic violence and anti-domestic-violence programs.

Our evaluation shows the importance of opening surveys, interviews and FGDs with general questions, before honing in on discussions of domestic violence. When exploring domestic violence issues, researchers need to remain sensitive to participants' responses, such as their intonation, volume, facial expressions and body language. If researchers perceive or observe changes, they should consider changing their approach and manner of asking questions and in more extreme cases delaying or even stopping the inquiry outright.

Studying domestic violence issues demands great patience from the researcher. They must be able to listen without pushing participants to share or interrupting their responses. The data collection process is not a unilateral interaction of researcher asks, participant answers; participants need to get feedback from the process. For example, at the end of a household survey, the interviewer can tell the participant what actions they can take if they become victims or learn about incidents of domestic violence in their community.

Second, involving local leaders. When researchers approach participants in a way that is acceptable to the local community, or enter a community with the help of people who are known to the participants (such as village officials and women leaders or village NGO cadres), initial trust in researchers will be established. From our experience, the figures involved should be those who are used to helping the community, or have helped participants when they experienced or reported domestic violence. This can pave the way to good communication and build participants' trust.

Third, building a safe and comfortable space and atmosphere for participants to share stories. Steps taken towards building a comfortable space and atmosphere include obtaining participant consent, guaranteeing anonymity and confidentiality of all information and ensuring the legality of all research activities. All are essential when collecting data on sensitive topics. The researcher submits an informed consent form to the participants containing information about the study, the risks and benefits of participating, as well as guarantees for the confidentiality of participants' identity and personal information. The researchers should only start the inquiry – including voice recording and note-taking – if the participants have given their consent. Photography of any kind is to be avoided. The data and information confidentiality guarantee also applies to all forms of publications produced, even after the study ends.

We recognise the importance of protecting research participants, especially on sensitive topics such as domestic violence. All guidelines were submitted to the ethics committee of the Atma Jaya University Research and Community Service Institute (LPPM) to ensure that there are no questions that might threaten participants. In terms of the legality of the activity, we ensure that permits from national to village level governments have been secured before commencing data collection. This is important not only to secure access and freedoms for researchers formally, but also to provide participants with a sense of security, comfort and assurance that our activities are legal and that we are known to the local government.

Prior to data collection, we first tested the entire guide. From the results of the trial, we realised that information about participants' personal experiences as victims, survivors or reporters of domestic violence should be collected through private and anonymous interviews. FGDs should be conducted to explore the condition of the community; not to explore someone's personal experience. The FGD atmosphere must be made as comfortable as possible, without cornering or embarrassing anyone.

The 'gossiping' method is effective for starting an exploration domestic violence during discussions. When a participant mentions a domestic violence case that they know about and then discusses it, this will gradually prompt other participants to share incidents that happened to them. In this situation, the researcher needs to be an active listener, not patronising or judgmental, and try to understand the victim's situation. In the household survey, participants' answers were kept confidential in an envelope that will only be opened by SMERU researchers. Even the enumerators do not know participants' answers.

Design of longitudinal study allows for repeated interactions between participants and researchers

The longitudinal study design strenghtens the quality of research into the issue of domestic violence. Repeated interaction process at several temporal points of data collection fostered participants' trust in the researchers, the same research location was used for the duration of the study, and in survey activities, researchers always involved the same households as participants. Interview and FGD activities also involved the same participants. In addition, local figures and researchers were involved from the beginning of the study. Trust was key to participants' openness to sharing stories about their experiences and knowledge, so researchers could obtain more comprehensive information to produce quality policy recommendations.

Longitudinal studies also allow researchers to evaluate and update guidelines based on prior performance. For example, learning from data collection during the baseline study (2014), it became apparent that focusing interviews solely on survivors provided less information than expected. We improved on this for the midline (2017) and endline (2020) data collection. In another example, when there was a local researcher who was not sensitive about domestic violence for their support of polygamy, that became our grounds for not involving them again in subsequent data collection.

Combining quantitative and qualitative methods to obtain more comprehensive information

We realise that research data could be made more complete and capture the needed information by using more than one method. In the baseline study, only qualitative data was collected, but we learned that information from interviews alone was not enough, especially with limited time for data collection. We also examined other studies and found that surveys and FGDs were useful tools for collecting data on sensitive issues such as domestic violence. Thus, during the midline (2017) and endline (2020) studies, we combined quantitative and qualitative methods by conducting household surveys, interviews and FGDs.

Researcher evaluation showed that the use of varied collection methods will gather complementary data. Household surveys will provide a simple number on the prevalence of domestic violence and domestic violence reporting behaviour. Meanwhile, interviews and FGDs complement this with data on reporting flows and influencing factors. Data collection carried out at different levels – individual, household, community, village and district – can also provide a more comprehensive picture about the domestic violence situation at study locations.

In the end, data collection on sensitive issues such as domestic violence – at any level and using any method – demands the trust of study participants. Their trust in researchers is the key to information opennes to obtain comprehensive data. However, the process is not instantaneous, and requires an understanding of issues, creativity in data collection, and certainly the willingness of researchers to continue to learn to empathise with study participants. Although it is not easy, building trust in domestic violence studies can yield more detailed and useful data.

Gender sensitive policy studies and advocacy in organisational culture perspective

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Gender inequality among researchers

The growth of various non-governmental think tanks in Indonesia has opened up opportunities for both male and female researchers to carry out research professionally. This growth also contributes to the production, dissemination and utilisation of knowledge to inform broader policymaking.

However, taking stock of social science research projects, the number of studies using a gender perspective or thematic research on gender issues is very limited: only 3% in 2013, declining further in 2014 to 2015 to 2% of the roughly 12,000 research projects.[14] This data is not much different from a collaborative study conducted by Airlangga University, Brawijaya University,IPB University and Satya Wacana Christian University, which found data that during 2013– 2017, only 7% of research used a gender perspective and social inclusion.[15]

The data above is confirmed by the reality on the ground. For example, although many studies are currently discussing COVID-19, most are focused on health and economic policy, as well as

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[14] 'Many women in academia, but scant research on gender issues', Jakarta Post 3 February 2017

[15] Joint study of Airlangga University, Brawijawa University, Insitut Pertanian Bogor, and Satya Wacana University, *Kesetaraan Gender dan Inklusi Sosial di Indonesia: Kajian Gender Strategis di bidang Ekonomi, Pertanian dan Ketahanan Pangan, Pendidikan, Sumber Daya Manusia dan Kemiskinan, Politik, Lingkungan dan Sumber Daya Alam, Kesehatan dan Sosial* (Gender Equality and Social Inclusion in Indonesia: Strategic Gender Studies in Economics, Agriculture and Food Security, Education, Human Resources and Poverty, Politics, Environment and Natural Resources, Health and Social Fields), 2018

government policies in dealing with COVID-19, without much attention to gender issues or perspectives.

The irony is, during the pandemic women researchers have carried a heavier burden. Research produced by 27 female academics in the social sciences and humanities, both in higher education and the private sector, found that women working from home carry additional burdens and responsibilities.[16] Female researchers have found that while working from home, they have had to split time between research, remote teaching and domestic duties.

Meanwhile, female researchers at universities are also increasingly marginalised by policies implemented during the pandemic that measure performance by the number of publications, without lending enough support and providing affirmative action. And although the number of female academics and researchers continues to increase, women still hardly play a role in the STEM.[17] This is often seen as normal by education and research organisations, but in fact it runs a risk that gender inequality will be reflected in research.

Studies on organisational culture show the strong gender aspect and the influence of gender relations on the structure, management and achievement organisations.[18] Unfortunately, many organisations have a culture that is not built on principles of equal relations and inclusion. As a result, the needs, aspirations and specific characteristics of women are overlooked. Organisational culture that is dominated by masculine values tends to strengthen and recreate those values.

Gender neutrality is not enough

While personally many researchers may have a strong gender perspective, they are not necessarily able to use their perspective in conducting research. Researchers must adhere to the vision, mission and research priorities of the institutions they work for, and not many research organisations have a strong gender perspective. Gender issues and perspectives are often ignored because they are not considered a determinant of the success of research and advocacy.

This problem stems from a narrow understanding of the gender perspective. Gender is often understood only as a women's issue, which actually simplifies the social construction of gender roles, behaviours, expressions and identities that are the manifestation of physical, social and cultural self-awareness, both among men, women, as well as non-binary (genderqueer) people. In fact, the gender perspective in research is intended for researchers to build a more

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[16] Knowledge Sector Initiative. (2021). Retrieved from https://www.ksi-indonesia.org/id/wawasan/detail/2332-selama-pandemi-beban-ganda-hambat-peneliti-perempuan

[17] American Association of University Women. (n.d). Retrieved from https://www.aauw.org/resources/research/the-stem-gap/

[18] EM. Wilson. (1998). *Organizational Culture as a Framework for male and Female progression and preferred management style*.[PhD Thesis, Liverpool John Moores University]

comprehensive analysis of the studied phenomenon by recognising the various challenges or different impacts experienced by men, women and non-binary people in policies or interventions. This simplification of understanding of gender perspective results in the assumption that issues of concern to organisations are only relevant to certain genders. For example, there are issues that are considered masculine, such as defence, security, regionalism and global competition, and there are issues that are considered feminine, such as maternity and child health.

Incorporating a gender perspective into research organisations is not only a matter of partiality, but is also important in producing more credible policy recommendations, realising justice and equality in society and providing solutions to problems faced by both men and women.

In other words, research organisations are generally gender neutral. Gender perspective is not considered part of the strategy in achieving organisational goals. Any interventions and policies are assumed to have the same impact on women and men.

In addition to research practice, a gender-neutral view is also reflected in an organisation's staffing policy. Recruitment, development and determination of career paths in the organisation are solely determined based on merit, disregarding gender aspects. This results in a culture that on the surface may seem to provide capacity and career development opportunities and that is open to all gender identities, but in fact lacks equal interaction and a critical understanding of power relations.

From a gender-neutral view, organisations may appear not to discriminate on the basis of gender, as merit and job performance are the main determinants of success. From such a perspective, affirmative action in the form of giving quotas to women is actually considered a form of discrimination because it provides different treatment for men and women.

This gender-neutral attitude can be observed in seminars or discussions that present 'all-male panels', with the justification that organisers have had difficulty finding women resource persons or that the number of women who have expertise in certain fields is very limited. Even in ministries led by women, the experts assigned to be speakers or involved in research collaborations are often male.

Although at first glance it may appear fair, the gender-neutral approach does not account for the fact that in society there are injustices and inequalities experienced by women and gender minorities, something that is embedded in culture, religion and social norms.

The intersectional approach that is used to look at the problems faced by women with disabilities, for example, shows that the gender research agenda is not a matter of personal or individual interests, but it is a perspective that examines aspects that have been overlooked by a positivist and gender-neutral perspective.

The problem of the scarcity of gender research is often met with a suggestion to increase the number of female researchers so that more research can use a gender perspective. A proposal like this actually reinforces the horizontal segregation that distinguishes study subjects based on gender by grouping women in certain types of studies not often occupied by male researchers. The gender perspective is an approach that can be attached to various themes of social science studies, and can be carried out by women, men and non-binary researchers. Not all women think that incorporating a gender perspective into their studies is important. Not all male researchers overlook the importance of incorporating a gender perspective.

In placing the gender perspective in an isolated space, organisations will not see it as an integrated part of the research, advocacy, outcome and organisational change theory framework. As a result, organisations do not provide a mechanism to integrate a gender perspective in every study or piece of research. There is no design that can accommodate the differences between men and women in a logical framework, formulation of research questions, methodologies, presentation of results and advocacy strategies.

Changing organisational paradigm

A gender perspective is a tool that organisations can use to assess the effectiveness of research and can provide strategic benefits to planning. There are 3 reasons research organisations would benefit from adopting a gender perspective as an organisational paradigm.

First, organisations need to see that the gender perspective is not just a matter of partiality, but also important for efforts to improve the quality of analysis and policy recommendations resulting from research. The issues faced by women are issues faced by half the population, so a study without a gender perspective will yield an incomplete analysis. Policymaking must have a gender perspective if it is to be equitable, inclusive and credible. As stated by Jovana Mihajlović Trbovc and Ana Hofman in the *Toolkit for Integrating Gender-Sensitive Approaches into Research and Teaching*[19] studies that do not use a gender perspective are based on incomplete data.

Second, gender perspective takes into account the various special needs of gender minorities that require special policies. The gender perspective presents an opportunity to see that women and gender minorities can also offer different solutions to various community

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[19] Trbovc, Jovana Mihajlovic & Hofman, Ana. (2015). *Toolkit for Integrating Gender-Sensitive Approach into Research and Teaching*. Garcia Working Paper. Italy: University of Trento.

problems. Women and gender minorities need to be seen as equal partners with men in decision making, and their voices and opinions must receive an appropriate share in research.

Third, research institutions have an important role to push a more just and equal society as they can influence and inform policies. With a gender perspective, researchers can be more sensitive in seeing inequalities and injustices in society.

The efforts of research institutions to achieve gender justice can be seen from how they design, set priorities for, and develop study models, to how the principles of gender inclusion are applied, both in policies and in daily organisational practices.

Organisational culture is the foundation of change. It contains the norms, values, and habits that will ultimately lead to the quality of organisational performance. If an organisation wants to build a culture that will foster high human values and better gender equality for women and gender minorities, it needs to develop an inclusive and diverse strategy in line with its vision, mission and overall business plan. A comprehensive understanding of the gender perspective should be encouraged, both as an area of study and as an analytical tool to guide the governance, activities and policies of research organisations. Only in this way can the views of gender compartmentalisation and exclusivism in organisations be eroded.

Part 2:

Lessons Learned on Gender Equality, Disability and Social Inclusion Advocacy

Part 2: Lessons Learned on Gender Equality, Disability and Social Inclusion Advocacy

2.1

Violence against Women and Children

ICJ Makassar encourages Perda PPA to be an initiative of the DPRD of Bone regency

Wahidah Rustam,
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ICJ Makassar

It never occurred to Marni (pseudonym) that her marriage, which she entered at age 17, would end in divorce. After just 4 months, her husband's demeanour changed. Not only had he grown stingy with food, but he and alcohol were inseparable. Marni tried to bear it, but her husband went on and filed for divorce. They married as an underage couple – he was not much older than her. During their brief matrimony, they produced a child who at time of writing was 2 years old. In religious court, ICJ (Institute of Community Justice) Makassar provided assistance until Marni received an *iddah* period and the right to maintenance for herself and her child, although the latter did not materialise. Marni realised that she had been suffering in her marriage and that being married at such a young age was not a good thing for her.

Child marriage in Indonesia is a complex issue and remains difficult to solve. The National Parliament has amended the Marriage Law, namely the article on the statutory marriage age for girls (through Law No. 16 of 2019 concerning Amendments to Law No. 1 of 1974 concerning Marriage), but this is a small step, and many challenges remain. Notwithstanding the fact that the amendments to this law have yet to come into force, child marriage also involves issues of economy, education, culture, norms and the interpretation of dominant religious rules.

Child marriage in Bone, South Sulawesi

Marrying children at a young age in South Sulawesi is something of a 'prestige' for parents and families, especially when marrying girls. This tradition can elevate the family's social status, especially if the groom proposing is the son of prominent people, such as government officials, businessmen or a local community leader. The *panaik* money paid in fantastic sums is used to organise grand wedding parties that invite hundreds or even thousands of people, a signal that can catapult a family's social status. However, the story is different for girls with disabilities.

> *Regarding the money, so far I've never seen problems among my friends. True, as far as amounts, it may not be as much as most people. So usually the wedding is quite modest, regardless of requirements that are usually required by customs. What usually happens among people with visual impairments is cases of pregnancy out of wedlock (this often happens in special dormitories). When that happens, they are usually married off. But there are also those whose parents would not agree, and they would ultimately be ostracised from their families. So it's they who usually go panhandling. And they are quite vulnerable, because they don't have adequate knowledge about how to have a family.20*

Another factor that drives child marriage is the 'shortcut factor'. This can be experienced by girls with disabilities who are victims of sexual violence and become pregnant. The 'shortcut' solution for that situation is to marry them off to the perpetrator to avoid embarrassment. There are also those who marry off girls with disabilities to older men.

This was confirmed by M Rasyid, 46 years old, a community leader in Lanroe village, Bone regency. When asked what he thought of child marriages in his area, 'if the kids like each other then there is no problem... I'm sure no parent wants to see bad things happen to their child'.

BPS data shows that in South Sulawesi the percentage of people aged 20–24 who were married before the age of 18 was 14.10% (2018) and 12.11% (2019). These figures are above the national average of 10.82% (BPS, 2020). The prevalence of women aged 20–24 who married before the age of 18 was 11.21%, or about 1 in 9, while only 1 in 100 (0.92%) men aged 20–24 married underage. This data does not include children with disabilities who experienced child marriage.

Bone regency is one of the regencies in South Sulawesi that has become ICJ Makassar's focus in advocating for the development or change of regional policies that are expected to contribute

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[20] Testimony of Nur Syarif Ramadhan, Head of Yayasan Pergerakan Difabel Indonesia untuk Kesetaraan

to the prevention of child marriage. The number of child marriages in Bone regency is still high. Data from the Religious Courts of Bone regency in June 2020 showed the number of marriage exceptions was 127 cases (2016), 154 cases (2017), 184 cases (2018), 104 cases (2019) and 139 cases (2020).

Child marriages in Bone regency are generally carried out by way of *siri*, i.e. married religiously but not registered by the state. The absence of an official marriage registration has led to many bad effects and multi-layered suffering for children, but especially for women and children. Children resulting from unregistered marriages, besides not being considered legal by the state, the child loses the legal relationship with her father. As a result, many women and children lose their rights, such as the right to maintenance or inheritance, and wives do not get a fair distribution of property in divorce.

A number of studies confirm child marriage is the source of many other problems in society. The high rate of divorce, domestic violence, various health problems, maternal and child mortality, premature birth and stunting due to early marriage, ultimately reduces the quality of life, creates multiple vulnerabilities and traps people in chronic poverty.

One of the biggest challenges to ending child marriage in South Sulawesi is the strong perception in society that unmarried girls over the age of 20 are considered ‘past their prime’. This gender bias stigma is more common for girls. (For men, the standard age for marriage is 25 years). This perception is firmly entrenched in the understanding of parents and even their own children, thereby strengthening the pressure to marry young. As stated by the Head of DP3A Bone regency, Hj Rosnawati, ‘The cause of child marriage is parents feeling proud if more than a few people propose to their daughter. They are proud that their daughter is considered beautiful’.

Treating girls as ‘property’ is a form of gender-based violence that reinforces layers of injustice against girls through marriage. The power relationship between parents and children puts children in a position where they are unable to refuse a marriage or think about their own ideas for marriage and the future they dream of. Decisions on the welfare of children and the protection of children's rights are not being made in the best interests of the child, particularly in the case of girls.

Creating a legal umbrella for ending child marriage in Bone

The Government of Indonesia followed up changes to the statutory age for marriage in Law No. 16 of 2019 with the National Strategy for the Prevention of Child Marriage by Bappenas and the Ministry of Women’s Empowerment and Child Protection. With the support of the Australia Indonesia Partnership for Justice II (AIPJ2), ICJ advocates for regional regulations in Bone regency regarding the prevention of child marriage. Previously, ICJ was also fully involved in advocacy in Maros regency, which succeeded in issuing Maros Regent Regulation No. 21 of 2020 concerning the Prevention of Child Marriage.

One of the main challenges in ending child marriage is the misinterpretation of religion which is often used to justify child marriage. For this reason, ICJ advocates counter-narratives by inviting academics from State Islamic Universities to straighten out the interpretation. Professor Siti Aisyah Kara, a religious leader and academic at the Makassar State Islamic University, said

> *The purpose of marriage is [to create a family] that is 'sakinah, mawadah, warahmah' (comforting, loving, affectionate). In child marriage this is not found. In Islam, all actions that have a negative impact or harm human survival must be avoided. There are 5 basic principles of marriage that must be maintained in Islam: Religion, soul, mind, lineage and property. If the soul is unstable then the marriage must be postponed. Therefore, child marriage is prohibited because it hinders the achievement of the goal of sakinah mawadah warahmah.*

From a children's rights perspective, child marriage is a form of violence against children, greatly affecting all aspects of children's lives. Child marriage causes a host of problems for children, greatly impacting health, education and the economy. The change in the minimum statutory age of 19 years for men and women according to Law No. 16 of 2019 as an amendment to Law No. 1 of 1974 concerning Marriage, is encouraging for the impact it will have on health, education and the economy.

The Local Parliament (DPRD), as an institution that represents the community, is expected to initiate the formation of regional bylaws that can provide protection to the community. The regional bylaws initiated by the DPRD have more value because they open up wider space and opportunities for community involvement in the formation of public policy. On 13 September 2020, ICJ held an audience with the Chairperson of the Bone Regency DPRD and his staff virtually to convey ICJ's aims and objectives to encourage the Regional Regulation on Women and Child Protection in Bone regency to be taken up as an initiative of the DPRD of Bone regency. ICJ is committed to overseeing the Regional Regulation on Women and Child Protection until it is included in the priority of regional legislation in 2021. The chairman of the DPRD and his staff responded positively to the ICJ proposal and its network of supporters.

The draft bylaw proposed by ICJ already has a needs assessment study, as well as an academic text, and is summarised in the form of a policy brief for the DPRD's consideration. Previously, ICJ had conducted assessments and research involving respondents from groups of children and young people to compile these documents. On 3 November 2020, the Bone Regency DPRD issued a DPRD Decree No. 13/DPRD/XI/2020 concerning the Establishment of the 2020 Bone Regency Regional Regulation, in which the Regional Bylaw on Women and Child Protection is included in the 2021 Legislation Priority.

Lessons learned from the policy advocacy process carried out by ICJ to push the bylaw into a DPRD initiative include the importance of building arguments to end child marriage using the GEDSI lens in order to gain broad support, as well as the importance of strengthening inclusive networks and involving child marriage survivors as a modality to push this policy forward among the government and legislature, who have a strategic role in proposing and making policies at the regional level.

Stop child marriage in Kalibaru

Seto, Dwinda Nur Oceani
Rumah KitaB

‘*I don’t want to get married, I want to go to school first*,’ cried a teenager played by Febi, 17 years old, a member of the Itaci Theater, while performing at an International Women’s Day event held by Indonesian Child Protection Commission some time ago.

She played the character of a junior high school student whose parents are about to marry her off. In the story, Febi’s father owed a debt to a skipper in his area and couldn’t afford to pay it back. Febi was forced to marry the skipper to pay off her father’s debt, even though she was still in junior high school.

This was not the first time that Itaci Theater appeared in a women’s and children’s themed event. Previously, they performed at a Lenong Festival in July 2018. During the festival, teenagers from Kalibaru also brought up the theme of stopping child marriage.

The Itaci Theater plays are not fictional stories, but small portraits of real events that often occur in Kalibaru. But Febi is not acting, as much as she is speaking her heart: She is one of several minors in Cilincing, who are in danger of being married off by their parents.

Lenong is a cultural expression used by Itaci Theater to convey a message to people of Jakarta to stop the practice of child marriage. In Betawi culture, *lenong* is an expression of an egalitarian culture, allowing for the message to be directed to all levels of society.

It is not uncommon that religious figures actually legitimise the continuation of child marriage practices. The choice of using *lenong* is one strategy used by Rumah KitaB in situations where a religious platform that is supposed to convey this message is still dominated by misguided interpretations of child marriage.

Child marriages in the capital city

Despite being a cosmopolitan city, it seems that Jakarta is yet to free itself from child marriage. The 2013 National Socio-Economic Survey (*Susenas*), for example, noted that 5.6% of girls in Jakarta were married at under the age of 16, while the figure is 20.13% of those aged 16–18 years and 50.08% of those aged 19–24 years. This survey does not yet include data on children with disabilities who experience child marriage.

Kalibaru is one of the areas that contributes significantly to the number of child marriages in Jakarta. An assessment in 2017 by Achmat Hilmi, a Program Officer of Rumah Kita Bersama Foundation (Rumah KitaB) Berdaya (Empowered) Program, found that 20% of women who gave birth at Kalibaru *Puskesmas* were under the age of 18.

Kalibaru, Cilincing, North Jakarta, is one of the densest settlements in Jakarta, with a population of 85,065 and an area of 2,467 km^2. People often refer to Kalibaru as a '*kumis*' (*kumuh miskin* – poor slum) area – a stigmatising term. Tenements scattered throughout most of this area are generally 3 × 5 metres in size and inhabited by 5 to 8 people. Houses are generally semi-permanent and attached to sides of gutters with narrow paths between the structures.

Kalibaru community consists of various ethnic groups, such as Betawi, Bugis, Banten, Javanese, Sundanese and Madurese. Men in the area are generally factory workers, construction workers, roving traders/food cart operators, drivers, carpenter coolies, driver's assistants, with some teachers and civil servants. Some work odd jobs or are unemployed. Meanwhile, women's livelihoods include daily wage labourers, casual workers for toy and street food factories, shop vendors, garment sewing workers, skilled work such as hairdressers and scavengers in former evicted areas. This reflects the other face of Indonesia's capital.

Rumah KitaB study identified of causes for child marriage in Kalibaru, including compulsion of parents, as experienced by Febi. Some marry due to unwanted pregnancies. Besides that, a large number of out-of-school children who then work as coolies or manual laborers may be one of the reasons behind the high rate of child marriage here.

Poverty and patriarchal culture are reflected in the practice of child marriage. Girls are considered assets that can provide a way out of poverty, when the burden of parenting and maturation is shifted via the marriage shortcut.

According to a study by Komnas Perempuan,[21] women with disabilities are vulnerable to sexual violence and child marriage. Rasminah, a child marriage survivor who became a witness in the Constitutional Court's judicial review of Law No. 1 of 1974 concerning Marriage, is a woman with a disability who was forced to marry underage with an adult man

Public figures seem to be at their wit's end. 'We actually know that child marriage has many disadvantages, but we don't know how to deal with it', said Saiful, a community leader in Kalibaru.

Empowered to end child marriages

These factors prompted Rumah KitaB to set Kalibaru as a location for its Berdaya Program – a program to empower stakeholders, children and youth, parents, communities and local government agencies to prevent child marriage. The program, which has been running since 2017, is supported by the National Development Planning Agency in collaboration with the Department of Foreign Affairs and Trade (DFAT) Australia Indonesia Partnership for Justice II (AIPJ2). Apart from Kalibaru, Rumah KitaB runs similar programs in Cirebon and Makassar. The main objective of this program is to enable them to identify problems and long-term impacts of child marriage on children, families and communities.

Along with this initiative, advocacy is underway to revise an article on marriage age limit in Law No. 1 of 1974, which stipulates the age of 16 as the minimum. In its current form, the article is an obstacle to efforts to preventing the practice of child marriage.

One of the program's key activities is training of children and youth. Participants are teenagers from *Kelurahan* Kalibaru – both teenagers who are attending school and those who dropped out of school and are at risk of child marriage. There were 32 participants – 21 girls and 10 boys aged 13–18. All participants underwent a strict selection so that post training they could be involved in a campaign to prevent child marriage and promoting respect for marginalised groups (such as the elderly, persons with disabilities and different sexual orientation) in *Kelurahan* Kalibaru.

Using a method of games and group discussion, trainees were invited to understand child marriage, its problems and the dangers it poses to adolescent development. They were also asked to map out actors and various causes that encouraged the rise of child marriage in Kalibaru. In addition, participants were encouraged to understand the roles of men and women from a biological and sociological perspective as well as the basic concept of gender, its influence on child marriage and its different implications for boys and girls.

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[21] The National Commission for Eradication of Violence against Women. (2019). Disability Review Summary: Fulfillment of the Rights of Women with Disabilities Victims of Sexual Violence: Achievements and Challenges. Retrieved from https://komnasperempuan.go.id/pemetaan-kajian-prosiding-detail/laporan-ringkas-kajian-disabilitas-pemenuhan-hak-perempuan-disabilitas-korban-kekerasan-seksual-capaian-dan-tantangan

Another key activity is mentoring parents and community leaders. Mentoring is done primarily to dispel discriminatory views on gender and children's rights. Another activity is to garner support from local government institutions at community unit, *kelurahan* and sub-district levels.

Rumah KitaB also collaborates with religious-based civil society organisations in advocating to change the perspective of religious leaders who previously legitimised the practice of child marriage into supporting efforts to prevent child marriage. The content of this advocacy is based on the voices and experiences of victims. It is this knowledge that will be able to influence changes in the perspective of religious leaders.

Learning and changing through cultural expressions

The intensive training and mentoring conducted by Rumah KitaB seems to have had quite an impact on the youth. Andre, 26, Head of Karang Taruna Kalibaru and youth coordinator, shared how he was inspired by the training held by Rumah KitaB. He succeeded in developing training materials for a story script and then making a *lenong* performance. Andre, who is also the Head of Itaci Theater, likes to bring true stories of impact of child marriage on to stage. The play about Febi quoted at the beginning of this article is one of his works. 'We will continue to campaign to stop child marriage through performances. *Lenong* is entertaining in nature but can also criticise and be a messenger in a language that is easy to understand, so messages of prevention can be conveyed lightly', said Andre.

Rumah KitaB plays a role in developing the Itaci Theater community, playing *lenong* as an expression of egalitarian culture to end the practice of child marriage. Apart from receiving training materials, performance tools, and knowledge perspectives, they also have an opportunity and space to express themselves by being invited to events involving Rumah KitaB and AIPJ2. Itaci Theater is now preparing to take part in the Jakarta Theater Festival.

An important lesson found in this initiative is the importance of collecting data that is not only based on demographic (based on gender, age, occupation and other demographic status) but that is inclusive, for example including information on disability. This must be the basis if policy is to no longer leave already-marginalised groups behind.

The views of the people of Kalibaru have also started to change. Rumah KitaB's support allowed them to better understand the many impacts of child marriage, children's rights, gender and reproductive health. This change was observed in the residents' enthusiasm to attend the peak event of the Empowerment Program conducted by Rumah KitaB on 4 April 2019, entitled 'RW 06 Kalibaru towards a Child-friendly RW'. The event, attended by representatives from RT/RW, *kelurahan*, mayoral, agency and ministry levels, signifies an agreement between residents and youth of Kalibaru to become child-friendly neighbourhoods and to reject child marriage.

Handling sexual violence on campus

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Universitas Pendidikan Indonesia

In 2021, the Ministry of Education, Culture, Research and Technology issued regulations related to the prevention and handling of sexual violence on campus. This rule is contained in the Regulation of the Minister of Education and Culture, Research and Technology No. 30 of 2021 concerning the Prevention and Handling of Sexual Violence in Higher Education, which was signed by Minister Nadiem Makarim on 31 August 2021. Previously, the Director General of Islamic Education of the Ministry of Religion also issued a Decree of the Director General No. 5494 of 2019 concerning Guidelines for the Prevention and Control of Sexual Violence in Islamic Universities. In the decree, essentially, each Chancellor shall develop a Standard Operating Procedure (SOP) for the prevention and handling of sexual violence in their respective campuses.

These 2 regulations were born following a rise in cases of sexual violence on many campuses in Indonesia. Campuses that should be at the forefront of educating the community, including on the GEDSI (Gender Equality, Disability and Social Inclusion) perspective, are often unable to apply this perspective themselves with their indecisive and indifferent responses to cases of sexual violence on campus.

The tip of the iceberg of sexual violence on campuses in Indonesia

Cases of sexual harassment on campuses in Indonesia are likely just the tip of the iceberg. Victims are unlikely to speak up, so their number is probably far greater than what is recorded. Not all victims or witnesses will dare to report cases because of the perpetrator’s threats, shame and fear of tainting their image, or that of their families, institutions and the environment they are in. In early March 2019, we received shocking news about collaborative research conducted by Tirto.id media in collaboration with The Jakarta Post and VICE Indonesia, revealing allegations of violence against women and sexual harassment occurring in universities across Indonesia.

The Tirto.id website[22] reports that the research team received testimonies from 207 survivors of sexual violence, 174 of which were related to higher education institutions. The survivors are spread across 29 cities and come from 79 colleges. One of every 2 survivors who shared their story with the research team had experienced sexual violence repeatedly.

This research also revealed the variety of perpetrators of violence, from students, lecturers, alumni and strangers, to doctors at campus clinics. The abuse experienced by survivors does not only occur in the campus environment. Some cases often occur outside, such as at a lecturer's home, a boarding house, during an internship, at campus clinics, or via online messages. Half of all survivors never reported their incident to anyone.

A 2021 survey by the Directorate General of Higher Education of the Ministry of Education, Culture, Research and Technology showed as many as 77% of lecturers stated that sexual violence had occurred on campus and that 63% of them had not reported the cases they knew of.

Why is this happening?

The rise in cases is due to the lack of a gender perspective and partiality to women in addressing sexual violence on campus. This is evident from the slow handling of sexual violence on campus, which hinders justice for victims, and the lack of appropriate support to overcome the trauma of sexual violence.

The long and convoluted response from campus aggravates the mental condition of the victim and undermines confidence that their university is on their side. It is disheartening that an academic environment actually aggravates the investigation process by not immediately helping survivors get justice through legal channels or providing meaningful assistance.

This lack of a gender perspective also occurs when cases of sexual violence are reported to law enforcement agencies. Law enforcement personnel are often more concerned about the completeness of evidence or the timeliness of reporting, and victims are additionally traumatised when interrogators ask questions that corner them and weaken them psychologically, because of the stereotypes and stigma attached to victims of sexual

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[22] Zuhra, Wan Ulfa Nur. (2019, April 23). Testimoni Kekerasan Seksual: 174 Penyintas, 79 Kampus, 29 Kota. Retrieved from https://tirto.id/dmTW

harassment. The lack of support such as psychological assistance from campus can also contribute to trauma.

Learning from the Indonesian University of Education (UPI)

The increasing trend of sexual violence on campus has long been a concern of UPI. Since early 2020, there has been a movement from teaching staff and students urging UPI to provide a special room or institution for filing complaints and handling cases of sexual violence on campus.

The movement has caused some controversy, with some lecturers opposing the proposal to establish this institution, on the basis that it would only add more unneeded workload, or that it would tarnish the image and prestige of the UPI campus – reflecting the dominance of patriarchal culture and paradigms in higher learning institutions.

After strong pressure, the proposal to establish an institution gained attention. In early May 2020, at the initiative of a team of experts from the Center for Population Studies and Development, Women's Roles, and Child Assistance (PKPWPA), the volunteers succeeded in pressing for the issuance of a Decree from the Head of the UPI Research and Community Service Institute (LPPM) regarding the UPI Campus Anti-Violence Task Force. Immediately after the task force was launched, PKPWPA opened a link for complaints of cases of violence and received 46 complaints of sexual violence in various forms.

After the LPPM was convinced, the proponents of the movement urged the rectorate: 'If it is to become a world class university, UPI must have a crisis assistance centre, because the issue of gender-based violence has become a global concern'. The Ministry of Religion has issued a ministerial regulation on preventing acts of violence in religious colleges. MoECRT is also working on a similar regulation. So formally, there is no more excuses to reject the establishment of a crisis centre at UPI'. That was the argument that the movement's initiators gave to convince the rectorate at that time.

These arguments, plus a needs assessment survey, succeeded in convincing the rectorate to declare the establishment of a UPI crisis centre. On 27 January 2021, the UPI Crisis Assistance Center was born.

UPI's crisis centre has a standard operating procedure for handling complaints, including both formal and informal handling. Mild cases can usually be resolved by informal treatment, which can vary greatly in form, depending on the case being handled. Cases of this type are usually handled with psychological assistance, such as listening to survivors confiding and expressing their frustration, helping survivors stop online abuse by writing firm warning messages to perpetrators, and developing a database of perpetrators of online gender-based violence through the @upilawanks Instagram account.

Formal handling is used in cases that require the involvement of the work unit or faculty where the perpetrator is located. The Crisis Assistance Center will submit a written complaint with a formal cover letter signed by the PKPWPA Chair to the relevant official. Further handling is then submitted to faculty policy with recommendations from the Crisis Assistance Center. When a case cannot be resolved at the faculty level, it will proceed to the disciplinary commission. The Crisis Assistance Center will act as a companion for victims when the case is forwarded to the disciplinary committee.

In carrying out its mission, the UPI crisis centre collaborates with student organisations such as the Student Executive Board of the UPI Student Republic and other student organisations that care about gender issues. A volunteer team consisting of students from various majors assists in receiving complaints, handling cases and managing social media. These volunteers work under the supervision of the advocacy team.

Each case of violence has unique characteristics. Thus, the assistance methods also vary. In handling cases that are processed formally, the success of the handling depends strongly on awareness of gender justice and the alignment of the relevant officials. Victim blaming still occurs despite the victims being accompanied by an advocate. The challenge for facilitators is to provide complete explanations to people who handle cases at the faculty and university level, how to help them understand the psychological complexities of victims of violence during and after the occurrence of violence.

The UPI crisis centre has earned its keep, as it has revealed many cases of violence that were as yet unheard. It became a channel for the survivors who had almost given up because there was no place to complain. The university campus, a place to gain and develop knowledge for human virtue and benefit, as well as a place to affirm human values, needs to be at the forefront of fighting injustice and violence, including sexual violence. It is important for universities to be clearly on the side of the victims of sexual violence and continuously internalise a gender perspective in dealing with sexual violence.

The importance of supporting victims and prevention of sexual violence

To prevent sexual violence on campus, lessons learned from UPI make a case that the focus should not only be on assisting victims and taking legal action against perpetrators, but also on taking strategic steps. Having a crisis centre takes an accountability approach to emphasise how volunteers also play an important role in safe interventions in cases where sexual violence, harassment and/or stalking can occur on campus. The volunteers involved must possess GEDSI sensitivity, understand how to receive reports of cases of sexual violence, possess situational awareness and internalise the principle of siding with the victim.

So far, most of the handling of sexual violence on campus has focused almost exclusively on the process of handling and the need for a crisis centre. The presence of the crisis centre helps to enforce the norms that apply in society, and especially in the campus community – decency, morality and of course religious norms, but it is still at heart a reactive approach. A prevention model with a GEDSI approach is needed, such as building a culture of consent. A culture of consent entails not coercing anyone, respecting the autonomy of the body and holding the belief that one has authority over one's own body and choice of sexual contact.

Part 2: Lessons Learned on Gender Equality, Disability and Social Inclusion Advocacy

2.2

Inclusive Health Services

Menstrual hygiene management: whose responsibility?

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'Surprised, scared… cried right away, what is happening?' This is how Nadia,[23] a sixth grade student in Jakarta, felt when she saw blood staining her underwear. Nadia is certainly not alone. Seventy of the 75 students we interviewed said they felt uncomfortable when they first had their period – fear, shock, confusion, crying and even screaming for their mother.

In another case, 5 times Nita[24] came home from school early. Her sanitary pads felt full, and blood seeped through her skirt on the first day of menstruation at school. Nita came home early because she did not bring a spare sanitary pad to school, fearing that she might be ridiculed by her male friends who often open the bags of female students without permission to borrow things. Meanwhile, Aster[25] also chooses not to change her sanitary pads at school because the toilets are dirty and the doors are broken.

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[23] Pseudonym
[24] Pseudonym
[25] Pseudonym

Menstruation is natural for women, but it can be an unpleasant experience if adolescent girls are not prepared for it and their environment does not provide adequate support.

Fulfilling menstrual needs amounts to fulfilling women's rights

Menstrual health influences women's quality of life because it has the potential to affect their health (reproductive and pregnancy), educational participation, and in the long term it even affects their work participation. Fulfilling the right to health and menstrual hygiene for adolescent girls also means ensuring the fulfillment of children's rights to live, grow, develop and participate optimally.

During menstruation, women need to manage their hygiene, including changing their sanitary napkins every 4 hours, washing hands with soap before and after changing sanitary napkins, and wrapping sanitary napkins with plastic/paper bags before throwing them in the trash. They also need to know about the reproductive cycle, the physical, hormonal and emotional changes that occur, and manage their biological (menstrual pain) and psychological condition during menstruation.

To ensure the fulfillment of women's menstrual hygiene rights, a rights-based holistic intervention is needed. Fulfilling the right to proper water and sanitation facilities is not enough. To be able to experience menstruation comfortably, it is necessary to fulfil the rights of women (especially teenagers and adolescents) to information to form knowledge, skills and attitudes in dealing with menstruation. It is also necessary to form the attitude of peers, especially male friends, so that girls who are menstruating are no longer subject to bullying. It is also necessary to create societal norms that no longer treat menstruation as a taboo, so that the transfer of knowledge and skills to adolescent girls can occur properly. The view that menstruation is dirty and prohibitions related to menstruation, such as the prohibition on entering gardens in East Nusa Tenggara (NTT), also require intervention because they discriminate against women in public spaces.

Based on the research we conducted regarding the experiences of adolescents in dealing with menstruation in 3 districts/cities in Indonesia, the holistic fulfillment of menstrual health needs is still lacking. Education by parents, teachers and health workers of adolescent girls has not been carried out properly, and male students still like to mock female friends who are menstruating. In some areas in West Nusa Tenggara (NTB) and NTT, menstruation is still considered dirty and discussion among children and adults is taboo. For example, there are teachers who refuse to teach science subjects related to reproductive organs in the classroom, and even approved by the school's principal. Those who are supposed to protect girls' rights to study are silent and consider it 'reasonable' that such subjects are not taught.

Interventions to support MHM practice for adolescent girls

Seeing the fact that the Menstrual Hygiene Management (MHM) issue has not received the special attention it deserves, Plan International Indonesia Foundation (Plan Indonesia) sought to meet the challenges of managing menstrual hygiene faced by adolescent girls by designing holistic interventions. These interventions not only aim to build safe and comfortable toilet infrastructure, but also build support from the surrounding environment through education of various parties. The toilets built by Plan Indonesia are called 'MKM[26] toilets' and are equipped with waste bins, hand soap, spare sanitary napkins and spare skirts.[27]

In building environmental support, the forms of intervention implemented by Plan Indonesia vary depending on the audience. For health workers at the district level, the education process begins with the implementation of training of trainers (ToT) related to MHM. In some areas, these workshops were also attended by representatives of teachers and students. At the school level, MHM education is carried out in the form of workshops attended by teachers, principals, and parent representatives. This workshop aims to raise awareness about the importance of support from people around adolescent girls to help them deal with menstruation and maintain menstrual hygiene.

To attract the attention of students, including male students, the outreach was made more attractive by using theatrical performances (traditional *lenong*) as media. This theatre performance addressed topics such as explanation of menstruation, how to maintain cleanliness during menstruation, and admonishing the bullying of female students who are menstruating. Through this educational strategy it is hoped that sensitive information will become easier to understand.

What lessons can be learned?

We found that intervention programs related to MHM issues, such as those carried out by Plan Indonesia, have had a positive impact. In some intervention schools, principals, school committees, teachers, female students and even male students were more open to discussing the topic of menstruation. In addition, the availability of safe, accessible and comfortable restrooms have encouraged female students to change sanitary pads at school rather than return home. As a result, attendance of female students in intervention schools than non-intervention schools. Indirectly, this intervention program supports the right of female students to equal access to education.

Although positive impacts of the intervention are already visible, many challenges remain. First, there are still parents who do not feel the need to provide information about menstruation to

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[26] MKM is the Indonesian language equivalent of MHM.

[27] The initial stage of intervention has not accommodated inclusive development. That way, the research does not look at the disability aspect and does not involve respondents with disabilities.

their sons. In fact, the negative attitudes of male students, expressed for example through bullying, can affect female students in practicing MHM.

Additionally, adults around the students, including teachers and parents, might still fail to implement good MHM practices, such as changing sanitary pads frequently and washing hands before and after. How can the people who should be the first/main source of MHM information for adolescents provide adequate education if they do not practice good menstrual hygiene themselves?

When interventions can only be carried out within a limited time frame, the program needs to consider an exit strategy[28] to ensure the sustainability of the practice even after the intervention is completed. In this study, the exit strategy must ensure that those around adolescent girls take sustainable steps to conduct education related to MHM. In the intervention schools, there was no school policy to continue providing MHM information to female students after the Plan Indonesia program ends. Health workers also did not continue the implementation of MHM socialisation to schools.

Lastly, female students in intervention schools have not practiced all aspects of MHM well. They frequently still use sanitary pads for a long time (not changing every 4 hours) and rarely practice hand washing with soap before changing sanitary pads. This indicates that information-based interventions that are carried out only once, such as through drama performances, have not had a direct lasting impact to change behaviour among adolescents. Beliefs and cultures that view menstruation negatively also remains a factor that prevent adolescents from knowing and performing MHM.

What do we need to do going forward?

The PLAN program opened our eyes to the fact that many adolescent girls are not ready to deal with menstruation, that supporting them is our responsibility, and that there is a lot of room for improvement in this matter.

Stakeholders and the community have a responsibility to ensure a safe and comfortable learning environment for all students, including female students who have the right to a school environment that can ensure MHM. In designing interventions to improve MHM practice, it is also important to look at the diversity of conditions of adolescent girls, such as youth with disabilities or youth from certain welfare groups that affect MHM practice.

Specifically highlighting the issue of availability of toilets, although there is a Minister of National Education Regulation[29] which stipulates the standard of facilities and infrastructure for primary

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[28] An exit strategy is an effort to ensure that the positive impact of an intervention can continue even after the program concludes.

[29] Minister of National Education Regulation No. 24 of 2007 concerning Standards, Facilities and Infrastructure for Primary Schools (SD/MI), Secondary Schools (SMP/MTs), and High Schools Aliyah (SMA/MA).

and secondary schools (SD/MI, SMP/MTs and SMA/MA), questions still remain as to whether the toilets provided meet the standards. Our study found that in some schools, toilets were in poor condition. Such conditions suggest there is a lack of attention to MHM issues and an awareness among the community, especially in schools, that MHM has a major impact on the fulfillment of girls' rights to education.

Education for teachers and parents who are the first/main sources of information for adolescents regarding menstruation needs to be carried out not only to provide information, but also to encourage them to practice MHM well themselves, and create a more positive perspective and attitudes towards menstruation.

Small things that schools can do but are very valuable for female students include ensuring that male students and male teachers do not use female toilets; ensuring all toilet infrastructure is accessible to persons with disabilities; ensuring clean water and soap is available; placing waste bins and plastic/paper wrappings inside the toilet block; and providing uniforms, spare sanitary pads and underwear that can be used by students who are menstruating, at least at the school clinic.

General education should not take a back seat to practical considerations: young women often have a myriad of unanswered questions.

Why does menstruation suddenly come and suddenly disappear? Why are menstrual cycles irregular? What is the normal color of menstruation (red or brown)? How to use sanitary pads so they don't leak, how many times do you have to change sanitary pads? How do you clean dirty sanitary pads properly, and how do you maintain cleanliness, health and comfort during menstruation? What types of sanitary pads are good and safe according to your health? Can feminine soap really clean genital area and is there any effect on female health? Can a woman who is menstruating get pregnant if she sits close to a male friend?

Education should help them to understand and deal with menstruation properly. Adolescent girls' anxieties and fears regarding menstruation, blood and ridicule from male friends, deserve to be treated as important and addressed immediately. This is the time for parents, teachers, school principals, the government and all of us to make all young girls, including girls with disabilities, ready and able to manage their menstrual hygiene properly. Understanding MHM issues as a shared responsibility means that we are one step ahead in fulfilling women's rights to health and education on equal terms.

Persons with disabilities and access to health services

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Persons with disabilities frequently experience inequities in health service access and standards of healthcare intervention. Facilities at the health centres (Puskesmas) are not universally designed to be accessible to persons with disabilities and health staff are rarely trained in disability awareness and disability-inclusive healthcare. For persons with disabilities, accessing health services may require more time and rely on additional assistance from health workers who are limited in number and often engaged in busy or stressful work. In addition to being denied access to health services, many persons with disabilities are not registered by their family to be eligible for health insurance. There is still a stigma to disability, and in Indonesia, persons with disabilities are often considered a disgrace or an embarrassment to their family.

> *There are still many obstacles for persons with disabilities (hearing, vision, mobility, and others) to access services at the Puskesmas. For example, when entering the Puskesmas, a person using a wheelchair might find the ramp is too steep, the registration desk too high, doorways too narrow and so on…*
>
> *(A person with disabilities who has difficulty in mobility in Klaten, Central Java, 14 August 2020)*

There is a need to better understand barriers to health equity for persons with disabilities and this research aims to raise awareness and understanding of the need for disability inclusion in health services and programs. The stories from the informants in this research illustrate how persons with disabilities do not have the same access to public services and, most importantly, to health services.

Research location and health insurance

Klaten in Central Java and Wajo district were chosen as the locations for this research into health service accessibility. These 2 districts were chosen for their relatively high rates of disability – 10%, which is above the national average of 9.7%.[30]

One of the Puskesmas that was researched is in Wajo regency, South Sulawesi. The Puskesmas had many physical access barriers and lacked facilities needed by persons with disabilities, such as accessible toilets, hand washing basins that are positioned appropriately for wheelchair users, or registration desks set at a height accessible for persons with mobility difficulties.

The ownership of health insurance, including the Indonesian Health Card, Healthcare and Social Security Agency or Local health insurance schemes, was chosen as the main indicator for this research. Thirty-one per cent of persons with disabilities still do not have health insurance coverage. Quality of service and ease of access to health services was chosen as a secondary indicator. At the time the research was conducted, at least 135,000 persons with disabilities were denied access to health services.

Budget and disability literacy

Around 25 million people, 9.7% of Indonesia's population, are persons with disabilities. This large number, however, is not matched by adequate healthcare services. In Klaten, for example, during the COVID-19 pandemic – which coincided with this research – persons with disabilities did not get adequate information about public health protocols required to reduce risk of acquiring COVID-19 and spreading it to others. People with hearing impairments experienced communication barriers due to the lack of access to sign language interpreters and to alternative formats of public health information. Information about health protocols was disseminated primarily through spoken communication, such as by radio and television.

The Klaten regency government does not have a budget allocated for the procurement of communication aids and technology, including hearing aids or speech to text technologies. Services between health facilities also vary depending on health workers' understanding of disability inclusion, diversity of disability and the experience of persons with disabilities. Most

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[30] Badan Pusat Statistik. (2020). Survei Sosial Ekonomi Nasional (Susenas), 2019 Kor. Retrieved from https://dataverse.harvard.edu/dataset.xhtml?persistentId=doi:10.7910/DVN/9T0QN1

health service facilities do not have a Standard Operating Procedure (SOP) to ensure the use of disability-inclusive practices or address barriers to access.

‘The services in each Puskesmas are different, depending on how health workers understand the problems faced by persons with disabilities. Most Puskesmas do not have an SOP to serve patients with disabilities. However, there are some Puskesmas that already implement an SOP’, said a research participant in Klaten.

Conditions in Wajo are similar with conditions in Klaten and healthcare policies for persons with disabilities have not been implemented in their entirety.

Preparation of commitments and recommendations

Article 33 Indonesia engaged in a series of activities to establish communication with the governments of Wajo regency and Klaten regency where this research was conducted. It started with engaging the local governments in the preparation of the initial study plan, in secondary and primary data collection, as well as giving them opportunities to provide input on findings. Building a relationship from the inception of this research created a sense of mutual trust between the research team and the relevant agencies, making it easier to collect data.

The engagement and involvement of government and non-government stakeholders allowed this research to be conducted effectively. The focus group discussions (FGD) involved persons with disabilities, associations of persons with disabilities, the social affairs office, health office and the regional planning and development agency (Bappeda).

These intensive FGDs with stakeholders produced several recommendations based on the research findings. One of the findings was that Wajo regency did not have a committee (in the local government structure) and Disabled People’s Organisations (DPOs). DPOs are important in voicing the rights of persons with disabilities to be included in local regulations related to health services for persons with disabilities. In Klaten, the Head of Regent issued the Regent Regulation No. 47 of 2020 concerning the Committee for the Protection and Fulfillment of the Rights of Persons with Disabilities in Klaten Regency, supporting the protection and fulfillment of the rights of persons with disabilities in Klaten regency – including their right to health services

Meanwhile, organisations for persons with disabilities, apart from voicing the rights or aspirations of persons with disabilities related to health services, are also particularly important in procuring assistive devices for persons with disabilities. Through these organisations, persons with disabilities may use the network with other institutions allows to gather support or assistance related to the procurement of these devices.

Klaten regency has agreed to reward 3 health facilities to improve their performance or motivate other health facilities to complete or improve their facilities to ensure that they are accessible to persons with disabilities. The award will be given in conjunction with the commemoration of National Health Day (12 November). Awards are seen to be more effective than imposing disincentives in the form of sanctions to ensure that responsible parties carry out the activities.

The Klaten regency government has planned to allocate a special budget in its local government budget for health facilities to finance strategies required to develop disability-inclusive health services. It is advised that the budget include allocation for the development and delivery of disability awareness training for all health workers. The disability awareness training should be developed and delivered using a rights-based approach with DPOs who are to be paid for their time and expertise. The training needs to include the experiences of people with a diverse range of disabilities, including people with psychosocial disability, intellectual disability, communication and sensory disabilities and physical disabilities.

Data and information on persons with disabilities will be updated regularly and intensively so that district governments can ensure that persons with disabilities have more freedom in accessing health insurance.

Fulfilment of rights

The right to healthcare is one of the basic rights of all citizens, without exception and without discrimination. Stakeholders need to take the right approach in realising universal health services. The one-size-fits-all approach in policy can actually marginalise vulnerable groups, especially persons with disabilities. The advocacy and support of stakeholders is integral to the provision of health services to persons with disabilities in all types of existing health facilities.

For this reason, mainstreaming the GEDSI perspective in research and advocacy is important to exploring accurate evidence and enriching knowledge, especially in considering the various impacts experienced by research subjects with various types of disabilities and the various aspects of vulnerability experienced by various types of disabilities in society.

This advocacy emphasises the application of the concept of inclusion to address issues of marginalisation and discrimination against persons with disabilities. The implementation of inclusive health services requires a positive social environment, and accessibility and affordability of the physical environment in the form of buildings and infrastructure. Public policies that are responsive to the protection and fulfilment of the rights of persons with disabilities are a guarantee for the implementation of impartial public programs and services. Responsive policies that place persons with disabilities under the diversity and inclusion umbrella can make a significant positive contribution to development.

The spirit of mainstreaming gender equality and social inclusion in advocating for the use of SITEPAT RAMAH data at the village level

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SurveyMETER

Studies in the health sector have reported an association between child malnutrition and the Gender Inequality Index. An analysis of 96 countries shows that gender inequality, as indicated by the Gender Inequality Index, can explain most of the variations in chronic malnutrition in children in these countries.[31] Chronic malnutrition in children, which is often referred to as stunting, is a condition of growth failure in the first 1000 days of a child's life, from the womb until after birth, which causes metabolic disorders that can lead the emergence of non-communicable diseases and stunted cognitive abilities.

Citing the results of the 2019 Ministry of Health Nutritional Status Study of Children Under Five, the national prevalence of stunting of children under 5 in Indonesia is 27.7%.

According to the World Health Organization (WHO),[32] public health problems can be considered chronic if the prevalence of stunting exceeds 20%. Stunting causes children to suffer from

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[31] Marphatia, A. A., Cole, T. J., Grijalva-Eternod, C., & Wells, J. C. K. (2016). Associations of gender inequality with child malnutrition and mortality across 96 countries. Global Health, Epidemiology and Genomics, 1(6), 1-8. doi:10.1017/gheg.2016.1

[32] cited from Ministry of Health of Republic Indonesia. (2018). Retrieved from http://p2ptm.kemkes.go.id/artikel-sehat/1-dari-3-balita-indonesia-derita-stunting

illnesses easily, have poor posture and reduced cognitive abilities as adults, which can result in long-term economic losses for individuals and society. To overcome this, intervention in the first 1,000 days of life is very important.

The interventions for stunting prevention must be carried out by looking at the locus of stunting, especially by focusing on Community Health Center (Puskesmas) data. Puskesmas, as a basic service unit in the community, is at the forefront in handling stunting. The completeness and high quality of data at the Puskesmas level can serve as the basis for looking at the stunting problem in greater detail and clarity. Stakeholder participation at the village, sub-district and district levels is essential in prevention of stunting, with each bearing a part of the responsibility to provide accurate information to local stakeholders through data processing based on the location of focus.

Intervention

In 2018, SurveyMETER with the support of the Knowledge Sector Initiative (KSI) conducted a Study on Development of a Data-Based Integrated System for Handling Stunting at the Health Center Level (STPSP) in Patianrowo sub-district, Nganjuk regency, East Java province. This study combined training for health cadres, midwives and Puskesmas staff in collecting data on maternal, children, under-five infants health and sanitation in the study area. The development of an integrated system is important as the basis for proper planning and budgeting at the village, sub-district and district levels.

The STPSP activity targeted one or more village midwives/village health cadres in one sub-district in Nganjuk regency to participate continually. The direct output of this activity is improved knowledge and skills of village midwives and health cadres on program data management. This system addresses the need for real-time basic data in selected villages. The resulting data is then stored and displayed on the dashboard of the Integrated System for Handling Stunting Based on Household and Individual Data (SiTEPAT RAMAH) – a database system accessible by stakeholders. The data analysis results from this approach complement the basic data as it allows for continuous observation. This approach also functions as a mechanism for reviewing the data quality and verifying the validity of data reported by midwives/village health cadres.

Data utilisation

The development of SiTEPAT RAMAH was followed up with a series of outreach activities and advocacy of the study results to the local sub-district and village governments. Data collection ended in March 2019, and in August 2019 the SurveyMETER study team in collaboration with the Patianrowo Health Center conducted a training for village health cadres to read and utilise data from the dashboard. The study team provided training material they could use in advocating to the local village government. The health cadres that participated in the training are active data collectors in their respective villages, so it is likely that they will be involved in village consultations, including at the Village Development Plan Consultations (Musrenbangdes).

The health cadres will then communicate to their village to include the reduction of stunting and malnutrition of children under 5 as a village policy through a focused supplementary feeding program (PMT). Another issue is to improve the quality of data and basic health services and Integrated Service Posts (Posyandu) in villages by procuring electric scales and measuring equipment in accordance with WHO standards as introduced by SurveyMETER.

This advocacy has produced results. Several villages in the sub-district are now using the study data as a reference for policies and programs. Of the 11 villages in the Patianrowo sub-district, Ngrombot and Tirtobinangun villages responded to the health cadres advocacy by involving the health cadres in the Musrenbangdes. They followed up the advocacy by submitting a budget plan to use village funds. A few months later, the focused supplementary feeding program and the procurement of these devices was also realised in several other villages, namely Babadan, Ngepung, Patianrowo, Bukur and Ngrombot. In Ngrombot, after measuring and weighing instruments became available, the cadres followed up with training on their use for all village health cadres. Following advocacy by the health cadres, there are now 6 villages that have succeeded in providing facilitation in the form of measuring tools and/or electronic scales .

The spirit of mainstreaming Gender Equality, Disability and Social Inclusion

The study on the implementation of SiTEPAT RAMAH and STPSP supported by KSI aimed to mainstream Gender Equality, Disability and Social Inclusion (GEDSI). It included efforts to create policies with a gender perspective and improve women's rights in rural areas by increasing the knowledge and skills of midwives and health cadres who, in Patianrowo sub-district, were all women. The issue of stunting in the villages is strategic and directly related to the issue of reproductive health, and maternal and infant health services.

Women have often been underestimated in governance and treated unequally in policymaking in villages. By increasing women's knowledge and skills regarding data management and advocacy, women's involvement in village activities and policymaking has proven to produce policies that can support stunting prevention in Patianrowo sub-district. The voices of women in formulating village policy programs related to maternal and infant health has produced more holistic and substantive policies. The village government actually benefits when it involves women's groups in policymaking.

SurveyMETER intervention in Patianrowo has produced scientific evidence showing that efforts to promote women's equal participation in society have had major benefits for children's health and survival.[33] The availability of accurate and gender-sensitive data is important as a reference for the formulation of stunting-prevention policies in villages. However, it is also necessary to consider approaches and methods of data collection that can produce disaggregated data on disability to accommodate the need for women's services that are inclusive for women with disabilities. Going forward, this intervention needs to also consider the aspect of intersectionality to ensure that the program benefits all women, including women with disabilities or women in socially marginalised groups. When these groups can participate fully in the formulation of village policy programs on maternity and childhood health, these programs will in turn grow more inclusive and show better outcomes.

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[33] Permatasari, T. A. E., Rizqiya, F., Kusumaningati, W., Suryaalamsah, I. I., & Hermiwahyoeni, Z. (2021). The effect of nutrition and reproductive health education of pregnant women in Indonesia using quasi experimental study. BMC Pregnancy and Childbirth, 180. Retrieved from https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-021-03676-x

Pioneering the path to inclusive mental-health advocacy

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Mental health services at primary care health facilities such as Community Health Centers (*Puskesmas*) and clinics continue to be inadequate. Besides service quality issues like the availability of medicine, recording and reporting and the capacity of health workers, people with psychosocial disability continue to be discriminated against and stigmatised by when they seek health treatment and mental health services.

Stigma and discriminatory treatment at the hands of health workers are experienced not only by people with psychosocial disability, but also by people of diverse sexual orientation and marginalised gender identity groups. This stigma is often manifested in the name of morality or religious perspective.

As recounted by one person with psychosocial disability interviewed for this study, 'I happen to be LGBT and sometimes my straight female friends who I really click with, when I go there [to a health centre], I am told to turn to God, and to not forget to pray. Then, it's like this, huh?'

Other respondents in Yogyakarta described being subject to judgmental comments by health workers. An example was shared by one participant who experienced attitudinal barriers based on the intersection of her psychosocial disability, gender and cultural/religious identity while at a session with a psychiatrist for mental health services. The psychiatrist commented: 'Miss, you are a Muslim, right? Why do you have tattoos?' The psychiatrist's attitude and focus on her tattoos rather than her mental health needs discouraged her to return to the same place for follow-up sessions.

Flow of service

In Indonesia, there are 3 categories of health facilities that provide mental health services: primary health facilities, such as *Puskesmas* and clinics; secondary health facilities for referrals, such as public hospitals; and tertiary level health facilities, being psychiatric hospitals. As the name implies, primary health facilities are at the forefront to provide inclusive mental health services. Types of services offered by primary health facilities include mental health promotion, medication and recovery-focused rehabilitation.

Puskesmas, as a public primary health facility can be found at *kelurahan* and sub-district levels. Mental health services at the *Puskesmas* are the most accessible because they are free for anybody enrolled in the National Health Insurance scheme (JKN). Non-JKN users are charged a tariff of IDR15,000 to 30,000 per visit.

The flow of mental health services at *Puskesmas* starts from registration at a general polyclinic. If there are indications of mental health issues during diagnosis, a screening will be performed by a doctor. If the *Puskesmas* does not have professional mental health personnel (a clinical psychologist or psychiatrist), the patient will seek counselling with nurses or doctors who are trained in mental health. Then, if further treatment is needed at a hospital, or the patient requires a medical prescription that is not available at the *Puskesmas*, the patient will be given a referral letter and referred to a hospital.

If the *Puskesmas* does have a psychologist or psychiatrist and the screening results point to indications of a mental illness, the patient will be referred to a polyclinic for further screening or counselling. If further treatment is needed at a hospital or medical prescriptions are required that are not available at the *Puskesmas*, the patient will also be given a letter of referral to a hospital. Particularly in situations of a relapse/emergency, such as episodes of psychosis and suicide attempts, persons in need of mental health services will usually be referred directly to the hospital's emergency department for immediate treatment.

Advocacy strategy

There is a phenomenon known as 'medical excursion', where people in need of mental health services move from one service facility to another to find health workers with whom they can feel safe and comfortable and get appropriate treatment. This phenomenon is the end result of health workers stigmatising and judging survivors or their families. Safety and comfort are essential to supporting the successful treatment of survivors.

The more acute the stigma towards the family of a person with psychosocial disability, the more difficult it is for them to access needed care and treatment services. The issue of stigma reinforces the lack of understanding among mental health workers that occurs due to lack of encounters with issues of diversity (such as sexual orientation, gender and self-expression) and uneven understanding of the importance of providing services without discrimination. This complex issue can be addressed by strengthening advocacy aimed at policy changes and improving understanding of mental health and psychosocial disability.

Since starting research on evaluating mental health services at *Puskesmas* in 2019, the Atma Jaya Catholic University HIV/AIDS Research Center (PPH Unika Atma Jaya) has the intention to promote changes or provide support, especially for mental health services at the *Puskesmas*. For that purpose, its research is supported by a sustainable advocacy strategy where stakeholder involvement is the first step in the advocacy process.

In 2019, PPH Atma Jaya conducted an evaluation and advocacy study in 4 cities – Yogyakarta, Jakarta, Palu and Denpasar – to map mental health service problems and promote inclusivity in mental health service policies. The research and advocacy started by establishing a technical working group (TWG), which included policymakers, i.e. Sub-Directorate of Mental Health and Drugs of DKI Jakarta Health Office; Indonesian Mental Nurses Association; Indonesian Social Workers Association; academics, consisting of lecturers and researchers on mental health from Atma Jaya Catholic University of Indonesia; and the mental health community consisting of Bipolar Care Indonesia, Into the Light, Mother Hope Indonesia and Indonesian Schizophrenia Care Community. An important result to note from this TWG is the support from stakeholders in preparing the technical guidelines for mental health services at the DKI Jakarta Community Health Centers (*Puskesmas*).

To intensify research and advocacy, the TWG changed its strategy with a community of practice (CoP) approach. CoP is a forum for practitioners and individuals who care about mental health issues to share knowledge, especially tacit knowledge. Through regular interaction in this forum, CoP also became a learning strategy that connects communities, activates dialogue, learning and knowledge sharing, strengthens collaborative work and supports new knowledge. Knowledge-sharing activities are expected to lead to a collaborative application of knowledge in research, education, intervention and advocacy processes.

Knowledge sharing

CoP was the first step in creating synergy among mental health stakeholders to create mental health services that are accessible and inclusive to all groups in society, especially marginalised groups. At time of writing, CoP has built 13 directories related to mental health, which include mental health and policy, mental health and disorders, disasters, counselling and therapy, mental health and emerging diseases, mental health and HIV, suicide prevention, mental health and chronic physical illness, mental health of children and adolescents, mental health of adults and the elderly, mental health and gender, mental health and caregivers, and mental health and disability.

The success and effectiveness of CoP is largely determined by how active its members are. To that end, CoP is in a process of establishing a governing body that will work for a certain period of time to foster and practice a culture of knowledge sharing among members through sharing sessions.

CoP also needs to develop a roadmap for mental health advocacy in Indonesia as a form of agreement on a more inclusive mental health policy improvement agenda. Considering that each member also has their own interest – as individuals and as representatives of their organisation – this roadmap is expected to be able to bring together these various interests and encourage them to assume roles according to their capacity to achieve the agreed goals.

Urgency of the GEDSI lens

The phenomenon of stigmatisation in mental health services can be fought by applying the gender equality, disability and social inclusion (GEDSI) lens, especially in research on mental health. Through the application of the GEDSI lens, inequality in mental health services can be reduced, because mental health problems concern not only the individuals in question, but also the individual's situation in their social environment.

Applying the GEDSI lens can help reveal social exclusion and the complexity of mental health problems in Indonesia. A life-course approach in mental-health-related research needs to be carried out with an emphasis on prevention and early intervention at all stages of life.

The diversity of knowledge and background of parties in the CoP can broaden horizons, perspectives, or perceptions about mental health, which can serve as a valuable resource for responding to mental health issues more strategically. Greater diversity in mental health research allows more people to contribute through experience and knowledge sharing.

CoP enables a multidisciplinary approach, which empowers research on mental health to produce new and broader perspectives on this issue. Involving stakeholders from multiple backgrounds is also expected to be able to answer problems related to the handling of mental health in Indonesia. Stakeholders must agree that problems related to mental health handling must be resolved and be free from stigmatisation or discrimination.

CoP practice in research combines the expertise of mental health practitioners, mental health workers, service users, carers/attendants, policymakers and researchers together with a multidisciplinary approach. This form of co-production, along with user-led research, both warrant further study as new disciplines in mental health.

Psychosocial support for people living with HIV/AIDS

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The Indonesian Ministry of Health provides free antiretroviral (ARV) drugs and therapy for people living with HIV/AIDS (PLHIV). With the provision of this drug, the Ministry of Health is targeting that by 2030 there will be no more new HIV infections, no more deaths from AIDS, and no more stigma and discrimination against people living with HIV.

This target will be achieved with the '90-90-90 Fast-Track' strategy, which was launched in 2017. The name '90-90-90' means that 90% of people infected with HIV have checked themselves and know their status, 90% of people who know their PLHIV status are already taking ARVs, and 90% of people who have done ARV therapy have undetectable virus levels in their bodies, thereby reducing virus transmission.

The strategy has been far from successful. As of September 2019, only 57% of people living with HIV in Indonesia know their status, of those only 19% are taking ARVs, and only 1% know that the virus in their bodies is undetectable.[34] The low consumption of ARVs is a surprising phenomenon because these drugs have shown real benefits, namely reducing morbidity, mortality and the number of new infections.

Why has the '90-90-90 Fast-Track' strategy failed?

PPH Unika Atma Jaya has attempted to investigate the reasons for the failure of this strategy, in particular why people living with HIV tend to be reluctant to take ARV drugs.

We examine this problem, especially in the community of Men who have Sex with Men (MSM), using a phenomenological approach – an approach that looks at understanding social and psychological phenomena from the perspective of the people involved (Harper, Bruce, Hosek, Fernandez & Rood, 2014). Data collection and analysis is conducted using a life course approach that can describe the life experiences of the informants without the bias of the researcher's thinking.[35] Their research report also prioritises direct quotes from informants voicing their own experiences.

The data analysis process is carried out in 2 stages: first, creating a 'lifespan' based on the chronology of events and, second, conducting a thematic analysis. The lifespan was created to map and understand unique and important experiences related to issues of self-acceptance as MSM, having HIV status and having ARV commitment, as recommended by Manen.[36] Thematic analysis was conducted using QDA Miner Lite v2.0.7. Important themes related to issues found in the first analysis process were identified and coded inductively (data driven) from raw qualitative data sourced from interview transcripts.[37] Researchers looked for themes that emerged from the life stories of the informants by exploring what the informants conveyed, and integrating the findings. The identified data is then analysed and reported based on identified patterns.[38]

We interviewed 5 MSM who are PLHIV. We met with each individual 4 to 5 times. During the interview, we traced their life journey as MSM, the process of how they realised and responded to their HIV status, to how they started, stopped or continued their ARV therapy.

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[34] Susanti, Reni. (2019). ODHA di Indonesia Tak Dapat Layanan Kesehatan HIV. Retrieved from https://regional.kompas.com/read/2019/12/02/08305701/rumah-cemara-518516-odha-di-indonesia-tak-dapat-layanan-kesehatan-hiv?page=all#:~:text=Sebab%20di%20sisa%2012%20bulan,Odha%20yang%20memeroleh%20pengobatan%20ARV,

[35] Dreyfus, H.L., & Wrathall, M. A. (Eds.). (2009*). A Companion to Phenomenology and Existentialism*. John Wiley & Sons

[36] Manen, M. van. (2017a). *But Is It Phenomenology?* https://doi.org/10.1177/1049732317699570

[37] Boyatzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and code development*. SAGE.

[38] Liamputtong, P. (2010). *Performing Qualitative Cross-Cultural Research*. Cambridge University Press.

Considerations in using ARV

This research found that PLHIV's knowledge about ARVs was often not sufficient to encourage them to take ARVs. For example, Alam[39] and Erza[40] – an MSM couple who are PLHIV – were both still reluctant to take the treatment, although they were fluent in explaining its benefits.

They and other informants said that using ARVs is a long-term commitment that may be accompanied by side effects, according to several previous studies.[41][42][43] When they first started taking ARVs, they also experienced the fear that it may change their physique, something that is considered very important to some MSMs.[44][45][46]

Erza's experience shows that health is a consideration for someone to stop or start using ARVs. He started taking ARVs when his health declined. Four years later, he stopped taking ARVs because of his psychological situation. After quitting, Erza still felt healthy. When he feels healthy or convinces himself to be healthy, he will not access ARV treatment. Research conducted by Kuznetsova et al.[47] had the same finding.

Meanwhile, the 5 informants believed that the use of ARVs could extend their life for a long time – the desire to be healthy is the driving factor behind using ARVs.

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[39] Pseudonym

[40] Pseudonym

[41] Bayona, Erik, *et al*. (2017). *The Experiences of Newly Diagnosed Men Who Have Sex with Men Entering the HIV Care Cascade in Lima, Peru, 2015–2016: A Qualitative Analysis of Counselor–Participant Text Message Exchanges*. *Cyberpsychology, Behavior, and Social Networking*, Volume 20, Number 6. DOI: 10.1089/cyber.2016.0435

[42] Knight, R., Small, W., Thomson, K., Gilbert, M., & Shoveller, J. (2016). *Implementation challenges and opportunities for HIV Treatment as Prevention (TasP) among young men in Vancouver, Canada : a qualitative study*. *BMC Public Health*, 1–10. https://doi.org/10.1186/s12889-016-2943-y

[43] Liu, Y., *et al*. (2016). *Barriers and facilitators of linkage to and engagement in HIV care among HIV-positive men who have sex with men in China: A qualitative study*. *AIDS Patient Care and STDs*, 30 (2), 70–77. https://doi.org/10.1089/apc.2015.0296

[44] Bayona, Erik, *et al*. (2017). *The Experiences of Newly Diagnosed Men Who Have Sex with Men Entering the HIV Care Cascade in Lima, Peru, 2015–2016: A Qualitative Analysis of Counselor–Participant Text Message Exchanges*. *Cyberpsychology, Behavior, and Social Networking*, Volume 20, Number 6. DOI: 10.1089/cyber.2016.0435

[45] Philbin, M. M., Hirsch, J. S., Wilson, P. A., Ly, A. T., Giang, M., & Parker, R. G. (2018). Structural barriers to HIV prevention among men who have sex with men (MSM) in Vietnam : Diversity , stigma , and healthcare access, 1–16.

[46] Zeglin, R. J. (2015). Assessing the Role of Masculinity in the Transmission of HIV: A Systematic Review to Inform HIV Risk Reduction Counseling Interventions for Men Who Have Sex with Men. Archives of Sexual Behavior, 44(7), 1979–1990. https://doi.org/10.1007/s10508-015-0501-9

[47] Kuznetsova, A., Meylakhs, A., Amirkhanian, Y., Kelly, J., Yokovlev, A., Musatov, V., & Amirkhanian, A. (2016). *Barriers and Facilitators of HIV Care Engagement: Results of a Qualitative Study in St. Petersburg, Russia*. *AIDS Behav*, 20 (10), 2433–2443. https://doi.org/10.1007/s10461-015-1282-9.Barriers

Dreams about the future have become a strong motivating factor. When MSM friends talk about the future, their thoughts are often shrouded in layers of stigma: as MSMs, as people living with HIV positive status, and as people who use ARVs for life.

Anand et al.[48] found that MSMs are often subject to double stigma so they tend to keep their sexual behaviour and HIV status secret. Stigma from the closest people is something that PLHIVs try to avoid especially for those who have not fully accepted their HIV status or sexual behaviour. They feel uncomfortable using ARVs in front of their friends or family, which then affects their discipline in taking drugs in certain situations.[49] The stigma is not only obtained from the environment around them, they also internalise the stigma within themselves.

Self-acceptance of MSM behaviour and HIV positive status are the basic things that encourage someone to start and adhere to ARV treatment. If a person has not accepted their HIV status, there will be many reasons for delaying or refusing ARVs. Brion et al.[50] stated that living with HIV can make a person feel that they have lost something valuable in themselves, which could include health, security and future plans.

The sense of loss will encourage denial, and can cause a person to experience feelings of anger and/or depression. Accepting HIV status and treatment is a dynamic process and is determined by personal and external factors. Variations in life experiences provide different explanations for someone's ARV treatment experience. These factors influence their reasoning in understanding the risks and benefits of using ARV drugs, which then determines whether they will continue to take ARVs, or even avoid them altogether.

Psychosocial assistance to maintain ARV treatment

The effort of a PLHIV to start and remain compliant with ARV treatment is driven by each individual's motivation that involves risk calculations according to their experience and needs. Finding new meaning in life, such as a desire to maintain relationships with those closest to them, or to maintain employment, can help a person as PLHIV become more optimistic about planning for the future and encourage the taking of ARVs. For example, Alam revealed that his intention to use ARVs began with the desire to make his parents happy.

These experiences show that people living with HIV needed psychosocial assistance to help decide whether to start and adhere to ARVs. Current HIV counselling is not yet sufficient

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[48] Anand, T., *et al*. (2017). *A qualitative study of Thai HIV-positive young men who have sex with men and transgender women demonstrates the need for eHealth interventions to optimize the HIV care continuum*. *AIDS Care*, 0 (0), 1–6. https://doi.org/10.1080/09540121.2017.1286288

[49] Sugiharti, S., Yuniar, Y., & Lestary, H. (2014). *Gambaran Kepatuhan Orang dengan HIV-AIDS (ODHA) dalam Minum Obat ARV di Kota Bandung, Provinsi Jawa Barat, Tahun 2011-2012*. *Jurnal Kesehatan Reproduksi*, 5 (2), 1–11.

[50] Brion, J.M., Menke, E.M., & Kimball, C. (2013). *Grief and HIV Medication Adherence: The Work of Transcending Loss*. *Journal of Loss and Trauma*, 18 (6), 499–520. DOI: 10.1080/15325024.2012.719341

because it only focuses on behavioural aspects of HIV transmission. HIV counselling needs to be expanded to include sexuality counselling and a look at social relationships with partners, families and communities that affect ARV treatment. We see the need for a model of psychosocial intervention that involves a person’s life journey when they face questions about dilemmas in their sexual behaviour, their HIV positive status, and other challenges to starting or maintaining ARV treatment.

Seeing the postpartum family planning program from a women's perspective

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Benefits of the family planning program

Many studies have recognised that the Family Planning program brings many benefits, not only for maternal and child health but also for family welfare. By spacing pregnancies and limiting the number of children, families can focus on their children's growth and development, which also improves the family's financial situation. It is agreed that family planning can help achieve Sustainable Development Goals (SDGs), for example, goals 3 and 5. Avoiding risky pregnancies using contraceptives can prevent maternal deaths during childbirth.

Family planning, from mobilisation to women's rights

Indonesia has a long history of family planning programs, starting with the *Keluarga Berencana* (KB) program promoted during the New Order era. With population control as the main goal, the program succeeded in reducing the Total Fertility Rate (TFR) – the average number of children born during a woman's childbearing age – from 5.6 in 1965 to 2.6 in 1997. At the time, most family planning policies and programs were designed by one institution – the BKKBN. Since government decentralisation, the family planning program is organised by both the Ministry of Health and the BKKBN.

The World Population Conference in Cairo in 1994, which Indonesia attended, agreed to move away from a population control policy towards the fulfilment of human rights in all aspects of population programs. The main principle is to prioritise gender equality and women's empowerment, and to ensure that women have the ability to control their fertility.

Studies have shown that many women still do not have their fertility rights fulfilled. On this basis, the World Health Organization (WHO) asserted that providing postnatal family planning services is crucial to ensuring the health, rights and wellbeing of women and their children.

Introducing postpartum family planning

There is an urgent need to expand the Postpartum Family Planning Program (KBPP) in Indonesia. Based on SUPAS (2015), the country's Maternal Mortality Rate remains high at 305/100,000 live births – the second highest in Southeast Asia after Laos. Using modern contraceptives, women can avoid risky pregnancies that might lead to maternal and infant mortality.

WHO (2013) defines postpartum family planning as the avoidance of unwanted pregnancies and pregnancy intervals in the first 12 months after delivery. In Indonesia, postpartum family planning is recommended 42 days after giving birth. This time span is considered appropriate because it enables mothers in the postpartum period to not only access neonatal services, but also to insert family-planning contraceptives. There are several postpartum family planning methods that are appropriate for that period. The first is long-term contraceptive methods, such as IUDs and implants; then short-term family planning, such as minipills (pills that contain only progestin, hormones that are not detrimental to breastfeeding mothers), Lactational Amenorrhea Methods (LAM, a temporary natural contraceptive method using the period of exclusive breastfeeding) and condoms; and lastly, permanent contraception, such as tubectomy and vasectomy. Vasectomy is an unpopular method of male sterilisation due to the lack of education and male participation in family planning programs.

The Regulation of the Head of BKKBN No. 18 of 2020 regarding Postpartum Family Planning and Post Miscarriage Services stipulates an indicator of postpartum family planning success of 70%. The figure is quite high considering the finding from 2018 Riskesdas (Primary Health Research) that postpartum family planning has only achieved half of that target. Additionally, there is still some debate about the right time to initiate postpartum family planning, including on the risk of IUD expulsion, postpartum depression, and the effect of hormonal contraception on milk production. Therefore, it is important to explore women's needs for postpartum family planning and make women's perspectives on family planning the basis for education and advocacy.

Women's perspectives in the use of postpartum family planning

To capture women's perspectives on the use of postpartum family planning, we conducted a study in Banyumas regency, Central Java at the end of 2018. This research used a qualitative approach with in-depth interviews and focus group discussion involving mothers in 2 sub-districts in Banyumas, family planning field officers, *Puskesmas* staff, local health service offices, and Office of Women's Empowerment, Child Protection, Population Control and

Family Planning (*Dinas Pemberdayaan Perempuan, Perlindungan Anak, Pengendalian Penduduk dan Keluarga Berencana – DP3AP2KB*).

The thematic analysis found that the use of family planning contraception has become a common practice in the community. Respondents generally used the term ‘participate in family planning’ (*ikut KB*) to indicate that they are using modern contraceptive methods. The preferred method for nearly half of these women was the three-month contraceptive injection. This is consistent with the results of 2018 Basic Health Research (Riskesdas), where 42% of respondents chose the three-month injection.

Generally, respondents choose contraceptive shots because they feel more comfortable with them based on previous experience, or have received recommendations from people around them such as their mothers or neighbours. Another reason why contraceptive shots are preferred is the fear of the side effects of certain family planning methods, such as not being able to do hard work if using implants, or the discomfort and dislodgment/expulsion risk of an IUD. The husband’s approval may also be a factor in choosing a contraceptive method.

Interestingly, the basic reason why respondents still choose family planning is economic. They realise that raising children costs a lot, so limiting the number of children is a logical decision to ensure family welfare. Health considerations, such as the mother’s age, the number of living children, are secondary.

When asked about whether they had ever heard of postpartum family planning or family planning that can be used immediately after giving birth, many respondents said they had not. Not many women in this research area understand that contraceptives can be used immediately after giving birth. Most respondents argued that within 40 days after giving birth there is no need to use contraception, because there is still a belief that one should not engage in sexual activity within that time.

The method that these women prefer is generally contraceptive shots, although these are not part of the postpartum family planning recommendation as they affect milk production. On the other hand, respondents who were using implants and IUDs at the time of the interview gave positive feedback about using long-term contraceptive methods. They said that they were no longer worried about unwanted pregnancy, nor did they have to remember when to take birth control shots or pills. But it has to be noted that respondents do not begin to use long-term contraceptive methods during the postpartum period.

Meanwhile, when asked about LAM, almost no respondents knew that breastfeeding can be used as a natural contraceptive method. Some had heard of it but were not convinced, nor had they practised it. As far as tubectomy, some respondents cited it as the last option, for when they are close to forty years old and no longer want to have any more children.

This study also found issues related to collaborative work for family planning. On the one hand, family planning field officers feel that it is enough to do outreach in the community by involving local actors. But on the other hand, *Puskesmas* complains that many people still do not understand the importance of family planning, especially long-term family planning, and feel that family planning education had not been carried out on a wide enough scale.

Involvement of men in family planning programs

According to women respondents in this study, the husband's involvement in family planning was still minimal. The respondents consulted their husbands before they chose contraception but very few of them are willing to use family planning methods for men. When a respondent reported that her husband wanted to have a vasectomy, another respondent in the group discussion chimed in, saying that she was 'very lucky'.

The involvement of men in family planning programs, such as support for partners, is crucial to support the use of contraceptives for women, and the sustainability of the chosen method. However, most of the initiatives for family planning programs focus primarily on women. The use of male contraceptive methods, such as condoms and vasectomy, is also still low. The 2018 Basic Health Research (*Riskedas*) found that in Indonesia the use of male condoms as a modern family planning method after the last child is 1.1%, and male sterilisation is 0.2%.

An interesting experience in Banyumas, where we conducted our study, was that the *bupati* had undergone a vasectomy and became a role model for men to take part in family planning program. This positively influenced how family planning field officers and health workers in Banyumas conducted their public education.

> *The bupati usually talks about family planning programs, because he himself also has had a vasectomy. He is probably the only bupati in Indonesia who has. In every family planning meeting at the provincial and district levels, he always emphasises the importance of family planning officers to provide counselling to the community. (Family Planning Field Officer, South Purwokerto)*

This shows that the involvement of men in family planning programs has a strong influence at the macro level, namely in policymaking and program declaration, but also at the micro level as decision makers for family planning method selection and participation in using contraceptives. This good practice by the Banyumas leader is a clear example that using contraceptives after birth is the responsibility of men as well as women.

Lessons learned

Further research would be welcome on how persons with disabilities (both men and women) can access family planning services properly and whether health and family planning service centres already have accessible physical infrastructure and services.

Another lesson from this research is that applying the gender and social inclusion lens in examining a problem can deepen understanding of research. This is important, especially to balance development program indicators (which tend to be expressed in numbers) with direct stories from women as policy targets. From the perspective of gender and social inclusion, research cannot stand in isolation: It has to be followed by advocacy to ensure that the results can serve as the basis for policymaking.

This research shows that although postpartum family planning is useful for improving maternal health, the available options are still limited to allow women to choose family planning methods according to their wishes. The involvement of men in the selection of family planning methods is also crucial. It is necessary to expand access both to knowledge and to different postpartum family planning methods for women and their partners, to ensure that rights-based family planning become the basis for selecting the family planning method.

Part 2: Lessons Learned on Gender Equality, Disability and Social Inclusion Advocacy

2.3

Access of Women and Youth to Agrarian Resources

Women and agrarian sovereignty: learning from Eva Bande

Ahmad Jaetuloh SIP
Sajogyo Institute

In the history of social movements in Indonesia, Central Sulawesi has remained turbulent, with agrarian conflicts that have been ongoing since the New Order era. These conflicts continue to this day, with many palm oil plantations and mining operations exploiting the region's natural wealth. Central Sulawesi is also a place where horizontal conflict between religious adherents has polarised religious differences into hostility.

Eva Bande emerged against the backdrop of this local political dynamic. As an activist in the Tadulako University student movement, she recognised the patterns of human rights violations during the New Order era, and her credentials were further honed while advocating the agenda of women's liberation during the Poso conflict.

Women have been the main victims of the inter-religious conflict – subject to sexual harassment, rape and physical attacks – but Eva Bande believes that women are agents of peace. Therefore, in advocating peace after the Poso conflict, women must be fully involved in conflict resolution efforts. This process illustrates well that in any social conflict – ethnic, religious or agrarian – women play a significant role in asserting their agency actively, both as peacemakers and when leading negotiations between interests.

When she advocated for farmers in a conflict against PT Kurnia Luwuk Sejati, a palm oil plantation company, Eva Bande was arrested and prosecuted. She was accused of committing unlawful acts and vandalism when she organised protests against road construction and land clearing for the plantation. In the aftermath of the protests, bulldozers, excavators and workers' camps owned by PT Kurnia Luwuk Sejati were targets of arson After she had exhausted all legal means and her cassation appeal was rejected, on 15 May 2014 Eva Bande had to serve her sentence in a prison in Luwuk, Central Sulawesi.

This case received a strong reaction from across the agrarian rights movement in Indonesia, which mobilised support to demand clemency from President Jokowi (who had just been elected). President Jokowi was ultimately moved, and on 19 December 2014 Eva Bande was released.

President Jokowi's decision did not necessarily ease the struggle for agrarian reform. Agrarian conflicts are still ongoing and the threat of criminalisation against agrarian reform activists has not stopped.

Women and agrarian conflict

Eva Bande's struggles inspired Sajogyo Institute to redouble efforts to conduct direct studies and praxes on women and agrarian issues, particularly regarding women's access to agrarian resources, as well as the gender equality agenda in the agrarian reform movement.

The presence of women in agrarian conflicts is often only narrowly interpreted as a representation of victims who are helpless, mobilised solely for their womanhood, and put at the forefront of resistance against armed forces and heavy equipment to be dramatically portrayed as heroic. However, this portrayal often conceals the root problems that women actually face in agrarian conflict and through the agrarian reform agenda.

The 2 founders of the Sajogyo Institute, Professor Pujdiwati Sajogyo and Dr Gunawan Wiradi, argued that since achieving its independence, the Indonesian nation has not yet solved the agrarian problem. Professor Sajogyo added that the root of the oppression of Indonesian women in rural areas is also tied to the issue of religion. During the New Order regime, when the 'green revolution' was promoted as agricultural policy, women were excluded from accessing agrarian resources, while at the same time experiencing a doubling of their workload in farming households. An analysis of the role of women in work activities will not only shed light on this and other double burdens experienced by women, but also further allow us to explore women's (in)visibility.

Based on the legacy of ideas proposed by our founders, and continuing Eva Bande's struggle, in 2016 the Sajogyo Institute started an initiative to develop women's and agrarian studies through the Agrarian Studies Program and Women's Empowerment (SAPP). Earlier, in 2013, the

Sajogyo Institute had also initiated a research cluster focused on the Struggle for Women's Access to Land and Natural Resources.

This initiative aims to facilitate capacity building by sharing agrarian studies and theory as well as providing field practice to women agrarian activists who work in regions experiencing socio-ecological crises. From a learning process that lasts for 1.5 years, it is hoped that these students will be able to address 3 key questions, namely (1) what is the socio-ecological crisis faced by women in the village, (2) how do women respond to the socio-ecological crisis they face, and (3) what efforts did women make to survive and overcome the socio-ecological crisis?

Thirteen women agrarian activists from Sumatra, Java, Kalimantan, Sulawesi and Nusa Tenggara attended the first SAPP batch through the Women's Learning Circle/*Lingkar Belajar Perempuan* (LBP). Although all of them came from regions experiencing agrarian conflict and socio-ecological crisis, each represented a region with different agrarian characteristics. In East Kalimantan, for example, the study site was located in a decommissioned coal mine pit. For one-and-a-half years the facilitators and the women agrarian activists resided there, engaged in problem solving, taking notes and exchanging experiences and knowledge.

In this learning process, besides studying the socio-ecological aspects of agrarian conflict, participants deepened their knowledge of gender dimensions and feminist perspectives with help from gender analysts and feminist activists such as Mia Siscawati (Gender Studies Center, UI) and Lies Marcoes (Indonesian Muslim feminist from Rumah KitaB).

SAPP uses the participatory action research method. Initially, the facilitators are expected to be able to help women agrarian activists identify and understand the socio-ecological crisis that is occurring in each learning site. This identification process can be done by various methods, including through living-space exploration activities and photovoice documentation.

The living-space exploration helped LBP participants identify changes to the landscape and social life of their communities. During the process, participants documented the changes that occurred, and the findings obtained using various media, such as ethnographic notes, photovoice and video. Documentation became a means of showing women's knowledge and experience, and their process of fighting for their land in a socio-ecological crisis situation.

Women's experiences and struggles as learning

Exploring women's experiences in defending and fighting for their land is crucial. This is where women can express feelings, emotions and knowledge that may have been suppressed and hidden. Creating a space for women at each site to share experiences and knowledge is important. It is also important for these women to get to know other women who have had a similar experience as victims or actors in socio-ecological crises.

Sajogyo Institute provided a sharing space for women agrarian activists in the ‘Gymboree for Women Fighters for the Land 2017’, which took place on 6 July 2017 and was attended by more than 150 women from regions where Sajogyo Institute operates. At that event, Eva Bande and other women agrarian activists were present to share inspiration, experiences and knowledge about what they had achieved. Their presence provided a moral encouragement to other women agrarian activists to muster the courage to speak up and take a stand.

Slowly but surely, the meeting of women agrarian activists began to show results. At each research site, women began to dare to speak up and act. In East Kalimantan, women spoke out and built communities that work towards psychological recovery for women victims of mining. In Minti Makmur village, Central Sulawesi, women who live in palm oil plantations and lack nutritious food have pushed the village government to allocate part of the village treasury land for people’s gardens.

Women’s voices can be heard across 11 sites of the Women’s Learning Circle at different scales and in different forms. Their encounter with Eva Bande and other women agrarian activists in the shared space they created has ignited positive energy in women who are fighting against socio-ecological crises.

Prosperity land for women and young people: equality of access to sources of livelihood

Charina Chazali, Aprilia Ambarwati
AKATIGA

AKATIGA, together with Civil Society Forum (FORMASI) Kebumen, with the support of the Knowledge Sector Initiative (KSI), conducted a study and advocacy regarding access to agricultural land for the landless poor, female heads of household and young people. This study was conducted in 36 villages in Kebumen regency and served as the basis to produce recommendations for the Kebumen Government to support access of young people and women to village land.

Evidence base

In rural areas, the agriculture sector employs the majority of labour, more than industry and trade. Agriculture has proven to be an economic cushion for rural communities in times of crisis, such as during the COVID-19 pandemic. However, the number of workers in the agricultural sector continues to decline. In 2018–2019, farm labour declined by around 1.12 million people – 1.46% of the total workforce.

Meanwhile, the number of Young Farmer Households (RTP) – households under 34 years of age – decreased by around 449,000 people (2%) in 2013–2018.[51] AKATIGA's research on agriculture and rural youth in Java, South Sulawesi, Lampung and NTT (in 2013, 2015, 2017, 2019

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[51] Badan Pusat Statistik. (2019). Statistik Indonesia 2019. Retrieved from https://www.bps.go.id/publication/2019/07/04/daac1ba18cae1e90706ee58a/statistik-indonesia-2019.html

respectively) found that while there are young people with interest in the agricultural sector, they face various challenges, chief among them difficulty in accessing land.

Through research entitled *Becoming a young farmer: Young people's pathways into farming in India, Canada, Indonesia and China,* in 2017–2020 AKATIGA collaborated with universities and research institutions from Canada, China and India to further understand the experiences of young farmers. The research aims to understand the position of young farmers in agricultural practices, their role in adopting and developing innovative agricultural practices, their barriers to accessing land and other resources, and to clarify the role of agricultural institutions and the efforts of young farmers in overcoming these barriers.

AKATIGA also collaborated with 4 young farmer groups in Sukabumi, Kulonprogo, Kebumen and Bandung in a program called 'Let's be young farmers!' in 2018–2020. Through that collaboration, AKATIGA facilitated the exchange of experiences and knowledge between the 4 farmer groups to access resources and institutional development.

These studies above inspired AKATIGA, together with FORMASI with the support of KSI, to continue policy studies and advocacy to provide land access for young farmers in Kebumen. Kebumen was chosen as the study location because AKATIGA had built a fairly strong research base there on topics related to land and agriculture.

The findings from the Kebumen study reveal the challenges faced not only by young people, but also by women in agriculture. First, young people start farming by helping their parents or working as labourers on other people's land. To become more independent and be able to make farming decisions or enjoy the fruits of their labour, young people have to wait a long time – until their parents pass on the land or are willing to give part of the land to their children to manage. For children from landless farming families, access to land is even more uncertain.

Secondly, young people, particularly from poor families, do not have the capital to buy and rent land from landowners, because they do not have savings or collateral to borrow money from a bank to access agricultural land. Then, although formally women and men are equal under the law in access and ownership of land, cultural norms and customs mean women tend to have more difficulty accessing and owning land and agricultural resources.

On the other hand, in the current pandemic conditions, women carry the main responsibility of providing food for their families and they have achieved this by optimising the cultivation of food crops both on their agricultural land or any available land around their homes. Atun – a young woman in Kebumen – and her husband have been able to rent land since they got married. However, the uncertainty of being able to continue renting land is an obstacle to farming more optimally. Atun said '*the rice fields are uncertain. We make agreements every year. But it could be that the owner of the rice field may just say that (next season) somebody may want to buy the rice field... if that's the case, I am at the whims of whoever owns the field*'.

Promoting equality in access

The 2014 Village Law provides the potential and opportunity for villages to manage their assets for the benefit of their community. This includes village treasury land, also called ‘prosperity land’. Prosperity land is village treasury land that can be managed in a revolving scheme by the community in which the land is leased out through an auction regulated at the village level. This study shows that prosperity lands in villages in Kebumen have, naturally, tended to be auctioned off to the highest bidder. As a result, only those who have the capital can access this land. This kind of land auction does not favour marginalised groups (including women and young people) and contributes to deepening the inequality in access to land, which further exacerbates social and economic inequality in the village.

AKATIGA study found a good practice in auctions of prosperity land in one of the research villages: Sidosari in Petanahan sub-district. Sidosari has 7 hectares of prosperity land, which is divided into 102 plots. Prior to 2011, the prosperity land in Sidosari was auctioned openly, which would go to the highest bidder who would be entitled to manage the prosperity land, as is the case in other villages in Kebumen.

In 2011, the Sidosari Village government changed the open auction system to a limited and revolving auction. The auction mechanism prioritised the landless poor with a rotating system once or twice a year following the rice planting season. The auction price for the prosperity land is set lower than the market price and rent can be paid up to one month after the auction winner is determined. To ensure that other households can also access the prosperity land, the household that wins the auction cannot participate in the following auction

Through this practice, young people in the village, the majority of whom do not own farmland, can also gain access and manage the land. Since 2011, access to prosperity land has become more inclusive, in that all households in Sidosari, including lower-middle class households or households with young couples, can participate in this limited and rotating auction. This practice of managing village treasury land in Sidosari has been going on for almost 10 years. The inclusive management of land access has proven to increase the income of the poor, including young people and female heads of household in the village, supports equitable income distribution and reduces inequality in land tenure in the village.

AKATIGA sees an urgent need for regulations governing the management of prosperity land, which can play an important role to protect access rights for marginalised groups in the village, including the poor, women and young people. Considering the urgency, AKATIGA conducted a study on the management of prosperity land in 36 villages in Kebumen and advocated for the issuance of a Kebumen Regent’s Regulation concerning fair and inclusive prosperity land management.

The process of drafting the Regent's Regulation was carried out through a series of discussions, both formal and informal, with many strategic stakeholders at the district level. For example, facilitating a forum so that the Sidosari Village government can also share its experiences with other village governments regarding the management of this inclusive prosperity land.

This advocacy process was informed and influenced by many factors. Besides the necessity of working with many stakeholders, advocacy is strongly influenced by the political calendar at both the village and regional levels. For example, the need to address concerns that the village government will be getting less revenue for the village if it has to be auctioned at a lower price. In this context, together with FORMASI, AKATIGA tried to communicate intensively in this advocacy process with strategic parties, such as the Office of Community and Village Empowerment and Women's Empowerment and Child Protection (Dispermades P3A), the Legal Section of the Kebumen Regional Secretariat, the media, the village government as well as the Regent and the Deputy Regent via offline and online discussions. The key message to village and district governments was that access to prosperity land should be managed in an inclusive manner to help the economy of marginal and poor households who often constitute the majority in society.

Kebumen Regent Regulation No. 90 of 2016 concerning Village Asset Management only mentions village treasury land as a form of village asset in general, and does not expound in detail the use of village prosperity land. However, AKATIGA formulated more detailed recommendations for the draft Regent's Regulation regarding the use of village treasury lands, in particular prosperity land. This regulation was signed in December 2021 as Regent Regulation No. 152 of 2021 and now serves as a legal umbrella for village governments to provide access to agricultural land for marginalised groups (including youth and women) through the more equitable, inclusive and sustainable management of village treasury lands, which can also serve as a scheme for community empowerment.

Efforts to build awareness on the need for prosperity land management are continuously carried out by establishing discussions that will allow youth groups and women to express their opinions. At first, the young farmer's group we talked to was dominated by men. To embrace women's voices, AKATIGA changed its strategy by organising women-only discussions in which participants chose location and time of the discussion, mindful of the fact that women still hold primary responsibility for domestic tasks and may find it difficult to allocate time for discussions.

In addition, to maintain the sustainability of this joint effort, AKATIGA and FORMASI have also begun to provide assistance in producing village regulations as soon as the Regent's Regulation is issued. This has been carried out as a pilot project in 2 villages, namely Podomulyo Village in Petahanan District and Jatiasih in Klirong District, and succeeded in ratifying Village Regulations on Village Treasury Land Management in both locations.

Learning notes on GEDSI perspective

A GEDSI perspective in research helps in exploring and analysing the problems of women and young people who often do not own land or property and find it difficult to access financial support for agricultural expansion. This means that growth strategies are likely to benefit men, especially those with access to resources, and therefore mechanisms that would facilitate access to resources (e.g. land and agricultural equipment rents and various government grants) need to be explored.

There were several lessons learned in applying the GEDSI perspective to better support the participation and representation of young people and women in realising gender equality in the agricultural sector. Some important questions can be explored including: What mechanisms are needed to promote gender equality in family or community owned agriculture? What good practices can be replicated to achieve women's rights and gender equality in food and agricultural production? Can real socio-economic integration mechanisms be used to bring youth and women to participate more in the agricultural sector? What are the barriers to integration of youth and women in the agricultural sector?

Studies and advocacy regarding the provision of access to agricultural land in the future also need to consider approaches and methods that can ensure disability inclusion. By challenging norms on gender roles and the participation of persons with disabilities, the application of the GEDSI perspective to research and advocacy for the agriculture sector can produce policies to reduce inequality in access to resources and decision making across every agricultural value chain. Advocacy needs to focus on improving policies as well as formal and informal relationships with various stakeholders to support development initiatives in the agricultural sector that are inclusive, gender-equitable and sustainable.

Part 2: Lessons Learned on Gender Equality, Disability and Social Inclusion Advocacy

2.4

Women's Economy and Sources of Livelihood

Assistance for former women migrant workers through collective enterprises

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Feminisation of poverty and labour migration

In Indonesian labour demography, Tulungagung regency has had a long history as the source of Indonesian migrant workers ever since the New Order government enacted a policy of migrant worker placement abroad. According to BP2MI and the Ministry of Labor, Tulungagung regency has always been included in the top 5 regions of origin for Indonesian migrant workers. It is not surprising that the pulse of the region’s economy is highly dependent on the flow of migrant workers’ remittances.

According to various studies on the migration of Indonesian workers abroad, what is happening in Indonesia is the feminisation of migrant workers – the majority of Indonesian migrant workers are women and most of them work in the domestic labour sector. Feminisation of migrant workers is a continuation of the feminisation of poverty, where women experience a double burden due to the process of impoverishment. Having lost their jobs in rural areas, they cannot find work in urban areas, and becoming a migrant worker abroad becomes the only option.

This action research was conducted in 2013 in the village of Pojok, Ngantru district, Tulungagung regency. Pojok has sent many female migrant workers to work as domestic workers abroad. The focus of this research is the empowerment of former migrant workers through economic activities and organising through cooperatives.

This research was spurred by curiosity for why the incentive to work abroad is so great in this village. The triggers were economic problems and the desire to escape poverty, but a strong motivating factor has been stories about the success of neighbours or relatives who have earned enough abroad to build houses, buy rice fields and access business capital. From a feminist perspective, the migration of women's work also reveals a patriarchal perspective that limits women to being sources of reproductive labour or earners of supplemental income. Poverty has changed the value of *ibuism*, which placed mothers or daughters at home to take care of children and the household, shifting the status of women as the breadwinner of the family.

However, this change has not managed to dismantle the patriarchal structure and construct that has developed in society and influenced policies regarding women migrant workers. For example, to this day, the migrant domestic work sector is still categorised as unskilled labour and is not recognised as a formal sector, which has consequences for wages and the lack of labour protection guarantees. This is one of the sources of vulnerability faced by migrant domestic workers.

The agenda of empowering returning women migrant workers

The problems of labour migration are not limited to recruitment and at work, but also when migrant workers return to their hometown. In Law No. 18 of 2017, the protection mandated by the government also covers the entire migration cycle. However, to date, this mandate has not been realised. Government interventions and policies regarding the governance of former migrant worker empowerment have not been enjoyed by former migrant workers or their families.

A study conducted by Migrant CARE and OHANA[52] did not find any active approach to fulfilling disability rights in the policy of migrant workers protection. Migrant workers often face vulnerabilities such as physical and sexual violence and workplace accidents that can in fact cause disability.

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[52] Saptaningrum, Indriaswati Dyah & Susilo, Wahyu. (2021.) Yang Terhadang, Yang Terhalang, Kajian Interseksionalitas Perlindungan Pekerja Migran Indonesia dan Hak Penyandang Disabilitas. *Policy Paper Migrant CARE dan OHANA Indonesia*. Jakarta.

It must be recognised that the former migrant worker empowerment initiative is mostly carried out by non-state actors and sometimes the migrant worker community itself. In the village of Pojok, the ex-migrant-worker community independently built a joint enterprise in 'Sumber Rejeki' Cooperative for Retired Women Migrant Workers. These efforts were made possible thanks to the solidarity and leadership of local women leaders from their own circle who worked in this community. This initiative is a kind of social remittance or new values that migrant workers brought from abroad. Some of the prime movers in this cooperative are former activists from migrant workers' organisations in Hong Kong. Their experience has been very helpful for capacity building and management, fostering this joint effort and becoming a forum for developing women's leadership.

After conducting an assessment of the village's potential, the cooperative decided to develop a *melinjo emping* (a type of cracker or chip) business. The business was chosen mainly because of the availability of melinjo plant materials, which are abundant in this village.

Because they are accustomed to working in foreign countries, the workers are agile and skilled not only in processing melinjo into food, but also in seeking new market opportunities. They not only sell chips in the local market, but also through shops and women's associations. Their slogan 'no chips no eat', more or less meaning 'if you don't make melinjo chips, you can't eat', reminds them that producing food based on regional potential can be a good source of income.

This skill has paid off: the *melinjo emping* business is growing quite rapidly, so much so that the raw materials often have to be imported from outside the village. Workers are also actively exploring the potential of local food to make snacks to accompany the sale of melinjo chips. The cooperative's membership also continues to grow, welcoming not only full-time migrant workers, but also women farmers or housewives who face financial difficulties and migrant workers who are still actively working abroad. More recently, the cooperative has opened a new line of business: the savings and loan unit.

The rapid development of this cooperative has caught the attention of policymakers, especially the Office of Cooperatives and Trade, the Department of Labor, and the Office of Women's Empowerment and Child Protection. Members of the Sumber Rejeki Cooperative are often invited to the regency to attend trainings on productive business and cooperative principles as well as MSME bazaars.

We, from Brawijaya University, try to increase the capacity of cooperatives by providing leadership assistance and teaching skills in managing member resources, marketing and productive business management. We also help mediate cooperative partnerships with banking institutions to access venture capital.

The assistance we provide is tailored to the needs of the cooperative, such as assistance in using simple information technology to market products, writing emails, making reports and bookkeeping, as well as learning how to sell online. We facilitated the cooperative to conduct a comparative study with the Citra Kartini Cooperative in Malang, which is more advanced and has all-woman administration. Every 3 months, we send 2 undergraduate and postgraduate students from Universitas Brawijaya to live in this village to do community service or study the development of cooperatives.

Society has tended to judge women working as migrants by economic standards, and in a dichotomy of those who succeed, and those who fail. Non-economic aspects are often forgotten. Siti Mukaromah, a former migrant worker leader, drawing on the experience of organising in an Indonesian migrant worker organisation in Hong Kong, has built an Indonesian former-migrant-worker community that can become a driving force for the village economy.

Apart from being a joint economic effort, this forum can also be used as a source of information on safe migration to combat the practice of human trafficking. During the COVID-19 pandemic, the practice of human trafficking under the guise of recruiting migrant workers began to flourish in migrant worker base areas, taking advantage of people’s desire to find work after experiencing economic shock due to the global health crisis.

Rather than on purely economic factors, assistance and empowerment of returning migrant workers in the process of sustaining their livelihoods while in their hometowns must be based on the experiences of the women who bring social remittances, such as women’s leadership and the spirit of solidarity.

Cemplon and empowering women to overcome the impact of the pandemic

Dina Mariana
IRE Yogyakarta

Cemplon is a mother of one and, at 30 years of age, also the head of her family and the sole breadwinner. She used to work as a tour guide at the Borobudur Temple in Karangrejo village, Borobudur district, Magelang regency, Central Java. When the pandemic brought down the tourism sector, Cemplon lost her job and had no income to support her children and mother.

Before the pandemic, Cemplon could earn an average of IDR500,000 per week. When the pandemic hit, she lost all income from her job as a tour guide and survived only from what remained of her savings. When she had only IDR200,000 left in her savings, she began to realise she would have to do something immediately if she did not want her family to starve.

With her remaining savings, Cemplon took the initiative to buy spices that many of her neighbours grew, such as lemongrass, ginger, turmeric and sand galangal. She processed these natural ingredients into ready-to-drink concoctions with the brand 'Wedang Rempah Borobudur', and sold them online. To her surprise, the demand for her concoctions jumped dramatically during the pandemic. In 3 months, she managed to sell around 13,000 sachets at a price of IDR4,000 each, earning her around IDR17 million per month.

Cemplon then invited her friends, especially women, who also used to work in the tourism sector as tour guides, traders around tourist attractions or female motorcycle taxi drivers to join her. She involved them in the production process, from collecting the spices in the area, processing them, to packaging them, ready to be marketed. The demand for Wedang Rempah Borobudur remains high to this day and is now also sold directly with the reopening of the Borobudur tourist area, although still with some restrictions.

Mobilising the village

The success and experience of Cemplon and her friends soon gained the notice of the Karangrejo Village Government. It started with a research workshop on the impact of the COVID-19 pandemic on society, which was initiated by the Institute for Research and Empowerment (IRE) Yogyakarta. IRE, with the support of the Knowledge Sector Initiative (KSI), organised a village assistance program in the context of recovering from the impact of the COVID-19 pandemic in Karangrejo Village. The results of this research were brought to village workshops as data so the Karangrejo Village Government, village economic institutions and groups of tourism actors affected by the pandemic could come up with a vision of change to be achieved together.

The Karangrejo Village Government and the Karangrejo Village-Owned Enterprise (BUMDes) showed interest for Cemplon's story and experience. They expressed their intention to support and facilitate the activities of Cemplon and her partners to become more established. Karangrejo Village Government recognised Cemplon's work as an effort to empower the villagers' economy. The Karangrejo Village Government realised that economic empowerment is more important than just distributing social assistance to communities.

In the workshop, Cemplon said that it would have been impossible for her to develop the *wedang* spice business alone. She felt her knowledge was limited and she did not have sufficient capital. More than that, she wants the people in her village, especially women, to be empowered and independent so they can escape the unemployment and poverty caused by the pandemic.

Finally, in the village workshop, they achieved a consensus that Karangrejo Village would become a 'spice village' with an inclusive village economic development approach. The plan to establish a 'spice village' will target and involve vulnerable and marginalised groups in villages and those affected by the COVID-19 pandemic.

In response to the plan, IRE Yogyakarta decided to focus on institutional strengthening and preparing a business development plan for a spice collective of women from poor families, some of whom are also female heads of household, to have alternative sources of livelihood other than the tourism sector.

After a series of discussions involving the Karangrejo Village Government, Karangrejo Village-Owned Enterprise, spice groups, and actors in the tourism sector, several stages were developed to realise the 'spice village' vision. The initial stage is business development focused on increasing spice production, product diversification, spice education tours, strengthening market networks and increasing knowledge about the history and benefits of spices. In the long term, spices will be developed to support other tourism businesses, such as spice salons, spice gardens and spice market festivals.

Other commitments were also developed from the series of discussions. *First*, the 'spice village' program was expanded to involve Women Farmer Groups (KWT) in 5 hamlets in Karangrejo Village. These KWT will be encouraged to plant spices in house gardens, on land owned by villagers, as well as on village treasury land. Besides KWT, this program also invited tourist sector groups in the village to support marketing and provide spice educational tour packages.

Second, the Karangrejo Village Government will facilitate training activities in the context of business development, supporting infrastructure, promotion and marketing, to building networks with other parties to develop the 'spice village' program.

Third, BUMDes Karangrejo would play a role in the marketing process, purchasing spice products from KWT, to preparing the existing village infrastructure, such as the Village Economic Center (Balkondes) and fruit gardens to accommodate the needs of the spice village business development.

The spice group is now preparing some requirements to establish itself as a legal business entity, including a Home Industry Food Permit (PIRT) and a permit from the Food and Drug Supervisory Agency (BPOM). With the initiative of the Karangrejo Village Government and Cemplon who introduced the vision of transforming Karangrejo into a 'spice village' to the Borobudur Conservation Center, they galvanised support for realising the dream of becoming a spice village. The Borobudur Conservation Center is committed to preparing a set of knowledge products about spices to widen public knowledge about spices through tour packages in Karangrejo Village.

Mentoring that gives agency to women

Cemplon's initiative did not appear suddenly. IRE Yogyakarta, which has been providing assistance in Karangrejo Village since 2016, has been actively communicating with women and marginalised groups in the village. Discussions and capacity building looked into the potential for exploring alternative sources of livelihood in Karangrejo Village. Cemplon was just one of the active participants during the actualisation process.

In various collaboration opportunities with third parties, for example, Cemplon was appointed to represent women's groups in Karangrejo Village. Cemplon is also the coordinator of women in Karangrejo Village in the program organised by IRE Yogyakarta. The idea of involving the women motorcycle taxi community in Karangrejo Village in realising the 'spice village' program also came from Cemplon. She sought out women who belonged to vulnerable and marginalised groups in her village whom she wanted to involve in the ‘project’, to help them build alternative livelihoods and relieve the economic pressure of the pandemic. A long process that started in 2016 turned Cemplon into an active, responsible person caring for vulnerable women and marginalised groups in Karangrejo Village. She showed that the united strength of women could overcome the impact of the COVID-19 pandemic on her community’s economy.

The disappearance of the women weavers

Nurhady Sirimorok
Yayasan BaKTI

Hadra is the most famous weaver in Wajo. She is 45 years old, and she has been weaving since before she was married. Hadra is one of 16 independent weavers who use a traditional loom called a *walida*. Weaving cloth is the preferred occupation of many women like Hadra, who are kept from further education by lack of finances. It is fairly easy to learn, does not require capital and can be done anywhere, either at home or in the showroom.

For their skills and in-depth knowledge of silk weaving, Hadra and other *walida* weavers receive compensation of around IDR1.2 million per piece of cloth – not worth the time or effort. The production cost for a single piece is around IDR365,000, and it takes one to 2 months to weave. If you take all of that into account, Hadra makes around IDR28,000 daily. That is how the market values the creativity of skilled traditional weavers and their highly complex work. And Hadra's luck is actually better than many other traditional weavers.

Saribulan is a 50-year-old mother, living in Kampung Sutra, Tanasitolo district, Wajo regency. Like many other weavers in Wajo, Saribulan works as a contract weaver using either a non-mechanised loom, or a newer loom with the latest modifications. Currently, 90% of the weavers in Wajo regency use non-mechanised looms – about 135 people.

It takes Saribulan 3 days working intensively from 8 in the morning to 5 in the evening to weave a sarong. She gets a salary of around IDR35 to 50 thousand, or about IDR10 thousand per day for each sheet of woven cloth.

These small-scale weaving entrepreneurs have a weak bargaining position vis-à-vis traders. They sometimes have to sell the sarong or cloth at a low price or accept payment in instalments. The low wages seem to ensure that all weavers like Saribulan will only work as contract weavers for the rest of their lives.

South Sulawesi weaving industry in danger

The Study Team (TPK) was formed in July 2020 to research the silk value chain in South Sulawesi. A pilot for the implementation of a collaborative study, this team consisted of academics, activists from non-governmental organisations and staff from the Development Planning, Research and Regional Development Agency (Bappelitbangda) of South Sulawesi Province. They ran a part of the knowledge to policy (K2P) program, the South Sulawesi Province Bappelitbangda cooperation program, the Knowledge Sector Initiative (KSI), and the BaKTI Foundation and SRP Payo-Payo. This program aims to build a knowledge-based policymaking process, with the production chain of South Sulawesi silk as the research target, and to provide policy recommendations to the provincial government as a solution to the problem of silk development.

From August 2020 to January 2021, TPK has been involved in this study. The team visited Enrekang, Wajo, and Soppeng Regencies to interview dozens of farmers, dozens of weavers, as well as a number of businessmen, traders and representatives of related government organisations.

From this TPK analysis, we learned of the wide inequality among actors in the silk weaving manufacturing sector of South Sulawesi. Non-machine contract weavers such as Saribulan only receive IDR10 thousand per working day and, for this meagre income, they have to work at least 3 days. *Walida* weavers like Hadra are not much different: They have to weave for an average of 2 months before they can enjoy an income of around IDR28 thousand per day.

Large-scale weaving businesses are able to sell more than one sarong per day and earn a profit of IDR470,000 per piece of silk sarongs woven on a non-mechanised loom and IDR300,000 for those woven with *walida*. For every sarong sold, the lowest profit for large-scale weaving businesses is equivalent to a month's wages for contract weavers – if they work without rest.

Meanwhile, contract weavers such as Saribulan are forced to survive without a better choice of livelihood because they are the main breadwinners, heads of the family, or are unmarried. Weavers such as Hadra and Saribulan actually contribute the most to the value addition of silk but receive the least pay. This inequality threatens the silk weaving industry of South Sulawesi.

The disappearance of minor players

So why has this inequality and marginalisation persisted for so long? Why are the experiences of these women weavers hidden from public attention?

Official data on weavers plays a role in this. Weavers are classified by their means of weaving (*walida* and non-mechanised looms), place of residence (village and sub-district) or business scale (large and small business). The data on weavers is not disaggregated by gender and does not indicate the age, class and status of the weavers in the family.

This kind of technocratic and administrative division can disguise the difficult situation faced by small-scale silk weaving industry players. This is largely because the existing data does not include independent weavers as a whole, due to collection methods that only include large businesses that own showrooms, or weavers assisted by collecting traders. Meanwhile, independent weavers – most of whom are traditional weavers – are not comprehensively recorded.

Statistics that sort weavers based solely on loom ownership also obscure the full picture of the income levels of the weavers according to their social position. The divisions of 'household business' and 'weaving business' units can easily disguise the gap between weavers who have many tools, few tools or none, as well as the disparity between those with large and small incomes.

The omission of data that accurately presents the situation of small-scale weavers and small-scale weaving entrepreneurs is very likely to complicate the design of appropriate policies and programs to support them. The evidence is quite clear: all the weavers interviewed by TPK admitted that they had never received any training or other assistance.

The loss of female weavers might be preventable if more comprehensive data can be collected. Weavers can be categorised based on their social position vis-à-vis other actors, either as independent weavers, customers or workers. This division is based on ownership of the loom, capital and the sharing of income from weaving production.

This participatory data collection methodology enables the weavers to identify their own roles and positions as weavers and the relationship of each with other actors, both in the silk industry and within the family. Weavers as workers can identify their own roles and patterns of relationship with employers (hours of work, rest periods, wages and investors). Meanwhile, weavers using non-mechanised loom can identify working hours and wages (which are calculated from the purchase price of a sarong after taking into account the cost of yarn and other material).

Contract weavers and working weavers mostly do not own their loom, receive low wages and therefore find it difficult to raise capital to improve their standard of living. Similarly, weavers who use *walida*, although they use their own tools, still receive too little pay, making it difficult to build independent businesses with decent income.

Changing data collection methods to avoid gender bias

The data weakness as described above weakens knowledge management about silk. Lack of basic data that summarises the profile of all weavers – including skill levels and access to assistance and training. The omission of reports on outcomes and impacts has the potential to hide program failures or weaknesses of previous years.

As a result, it is difficult to avoid the impression of a gender bias in the determination and implementation of policies in the production chain of South Sulawesi silk weaving. Weaknesses in data and knowledge management about silk disguise the experience of small players such as Hadra and Saribulan in the silk weaving industry. Meanwhile, markets continue to squeeze them between the price of raw materials and the selling price and traps them in an adverse contractual relationship. Limits on data collection hide their plight and prevent the state and the public from knowing and acting.

Government intervention is needed to ensure gender mainstreaming in policy, or continued inequality will consume the aging women weavers. Meanwhile, women from the new generation will seek a better life before they even touch the loom. This is a deadly threat to the silk industry in South Sulawesi.

In order to overcome the low wages of weavers and achieve a decent level of income, 3 strategies are needed. First, organising the weaving workforce for empowerment. This strategy can be implemented with the Wajo regency cooperatives and MSMEs Office in collaboration with local NGOs experienced in facilitating women's organisations by facilitating the formation of weaver groups based on residence. Various trainings can be provided for weavers to get used to running meetings, as well as managing groups and businesses independently. Studies with weavers can also be carried out using the participatory action research (PAR) approach to formulate real issues, and from the findings collected, carry out follow-ups together.

Second, with organised weaver groups and the availability of more accurate and comprehensive data, assistance to weavers can be channelled to independent weavers and subscription/contract weavers. The program can be in the form of assistance with looms (by the Regency Industry Office) and capital for organised weavers (by the Regency Cooperatives and UMKM Office) so that they can form a collective business to improve their bargaining position with respect to large-scale weaving entrepreneurs/traders. Assistance in the form of training can also be channelled through these groups, if they request it based on the results of their internal discussions.

Third, specifically to address the low wages of worker weavers, it is necessary to provide guidance and supervision of the Labour Office to weaving entrepreneurs. Programs that can be implemented for this strategy include the Labour Office conducting regular monitoring and evaluation of large weaving businesses who employ weavers, either on a contract or permanent basis. In addition, tripartite consultations/meetings can also be held periodically to discuss the issue of wages, preferably after seeing the results of organisation in the form of data from PAR and the ability to speak in public.

In future, research related to the silk value chain in South Sulawesi also needs to consider intersectionality to ensure that the results of the study recommendations are beneficial for all women small industry players, including women weavers with disabilities. Incorporating the experiences of women weavers with disabilities in these discussions will demonstrate the important consideration of intersectionality in supporting the design of inclusive and effective policies and programs

A long road without end: Fighting for the dignity of *janda*[53] as female heads of family

Nani Zulminarni
PEKKA Foundation

The perpetual stigma of being a janda

In a budgetary hearing between the government and the legislature regarding social assistance to address the impact of the COVID-19 pandemic through the Village Fund Direct Cash Assistance scheme, there was a discussion on which groups were to be prioritised as beneficiaries. Among the beneficiary category was women heads of household. A government official then quipped that they were 'old widows', which drew laughter from most of those present.

There is nothing funny about the term 'old widow', so why would anybody laugh at it unless they harboured bigoted views based on prejudice towards widows?

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[53] In Indonesian, the word 'janda' refers to both widows and divorcées.

This reminds us of a *bupati* in East Java who made a similar quip in a webinar in May 2020. 'Aid is prioritised for people who really need it, for example old *janda* over 65 years old. As for janda aged 20–30 years, let's find them husbands'.

These 2 events that took place in the midst of the COVID-19 pandemic remind us of the early days of developing our organisation to empower women heads of families in mid-2002 when we held a meeting at a *meunasah* (small mosque) in a village in Idi Rayeuk sub-district, East Aceh regency.

That day, the village head humiliated one of the founders of PEKKA who had come with a team to disseminate information about the PEKKA initiative for widows in the village. He said that it would be inappropriate for the founder, who was a divorcée, to help women in the village because she herself could not even take care of her own husband.

The women who were present at the time were left speechless with fear, sadness and perhaps anger in their faces. They were powerless to even say a word to defend themselves. It was at that moment that we all became acutely aware of the powerlessness of women in a very masculine and patriarchal society.

This image of a crowd of women too shocked to speak to defend themselves after being humiliated by the village head inspired PEKKA to launch a campaign at the first PEKKA national forum in 2004: 'Women Heads of Family, It's Time to Say We Exist'.

Recognition of women heads of family

The most important thing in organising women heads of family is to fight for the visibility of '*janda*' as women heads of household, in narratives, data and policies. This was a very early step to fighting stigma against *janda* by prioritising their position, important role and great responsibility as heads of family.

Through the formation of women heads of family groups in various parts of Indonesia, we introduced the narrative of women heads of families to the wider public. Initially, there were many questions that had to be answered with calculated explanations, because female heads of family were deemed to contradict Islamic values, which espouse that families should be headed by a man. Even in Aceh, in the early stages the term 'Pekka', Woman Head of Family, was forbidden, so the term 'janda project' had to be used for several years.

Through the 2006 Population Administration Law, which allowed women to list themselves as heads of families, the narrative of women as heads of families slowly became more acceptable, especially in government circles. However, this recognition of the existence of women heads of family did not necessarily remove the stigma against the *janda*. A *janda* is restricted by social norms, hindering her freedom of movement and other freedoms in life.

Younger members of the women heads of family community are often harassed by men, and labelled ‘husband seducers’ by other women. Meanwhile, there is intense social pressure for widowed women not to remarry. As a result, many widows do not dare to think about or express what they want for themselves.

Organising tens of thousands of women heads of family across 34 provinces in Indonesia opens up the reality that women become heads of families not simply because their husbands die or they get divorced. Women generally become heads of family due to being neglected, whether by husbands, siblings or parents, as well as by prevailing socio-cultural norms.

The issue of legality was another important concern in the organisation of women heads of family. Our research in 2006 showed that more than 65% of the marriages in the women heads of family community were not officially registered. To fight for the right to legal identity in the family, PEKKA developed a legal empowerment program that focuses on resolving marital and family problems, especially for the fulfillment of legal identity to secure other rights that follow.

PEKKA’s data-based advocacy work with women heads of household community paralegals has prompted the government through the Supreme Court to issue policies to help women heads of household and other poor communities resolve family law cases, including unregistered marriages, arbitrary divorces, childbirth certificates and other cases, such as domestic violence. What is still being fought for is the recognition of families headed by women who are autonomous. To mark and celebrate this, at the second Pekka National Forum in 2007, we launched the theme ‘Women Head of Family, It’s Time to Claim Equal Rights’.

Gathering and organising

Over time, more communities have been established across Indonesia and they have become stronger. This motivated us to strengthen their political position by facilitating women heads of family groups to form an independent and autonomous mass-based formal organisation called the ‘Serikat Pekka’ (Union of Women Heads of Family). At the national level, we formed a Federation of Pekka Unions. This effort has had a positive impact, with their bargaining position strengthened in the community, especially at the village level. To celebrate this, we held the third national forum in 2014 with the theme of ‘Women Heads of Families, It’s Time to Lead for Prosperity and Justice’.

The enactment of Law No. 6 of 2014 concerning Villages has opened more opportunities for Pekka Unions, which are generally based in villages, to expand their reach, deepen their impact and make sustainable systemic changes. The Pekka Unions carried out a range of development policy advocacy work, producing policies at the village, district, even at national levels, that are more in favour of women and inclusive of other marginalised communities. We instituted various initiatives that are integrated and in line with desired development goals. Among them are Klik PEKKA – a PEKKA Information and Consultation Service Clinic run by paralegals integrated with the government's Integrated Referral Service System (SLRT); and Paradigta Academy, an institution for developing village women's leadership run by woman head of family cadres in regions to serve as strategic partners of villages in encouraging women's leadership. Through the Ministry of Villages, Development of Disadvantaged Regions, and Transmigration, some of the modules and manuals were adapted and applied nationally.

One of the high points of the systemic change was the inclusion of the term 'Pekka' (*Perempuan Kepala Keluarga,* Woman Head of Family) in state policy through the Minister of Village Regulation No 13 of 2020 concerning Village Fund Priorities in 2021, where women heads of family were recognised as one of the beneficiaries of labour-intensive programs. This guarantees that women heads of household throughout Indonesia, who number no fewer than 19 million, are entitled to access village fund resources, at least during the current administration. The inclusion of the term 'Pekka' in policies and other state documents is an important milestone for PEKKA organisation in its 20th year.

Challenges and learning

Today, several challenges still lie ahead. *First*, the negative stigma against '*janda*' has not completely disappeared in society. Therefore, it is important to strengthen the women heads of family movement with an inclusive approach involving everyone, including men, to fight this stigma together. *Second*, a large number of women heads of family – 2,341,750 women (31%) in July 2020 – received BLTDD (Direct Cash Assistance for Village Funds) during the COVID-19 pandemic, indicating the ongoing feminisation of poverty in Indonesia. *Third*, the PEKKA Foundation's data shows that younger women are becoming heads of family, i.e. 60% under 50 years old, more than 20% between 51 and 60 years old, and around 20% over 61 years old. The numbers above do not include female heads of household who are persons with disabilities, either inborn or acquired.

The situation and data above show some of the problems faced by female heads of household, especially economic problems and livelihood sustainability. Therefore, PEKKA's organising activities, in addition to fighting for recognition, also aim to provide economic empowerment and build financial capacity to strengthen the economy of the head of the family, and to build women's autonomy and economic independence.

The entity of the female head of household has been recognised in the population policy. However, there needs to be stronger pressure for this recognition to become the basis for a more inclusive and quality welfare policy.

Women heads of the family, it's time for us to talk. It's time to claim equal rights. It's time to lead for prosperity and justice.

Part 2: Lessons Learned on Gender Equality, Disability and Social Inclusion Advocacy

2.5

Inclusive Infrastructure

Women and quality of village infrastructure

Agus Pratiwi
Article 33 Indonesia

> *Water is the main reason for me to work (in the village cash for work/PKTD project). I have to walk 4 kilometres from my house to the water source. So, I asked the village to build a road to the water source. Now there is one. There are many benefits of having roads in the village. It is easier for children to go to school. It's also faster to go to the sub-district [centre]. Now it's just whoever wants to come in here (to supply water) so we can have water.*
>
> *PKTD participant informant in Mandahu village, a woman, 6 November 2018*

Mandahu village is in the Katala Hamu Lingu sub-district, East Sumba regency, East Nusa Tenggara. Together with Makamenggit village in Nggaha Ori Angu sub-district – as the subject of this research – these 2 villages are categorised as having low basic infrastructure, especially regarding access to clean water and proper sanitation. The use of pit latrines is still high – 80% of households in Mandahu village and 50% in Makamenggit village (data from Mandahu village Office and Makamenggit village Office).

The distance to latrine and clean water sources is more than 10 metres in over 80% of homes in Mandahu village, and 40% of homes in Makamenggit village. These 2 villages, like most in East Sumba, have low rainfall and people have to walk long distances from their homes, some up to 4km, to access clean water.

With the introduction of the Cash for work (PKTD) program as part of Village Funds utilisation, the infrastructure in Mandahu village and Makamenggit village has gradually improved. Village roads have become more accessible and vehicles can pass through to distribute clean water to villagers. It is easier and faster to access health services, such as the village polyclinic, and easier for children to go to school.

PKTD is an activity to empower rural communities, especially the poor and marginalised, by prioritising the use of local resources, labour and technology to provide a supplemental wage or income in an effort to reduce poverty and improve community welfare. This program was initiated in 2018 through the signing of the Joint Decree of Four Ministers on the Alignment and Strengthening of Policies for the Acceleration of the Implementation of Law No. 6 of 2014 concerning Villages. The PKTD program leverages the budget from the Village Fund, which is managed under the Ministry of Villages, Development of Disadvantaged Regions and Transmigration (MoV).

Data from the MoV as of 11 October 2021 shows that from the Village Fund budget of IDR72 trillion for 74,961 villages in Indonesia this year, spending for the PKTD program reached IDR4.24 trillion. The program has so far involved 2.2 million people, including 2.1 million men and 114,802 women.

From that number, 53,544 were women heads of household; 594,109 were workers from poor families; 448,115 were unemployed; 18,636 were from families with chronically ill family members; and 49,912 were workers from other marginalised groups.

More focused development

The Ministry of Villages translates the fifth point of the Sustainable Development Goals (SDGs) on gender equality in the Village SDGs document as the involvement of village women, where the village government, with the support of various stakeholders, is at the forefront of gender mainstreaming. In addition to providing equal treatment, village women have equal opportunities in public affairs. The Village SGDs target on the involvement of village women also requires the elimination of all forms of violence against women and children.

The PKTD program in Mandahu village and Makamenggit village is an example of women's involvement according to Village SDGs under the fifth goal. During the implementation of the PKTD program the 2 villages, women were actively involved in preparing the development plan in the village and the PKTD program, including in building the village road infrastructure.

'Women here are used to work like this (construction). In fact, if anyone here wants to build a house, women and men would work together to build it', said the village head of Makamenggit Ngganja Mbaka Emang.

In this study, Article 33 Indonesia noted that women's involvement in policymaking and development planning in Mandahu village and Makamenggit village began in 2017. Prior to this, they were not involved at all. Their involvement began in the formulation of village development policies and planning for the 2018 PKTD program, one of which discussed plans for road repair and construction.

Women from Mandahu village and Makamenggit village regularly attend every village government work plan meeting, and meetings related to the PKTD program. They actively voice their interests in infrastructure development in rural areas. The plan to build roads to access clean water sources, clinics and schools emerged from the voices of women, because they are the ones who have the main responsibility in collecting water, taking children to school, and taking sick family members to seek treatment at the clinic.

This women's active role was facilitated by the village assistant who encouraged the village head to provide an opportunity for them to express their opinions or make suggestions. Since then, in every village government working meeting or discussion of the PKTD program, the village head has given the '*mama-mama*' the opportunity to talk. In subsequent meetings, they have the courage to take their own initiative to express their opinions without being asked. They are quite active, especially when the discussion addressed access to water sources.

Although there are persons with disabilities involved, the PKTD program in Mandahu village and Makamenggit village has not been designed as a program that involves persons with disabilities or Disabled Persons Organisations (DPOs) in the planning process. Thus, the impact on persons with disabilities has not yet been considered in the planning process. However, it is a note to consider approaches and methods to involve persons with disabilities to ensure disability inclusion. For example, by disaggregating statistical data and affirmative steps for the involvement of persons with disabilities (identification of special needs and accessibility in the infrastructure built).

Women's participation strengthens development orientation

The participation of women in village policymaking changed the orientation of village road construction. There are now more roads to water sources, schools and health centres than there are to fields. The roads that are now available make it easier for water supplies to reach residential areas, and the burden on women has been relatively lightened. Besides facilitating access to water sources, the roads built with the PKTD program make it easier for children to go to school and mothers to check their health at the village polyclinic.

I am happy that the road we have built can be passed by water trucks bringing water for us. In the past, before the road was opened, it was impossible for water trucks to enter our village. In the early days of the road being built, the residents here were excited to be involved in road construction because they wanted water to enter the village, said one of the women who participated in the PKTD program in Makamenggit village.

Although women's involvement in the PKTD program has provided tangible benefits, it has yet to bring about significant changes in gender relations in the household and the community. To have an impact on gender equality in the household, the PKTD program can collaborate with other programs that have already made interventions at the household level. For example, the Family Planning Village (KB) program through the Village Family Planning Assistant (PPKBD) and Sub-PPKBD. In both villages, the intervention to encourage male family planning had been relatively successful. If the taboos associated with male family planning can be changed, gender relations in other aspects of the household, especially the caregiving burden, can be expected to change as well.

From these findings, one can conclude that the involvement of women in policymaking and village development planning has improved the quality of development, in line with the fifth objective of the Village SDGs.

Advocating for inclusive infrastructure in Mataram

Learning from women with disabilities conducting action research

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Indonesia Australia Partnership for Infrastructure
Sri Sukarni
Association of Indonesian Women with Disabilities NTB

Unfriendly infrastructure for persons with disabilities

Mataram, like most other cities in Indonesia, is not friendly for persons with disabilities. Walking along the main roads in the capital of West Nusa Tenggara (NTB) Province, one will find public facilities that are unsafe, uncomfortable and difficult to access. When persons with disabilities have difficulty accessing services, this has a significant impact on their participation in society.

Although pedestrian paths or sidewalks are available to facilitate the movement for wheelchair users, many of these sidewalks are difficult to access because they are obstructed by trees, billboards, road signs, bus stops, street vendors and sidewalk decorations such as concrete balls and gardens. The pavement surface might be bumpy, potholed, and uses slippery ceramic material in parts. Guide blocks, which are only available around the Islamic Center area, are damaged and can endanger the visually impaired. In addition, some spots along the main roads are not well lit due to streetlights malfunctioning or being blocked by trees. These and other infrastructure barriers can be removed or avoided through the application of universal design principles across infrastructure, both at the design stage of new developments and through audits of accessibility and modification of existing infrastructure.

Regulations and budget for disability-friendly infrastructure already in place

Even without persons with disabilities, it is the government's duty to provide adequate infrastructure for all. Law No. 8 of 2016 concerning Persons with Disabilities, for example, requires the central and local governments provide facilities for pedestrians and pedestrian crossings that are easily accessible for persons with disabilities. Technical policies for providing facilities and accessible infrastructure for pedestrians on public roads for persons with disabilities are also available. For example, Minister of Public Works Regulation No. 30/PRT/M/2006 concerning Technical Guidelines for Facilities and Accessibility in Buildings and the Environment, and Minister of Public Works Regulation No. 03/PRT/M/2014 concerning Guidelines for Planning, Provision, and Utilisation of Pedestrian Network Infrastructure and Facilities in Urban Areas.

In addition to the regulatory framework, the budget for road infrastructure development in the City of Mataram, both from the Mataram City Budget and the NTB Provincial Budget, has also increased every year. In 2017, the budget allocation for public works and spatial planning for the NTB Province, for example, reached 14% of the IDR10.5 trillion of regional expenditure, and the Mataram City government allocated around 11.2% of its IDR1.4 trillion budget.

However, it seems that regulatory support and budget allocations still need to be pushed to create an inclusive Mataram City infrastructure development policy for persons with disabilities. The perspective of public service providers who still see persons with disabilities as a problem narrows the space for participation and control in public policymaking, which undermines the government's responsiveness in fulfilling the rights of persons with disabilities. Negative attitudes, views and stereotypes about persons with disabilities contribute to a situation where budget and regulatory support are not translated into action, indicating the need for mainstream public service providers to invest in disability inclusive approaches, prioritising disability awareness training for all such service providers.

What is happening in Mataram represents a common phenomenon in many regions in Indonesia: Despite significant progress in infrastructure development, the government is yet to fully implement the principles of gender equality, disability and social inclusion.

Inclusive infrastructure advocacy: from street protests to evidence-based policy advocacy

This condition then prompted the Association of Indonesian Women with Disabilities (HWDI) NTB to conduct advocacy. HWDI is an organisation whose management and members are women with various disabilities, including physical, sensory, psychosocial, and intellectual disabilities.

With the support of KIAT, a program of the Indonesia Australia Partnership for Infrastructure, HWDI NTB sought to open up space for persons with disabilities to be involved in infrastructure development policymaking for the City of Mataram and encourage the government to respond to disability rights in the infrastructure sector.

Previously, HWDI NTB had tried to attract the attention of the government to fulfil the rights of persons with disabilities through protests concerning various policies on urban infrastructure development. However, despite raising public awareness, this method of protest was never received positively, and the community of persons with disabilities was still not involved in policymaking.

Since working with KIAT, HWDI NTB has adopted an approach that is more focused on action research and engagement in dialogue. If previously advocacy for policy change was carried out through street protests, advocacy now takes place at the negotiating table. HWDI NTB also established partnerships with many stakeholders, including the NTB Road Traffic Transport Forum (FLLAJ), a multi-stakeholder forum that monitors and maintains local roads.

‘Advocacy with the action research method is more like building partnerships with local governments. Since working with KIAT, our advocacy mindset has changed. Now we are communicating our needs to the government in the spirit of friendship’, said Sri Sukarni, Head of HWDI NTB.

This road accessibility action research was conducted for 4 months during March-June 2018 and involved HWDI NTB members, most of whom are women with disabilities with elementary and secondary school education. The high motivation to change policies through increasing awareness about disability inclusion, coupled with the support of KIAT and the Seknas FITRA NTB, which provided training to develop this action research method, made these women skilled and agile in conducting observations, interviews and collecting data in the field.

Action research process and making changes

HWDI NTB chose 10 main roads in Mataram City as research objects applying the criteria of level of authority and connectivity with public service centres, social facilities and public facilities frequented by persons with disabilities. HWDI NTB also conducted policy and regulatory analysis as well as interviews with various stakeholders. This process produced technical criteria for building and road construction, such as the availability of pedestrian paths, guiding blocks, ramps, special signs, safety edges, passenger drop-off areas, lighting and rest benches. HWDI NTB then analysed road accessibility using the parameters specified in the Minister of Public Works Regulation No. 30/PRT/M/2006 concerning Technical Guidelines for Facilities and Accessibility in Buildings and the Environment, namely safety, convenience, usability and independence.

After all variables were scored against observation results, the researchers then calculated the index, including index of each road, index of roads based on authority and the average accessibility index of all roads. HWDI NTB research found that the 10 main roads in Mataram City scored low on the accessibility index for persons with disabilities.

HWDI NTB followed up this research by compiling recommendations for policy changes to improve accessibility in Mataram City for persons with disabilities. This recommendation urged the government of the Province of NTB and the City of Mataram to (1) prepare a Detailed Engineering Design (DED) for public infrastructure in accordance with Minister of Public Works Regulation No. 30 of 2006 and the Minister of Public Works No. 03/PRT/M/2014; (2) develop Minimum Service Standards (SPM) for road network utilisation as mandated by Law No. 38 of 2004 concerning Roads; (3) involve persons with disabilities in all policymaking that directly or indirectly affect them; (4) allocate a budget to provide infrastructure and road facilities that are accessible to persons with disabilities; (5) improve the understanding of Regional Apparatus Organisations and construction planning consultants on accessibility rights for persons with disabilities; (6) promote private sector involvement in ensuring road accessibility and infrastructure accessibility in general; (7) improve coordination between levels of government in the planning and implementation of road construction, and road transportation that is friendly to persons with disabilities.

HWDI NTB presented the research findings and recommendations in meetings involving many organisations, both government and non-government, such as in a discussion series with the NTB Road Transport Traffic Forum (FLLAJ), as well as hearings with the governor and heads of related agencies, both at the NTB provincial level and Mataram City. HWDI's action research activities and recommendations were also covered by local media.

HWDI's action research findings and recommendations then became the subject of public discussion and led to several important changes. Responding to HWDI's advocacy, FLLAJ NTB formulated a Detailed Engineering Design (DED) to improve the main pedestrian paths to be more accessible for persons with disabilities. The NTB Provincial Government together with the DPRD started discussions on the need to revise the NTB Provincial Regulation No. 4 of 2019 concerning Protection of Persons with Disabilities by adding a special chapter on accessibility and transportation management. Together with FLLAJ, HWDI also succeeded in pressing for the provision of accessible buses for persons with disabilities marked by the official launch of the bus on 12 December 2020. In addition, the NTB Governor and Bappeda began to provide space for HWDI NTB to be actively involved in the infrastructure development policymaking. The NTB Provincial Transportation Service also responded positively to the progress of HDWI NTB.

'Since HWDI participated in the activity, we can see a gradual shift in work culture, and now we have changed our standard operating procedures for the construction of new roads to make them accessible to persons with disabilities', Lalu Bayu Windya, MSi, Head of the Provincial Transportation Office NTB.

HWDI NTB action research brought about many significant changes. NTB Province and Mataram City are currently working to improve infrastructure and public transport facilities. HWDI has also audited various public service facilities, including, for example, the West Lombok District Hospital.

HWDI NTB learned many lessons from this action research, which increased awareness of disability inclusion in mainstream services and facilitated increased accessibility of infrastructure for persons with disabilities. Most importantly, HWDI NTB feels that promoting policy change can be more effective if it is designed, implemented and communicated those segments of society it will most affect. In addition, suggested changes are more likely to be accepted by policymakers if they are accompanied by strong and objective evidence. To produce this strong evidence, a knowledge to policy integration is required that includes data collection, identification of stakeholders (especially the vulnerable), inclusive stakeholder engagement, empowerment of communities that carry out advocacy and their involvement in the policymaking process.

Justice for persons with disabilities in the courtroom

Fatum Ade
SAPDA, Foundation for Advocacy of Women, Persons with Disabilities, and Children

> *It's not that I don't want a divorce. I never knew where the court was and how a woman like me can file for divorce. I had no concept of a police station, let alone a court. Divorce is very foreign to me, especially since I am a wheelchair user.*
> Mina (pseudonym), Yogyakarta woman, age 36, with disabilities

Mina is one of many persons with disabilities who has had to face the law. After being trapped in an abusive relationship for more than 10 years, Mina eventually managed to break the chain of violence with a divorce. However, many others with disabilities are unable to access justice, and tend to choose not to litigate. Never mind accessing courts – even getting a birth certificate is a burden to persons with disabilities. As Mina said, courts are foreign and unfamiliar institutions that cannot be accessed by persons with disabilities.

Where does one go to get information about litigation? Are there adequate facilities and reasonable accommodation for persons with disabilities in courts? Will they be served well in court? How does one get to court while wheelchair-bound? These were some of the thoughts that occurred to Mina, which sowed doubt and scepticism about dealing with the court.

However, Mina was encouraged when she shared her story with the SAPDA Foundation. After getting explanations, assistance and advocacy, Mina mustered the courage to file for divorce and, although it took months, her efforts paid off.

Barriers to reasonable accommodation

Law enforcement agencies are required to provide reasonable accommodation for persons with disabilities during the judicial process. Adequate accommodation is defined as appropriate and necessary modifications or adjustments to ensure access to services, facilities, resources and processes to ensure that all human rights and fundamental freedoms are met for persons with disabilities. This is stipulated in Government Regulation No. 39/2020 concerning Reasonable Accommodation for Persons with Disabilities in the Judicial Process. The regulation is a derivative of Law No. 8/2016 concerning Persons with Disabilities.

Still based on regulation 39/2020, in providing reasonable accommodation, law enforcement agencies (police, prosecutors, the Supreme Court and lower judicial institutions, as well as the Constitutional Court) shall submit a request for personal assessment to doctors or other health workers, and to psychologists or psychiatrists. Personal assessment assesses the variety, level, barriers and needs of persons with disabilities, both medical and psychological, to determine appropriate accommodation.

Facilities and infrastructure related to proper accommodation, as described in the regulation, include computers and screen reader applications, documents printed in Braille, audio communication media, visual information boards, props, wheelchair, beds with wheels, illustrations, mock-ups, dummies, calendars, medicine and other health facilities. The facilities and infrastructure shall be adapted to various disabilities.

Unfortunately, as Mina worried, reasonable accommodation has not been met in law enforcement agencies, let alone personal assessment by services in court.

Many factors complicate the implementation of reasonable accommodation. *First*, many service providers still perceive that persons with disabilities rarely litigate, thus making them reluctant to make changes to enable access.

‘In one year, only one person with a disability litigates in court If we build facilities (proper accommodation), but almost no one enjoys it, would it not be a waste?’ said a court official in a virtual discussion on reasonable accommodation.

This attitudinal barrier is formed by a lack of awareness concerning disability. The absence of persons with disabilities in judicial facilities is actually evidence of the need to remove the barriers that prevent them from being there in the first place. This does not constitute a justification for avoiding the adoption of reasonable accommodation; it is evidence that changes need to be made.

Second, the Supreme Court has not followed up with regulation to support the implementation of Government Regulation No. 39/2020. Such policy would be very important to encourage and 'compel' the implementation and ensure that reasonable accommodation is available in court. It would provide guidelines for providing facilities, infrastructure and services, including collaboration with professionals such as psychologists, psychiatrists and medical doctors for personal assessment of persons with disabilities who are dealing with the law. Reasonable accommodation costs are rarely allocated or provided for in budget planning and financing to provide reasonable accommodation, as well as misperceptions about future costs, all of which contribute to slowed implementation.

Journey of advocacy

Following the experience of assisting women and children with disabilities who have been subject to violence, and observing firsthand the situation of court services, 3 years ago SAPDA decided to advocate easy access to courts for persons with disabilities. This advocacy is supported by the Australia Indonesia Partnership for Justice 2 (AIPJ2) and aims to ensure that the judicial process is carried out based on equal rights and eliminates discrimination.

This advocacy for persons with disabilities started with reports submitted to the Women Disability Crisis Centre (WDCC), a division that handles, among other things, access to justice for persons with disabilities. This division oversees a subdivision called Rumah Cakap Bermartabat (RCB), which specifically handles violence against women with disabilities, children with disabilities, as well as women and children in general. RCB provides a service number (hotline) that can be contacted to file reports, advocacy based on outcomes of visits to houses of members of the disability community, as well as direct reports from persons with disabilities. RCB also provides psychological counselling and legal consultation services staffed by psychologist counsellors, legal counsellors, clinical psychologists and lawyers.

SAPDA sees an urgency to continuously promote personal assessment and active involvement of stakeholders in preparing and making available personal assessment documents for persons with disabilities. The stakeholders include court institutions, disability and professional institutions.

A pilot for the preparation of personal documents began with focus group discussions (FGD) that were organised in 3 courts with the support of the SAPDA Foundation – the Karanganyar District Court, Central Java; Yogyakarta District Court and Yogyakarta Religious Court. The 3 courts provided input to further strengthen the documents. The discussions on personal assessment documents also involved disability communities, psychiatrists, psychologists, medical personnel and service providers for people experiencing violence.

Documents on personal assessment that were produced are divided into 2 major parts: guidelines for completing the personal assessment and the personal assessment sheet itself.

The personal assessment guide contains 2 main items. *First*, an introduction about the diversity of disabilities, as well as physical accessibility and standard services that must be provided by the court in accordance with Government Regulation No. 39/2020. *Second*, a detailed assessment sheet on the physical, psychological or mental condition of persons with disabilities who require experts who are not regularly available in courts, as well as recommendations about needs and how to fulfil them technically.

This personal assessment document was put into effect in November 2020 at the Karanganyar District Court. This court has also innovated by changing the flow of Standard Operating Procedures (SOP) for litigation for vulnerable groups, where personal assessment documents are also included in the SOP flow. This was a bold innovation amid uncertainty of policy from the Supreme Court. 'Whether or not there are persons with disabilities who access services in court, this institution is obliged to provide reasonable accommodation for them', said Head of the Karanganyar District Court, Ayun Kristianto.

Right at the end of December 2020, the Director General of General Courts issued Decree No. 1692/DJU/SK/PS.00/12/2020 concerning Guidelines for the Implementation of Services for Persons with Disabilities in High Courts and District Courts, which requires courts to provide a personal assessment mechanism for persons with disabilities who are involved in litigation, either criminal or civil. This decree was issued thanks to active advocacy from the Karanganyar District Court.

Although there is no specific policy from the Supreme Court to serve as the legal umbrella for the implementation of personal assessment, this decree might prompt the issuance of a legal umbrella at the Supreme Court concerning personal assessment, and encourage the mechanism of personal assessment to be presented in district courts and high courts in Indonesia.

A month after the issuance of the decree, in January 2021, good news came from the Director General of Religious Courts of the Ministry of Religious Affairs, which issued the Decree of the Director General of Religious Courts Number 206/DJA/SK/I/2021 concerning Service Standards for Persons with Disabilities in Religious Courts. This decree stipulates that proper facilities and services must be provided by religious courts to ensure reasonable accommodation. However, it does not include personal assessment in religious courts as an important part of ensuring reasonable accommodation for persons with disabilities.

Promoting inclusive courts

The above illustration shows that there is still a lot of work to be done in promoting inclusive courts. SAPDA sees the mandate to make a personal assessment mechanism available from the Decree of Director General of General Courts and the provision of personal assessment sheets at the One Stop Service of the Karanganyar District Court and Yogyakarta District Court as potential good practice to include equal access to court systems for persons with disabilities through reasonable accommodation and mainstreaming a disability-inclusive approach.

At the highest level, we are still waiting for the issuance of regulations from the Supreme Court, the Attorney General's Office and the Indonesian National Police to oblige the lower institutions to carry out their mandate in accordance with Government Regulation 39/2020. SAPDA Foundation continues to organise activities such as workshops, FGDs, seminars or training with all stakeholders. For the national police and the prosecutors, SAPDA has been advocating at the highest level, namely at the National Police Headquarters and at the Attorney General's Office. However, the chain of command in the 2 institutions makes it difficult to carry out direct advocacy at the lower levels.

With respect to institutions under the Supreme Court, so far there have been 30 courts in a number of provinces in Indonesia that have received assistance from the SAPDA Foundation. With these 30 courts, the SAPDA Foundation has organised training for judges, clerks, PTSP officers, and security guards to Legal Aid Post officers in court every 2 weeks based on a syllabus and curriculum.

While advocating for Supreme Court regulations, it is important to ensure that the courts supported by the SAPDA Foundation can innovate to increase the capacity of court officials to provide appropriate accommodation, including personal assessment to determine the provision of reasonable accommodation to persons with disabilities.

Part 2: Lessons Learned on Gender Equality, Disability and Social Inclusion Advocacy

2.6

Women and Disaster Management

Women village heads fighting the pandemic

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The strategic role of village heads

After operating for almost half a century, the position of village government was marginalised by the centralisation of power of the New Order. Since the enactment of Law No. 6 of 2014 concerning Villages, the autonomy of villages as a state entity at the grassroots level has strengthened, and democratic space for citizens has increased. The role of village head requires leadership, innovation and creativity in governance.

The outbreak of COVID-19 in Indonesia has forced all lines of government to respond quickly to cope with the impact of the pandemic, which has drastically changed the social and economic life of the community, including in rural areas. The Government of Indonesia relies heavily on the readiness of village governments in handling the impact of the pandemic, because in this crisis situation the choice to return to the village is the last option for urban communities and migrant workers who have lost their jobs due to the impact of COVID-19. Villages must be prepared for this situation. In addition to providing social assistance to their citizens through cash assistance from Village Funds, villages must also prepare for the possibility of migrants returning from the city and migrant workers from abroad to prevent transmission of the COVID-19 virus.

To capture these dynamics, the Department of Sociology, Faculty of Social and Political Sciences of Soedirman University (UNSOED) conducted a study on the performance of 17 women village heads in Banyumas district (members of the KAPERMAS organisation (Banyumas Women's Village Head) in their effort to overcome the COVID-19 pandemic in the village. This study includes the identification of strategies, leadership styles and the obstacles they faced.

Under Law No. 6 of 2014 concerning Villages, the position of the village head has increased in status and prestige, along with the strengthening of the political position of the village government and the support of village government implementation resources through the Village Fund. In Banyumas, which retains its agrarian character, the village head is positioned as '*ramane utowo biyunge wong sak ndeso*' (the parent of the entire village community). Elections for the position of village head are highly competitive.

Women village heads amid the wrath of the pandemic

In 2020, when this research was conducted, there were 17 women village heads who had been entrusted by the community to lead villages in Banyumas regency. Women village heads are indeed still in the minority, making up only 5% of the village heads of the 311 villages in Banyumas regency.

Of the 17 women village heads, 7 have served for one term, the other 10 one. This shows that in terms of leadership, these women village heads have the same quality, competence and community trust as the majority of male village heads.

In a patriarchal agrarian society, there is certainly resistance to women village heads. In their early days as village heads, these women often experienced rejection and negative stigma, such as rejection by groups relying on religious interpretations that prohibit women from leadership roles, as well as rejection due to the stigma of being a widow.

There is also the stereotype that assumes women are more fit for the domestic sphere; that they do not have the skills to conduct village governance and know nothing about village development issues. In reality, however, women village heads have proven capable of leading the village, with some even elected for 3 terms.

The COVID-19 pandemic presents a challenge for village heads, including women village heads, to prove that their leadership is able to provide social protection for affected villagers and break the chain of transmission of COVID-19 caused by the movement of migrants (both from cities and abroad) to the village.

Banyumas regency sits on an important transportation route in Central Java, with many people from various regions passing through. This has certainly had an impact on the people of Banyumas, particularly in the midst of the COVID-19 pandemic. The first positive case of COVID-19 in Banyumas was detected in March 2020 and the number of COVID-19 patients has increased every day since then.

Anticipating a large number of residents would be exposed to the COVID-19 virus, the Banyumas regency government issued a policy to create isolation places for residents who had just arrived from outside the city, especially ‘red’ areas such as Jakarta and Surabaya. The Banyumas regency government also instructed all village heads in the regency to provide isolation wards for residents or migrants in their village areas.

The isolation/quarantine places located in the villages were designed to provide a sense of comfort for both villagers and migrants who are self-isolating in their village, so that the village government’s work to disrupt the spread of COVID-19 can be carried out effectively.

Leadership of women village heads

A study of the COVID-19 response from 17 women village heads in Banyumas regency found that all gave a significant response, both in ad hoc action and in policy.

A hallmark of women’s leadership is their ability to identify the specific needs of women, children and persons with disabilities that are often overlooked in social assistance and social protection programs. With the advantages they possess as women, women village heads also have more empathy, thoroughness and agility to ensure that all citizens are guaranteed their basic needs, especially food and health services.

In mid-2021, female village heads of Banyumas who are members of the KAPERMAS association convened and agreed to provide support to stimulate local-commodity-based economic empowerment (cassava) in an effort to maintain food security and the livelihoods of rural communities. UNSOED Sociology Department facilitated Banyumas women village heads with creative economy actors in Pekuncen village who have succeeded in changing the image of cassava (‘*oyek*’ in the local language), from food that was associated with poverty into a local commodity that can be processed and provide added value.

The advantage of women village heads is particularly evident in the way they are able to make decisions and work tactically to prevent the spread of a pandemic. Compared to male village heads, people see them as *luwih gep*, *cekat-ceket* (faster and more agile), *bras piker keri* (acting tactically without overthinking), *luwih titen* (more thorough), and *luwih jeweh* (more painstaking, protective, fussy but detail oriented). These are traits that are indeed needed in handling the impact of the COVID-19 pandemic everywhere, including at the village level. Garikipati (2020) similarly found that women’s leadership has the character of empathy, compassion, a willingness to listen and readiness to collaborate.

Most of the women village heads studied had a difficult journey to their position, which might be a plausible explanation for their decision-making speed and readiness to determine the steps for handling the pandemic – they are motivated and have reason to prove themselves.

During the pandemic, women village heads in Banyumas also connected with women village heads from various regions in Indonesia as well as women's organisations in a series of webinars organised by the Ministry of Women's Empowerment and Child Protection. This network of female village heads has been very useful as a medium for exchanging knowledge and experience, as well as capacity building that is useful for strengthening their leadership in village government.

While villages are expected to be pioneers in achieving SDGs through the Village SDGs program, the Inclusive Village program and the Women-Friendly and Child Care Village program, the presence and leadership of women village heads will be significant for efforts to achieve SDGs based on gender equality and justice.

The dynamic leadership of women village heads in Banyumas in leading village government and dealing with the COVID-19 crisis shows the importance of collecting demographic data from a GEDSI perspective. Only sufficiently granular population data can identify the specific needs of women, children, persons with disabilities and other marginalised groups and equitably allocate village funds and social protection schemes. Women village heads have shown themselves to be more than capable in governing to the benefit of all.

Grassroots women's leadership in disaster mitigation

Misiyah
Institute for Women's Alternative Education/Institut KAPAL Perempuan

Women's knowledge is the key to filling gaps in 'gender neutral' disaster management to make it gender responsive and inclusive. Women's knowledge, in this regard, is women's capacity developed from the experience of organising and strengthening critical awareness through a forum called *Sekolah Perempuan* (Women's School). This capacity building produced women leaders at the grassroots who became a source of resilience in facing crisis situations, especially during disasters in poor and remote communities in North Lombok.

Saraiyah from Lokoq Buaq hamlet, Sukadana village, Bayan sub-district, is one such woman leader from *Sekolah Perempuan* supported by the MAMPU program, a collaboration between the Indonesian and Australian governments managed by KAPAL Perempuan and LPSDM. Saraiyah, who works as a snack seller day-to-day, is a survivor of the 2018 Lombok earthquake on 5 August. On that day, and since, she has stood at the forefront, taking the initiative to mobilise her community to work together to help each other.

She further led a collective action in the emergency response, recovery and reconstruction phases to cater to the needs of marginalised groups, especially women, children, persons with disabilities, minorities and the elderly throughout the disaster cycle. Saraiyah led the quick response initiatives during this emergency period, which started with the provision of rice meals that prioritised remote mountain locations inhabited by Lombok's Hindu minority community.

This rapid response was developed together with members of *Sekolah Perempuan* by establishing '*Pos Perempuan*' (women's post) for disasters that provide special assistance for women, children, vulnerable and marginalised groups. Services provided by *Pos Perempuan* reached 52 hamlets from 13 villages and 12,542 people. This initial aid helped meet the needs of people to survive for 2 weeks. Recipients were people in hilly refuge points that are difficult to reach in North Lombok, NTB.

Earthquake emergency response period

Saraiyah helped others despite her fear. In early days of the emergency response, she started a public kitchen. She involved men to take responsibility and work in the kitchen to prepare meals and drinks. They distributed this assistance to the elderly, women, pregnant women and persons with disabilities. To prepare these meals, Saraiyah collected as many ingredients as she could from her own vegetable garden, as there was no logistical assistance where she lived.

Saraiyah also paid attention to how the camps should be designed. She insisted on setting rules in the camps to have separate male and female tents to prevent sexual violence against women and girls. Besides separating male and female tents, she gave special attention to the elderly, pregnant women, infants and persons with disabilities to get special amenities such as blankets, diapers, sleeping mats and others.

For the children, *Pos Perempuan* organised an Independence Day celebration by decorating the refugee camps and holding competitions on 17 August. It had only been 2 weeks since the disaster, and they were still feeling some effects of trauma, but the celebration served as a welcome distraction for the children and their parents. Saraiyah was also able to use this activity as part of an initiative to prevent child marriage: she reached out to children in 105 cases of child marriage between August 2018 and February 2019.

At every opportunity in the camps, Saraiyah and her team at *Pos Perempuan* would conduct education on preventing violence against women in refugee camps, educating on the dangers of child marriage and dispelling hoaxes about disasters – for example that disasters happen because spirits get angry, or that they are punishment for certain groups of people – and warding off those who spread hatred for political ends as the presidential election approached

Recovery and reconstruction period

During the recovery period, Saraiyah and her team at *Pos Perempuan* volunteered to collect data on disaster victims. They felt it was important to be involved in this data collection effort to ensure disaster victims receive social security. The motto ‘No one shall be left behind’, which is an SDGs principle that Saraiyah learned at *Sekolah Perempuan*, stuck in their minds.

Sekolah Perempuan already had basic data collected through participatory mapping on poor women, women heads of households, survivors of violence, child marriages, pregnant women, infants, the elderly, minorities and persons with disabilities. It enabled these women at the grassroots to coordinate the collection of data on 4,263 disaster victims in 4 villages. This data collection was appreciated by the district government, even by representatives from the Australian Embassy during their visit, as Saraiyah and her team had managed to collect large amounts of data rapidly in a well-organised manner, despite doing it in the middle of a disaster crisis.

Through this data collection process, Saraiyah and her friends ensured that women and other marginalised groups were included in disaster survivor data. They realised that this data was key for survivors to secure their right to social security. Despite the many challenges – not all of which were overcome – they continued to collect this data so disaster victims would receive their social security, such as their living allowances; temporary shelters that are safe for women, children, the elderly and persons with disabilities; provision of accessible and safe sanitation facilities for all, as well as economic recovery and income generation assistance.

Resilience amid the COVID-19 pandemic

Women’s knowledge in responding to the earthquake disaster in North Lombok has served as the main experiential capital of women’s resilience when facing non-natural disasters such as the COVID-19 pandemic. Saraiyah coordinated data collection on which residents were most affected by the pandemic. They are poor women, women heads of family, survivors of violence, neglected elderly people and people with mental disorders. Early in the COVID-19 pandemic, Saraiyah together with the *Sekolah Perempuan* community took the initiative to disseminate information on health protocols to prevent virus transmission while still distributing assistance packages.

Saraiyah and the *Sekolah Perempuan* community organised education activities and provided assistance packages containing items that send the message to maintain health, nutrition and be sensitive to vulnerable groups. This assistance was given specifically to poor women, women victims of violence, victims of child marriage, persons with disabilities and the elderly. The package, called *Sapoq Angen* (‘One Heart’ in Sasak language), contains:

- Soap (wash your hands with soap diligently and always maintain hygiene)
- Eggs (consume nutritious food). Families who own free-range chicken or ducks shall set some of the eggs aside for families.

- Shallots (cook vegetables to meet family nutrition and train both men and women to cook as they are both at home)

- Vitamin C (a reminder to eat more fruits that grow around the house)

- Honey (improve your immune system by consuming honey, especially for pregnant women, breastfeeding mothers, children and the elderly)

- Seeds and polybags (stay at home and do not gather in groups). Men and women shall work together and plant the garden together to ensure food self-sufficiency.

- Notebook and pen (women are a source of knowledge and this knowledge shall be used to help each other). Use the notebook to document problems that women around them face to prevent violence against women, child marriage and to motivate them to note down their ideas to ensure that women are heard in the handling of COVID-19.

This education on handling the COVID-19 through *Sapoq Angen* assistance has inspired the community and the local government and increased awareness that COVID-19 does not only impact health, but also has socio-cultural impacts, especially on gender issues. These issues, which include child marriage and violence against women, must be raised and made part of the COVID-19 handling agenda.

Building women's critical awareness

Building women's critical awareness is a way for them to break the inequality paradigm that happens within themselves and their community, enabling women to make social, cultural, economic and political changes that are more gender responsive and inclusive. Building critical awareness and organising women to strengthen leadership is full of challenges and cannot be done instantly. It takes the commitment to undergo a long and intensive process, the ability to mobilise collective action, the courage to face risks, consistency in applying a gender perspective and inclusiveness in the private and public spheres.

This commitment is exemplified by Saraiyah, who has been consistent and resilient in facing the risk of being scolded, ostracised, even threatened, against anyone who stands in the way of her struggle for justice without fear. She invites her friends and the community to change their ways of thinking in defending women, persons with disabilities, the elderly and minorities. She dared to trudge through the dark hillside road in the middle of the night to pick up and accompany women victims of violence.

Saraiyah's collective movement through *Sekolah Perempuan* led her to become the first and only member of the Village Customary Council. Her presence in the Village Customary Council has been beneficial, and not only within her village. She has been able to voice her aspirations to the district level through the 'Women's Development Planning Consultation'. Her consistency in defending women and marginalised groups has also received a lot of appreciation. She was selected for the ‘10 Indonesian Inspirational Women’ award and was invited by the President of the Republic of Indonesia himself on 8 March 2018 to receive an award. In the program of the Ministry of Women’s Empowerment and Child Protection, Saraiyah’s village was selected to be developed as a ‘Women and Child Friendly Village’ in 2021.

Reflecting on the collective movement initiated by Saraiyah through *Sekolah Perempuan* in responding to the Lombok earthquake and COVID-19, there are lessons on the importance of adopting women’s knowledge and using a GEDSI lens in disaster management policies and disaster risk-reduction measures.

Part 2: Lessons Learned on Gender Equality, Disability and Social Inclusion Advocacy

2.7

Social Protection

Protecting and prioritising older people

Dian Kartika Sari
Indonesian Women's Coalition

Since 1996, Indonesia has celebrated the National Day for Older People on 29 May. This date commemorates one of the founding fathers of the nation, Dr Radjiman Wedyodiningrat, who on 29 May 1945 chaired the Indonesian Independence Preparatory Committee Session at the age of 66 . This celebration is significant in its acknowledgment of the role of older citizens, that they are still productive and able to actively participate in development.

However, as Indonesia was in the midst of a demographic bonus euphoria, where attention was on the young as drivers for the economy, the population of older people was marginalised, and it was assumed that most of them were no longer productive and had become a burden to the nation. This marginalisation is even more clear among the older population who are women and poor.

Fighting for the rights of older people

The Indonesian Women's Coalition, as a women's organisation that has sectors/interest groups for older women, sees the marginalisation process as evidence of the minimal efforts to increase the fulfilment of basic rights and inclusive engagement of older women. Despite the passage of Law No. 13 of 1998 concerning Welfare for Older People, which recognises the rights of the older people in the fields of civil and political rights, social, cultural and economic rights, the fulfilment of these rights has thus far fallen short in social protection policies that guarantee the rights of older people.

For this reason, in 2017 with the support of the MAMPU–DFAT program, the Indonesian Women's Coalition compiled a position paper related to social protection policies and the fulfilment of human rights for older people. The position paper served as material for advocacy to urge the Indonesian government to come up with a special strategy for implementing comprehensive social protection for older people.

To prepare the position paper, the Indonesian Women's Coalition conducted an assessment by way of a community-based data collection (Balai Perempuan) to explore the problems faced by older people. The paper formulated definitions, description of needs, problems faced, efforts to improve the welfare of older people and other forms of social service. Members of the Indonesian Women's Coalition from the older women interest group were involved directly in this process.

This assessment is supported by data on older people. According to the 2017 Older Population Statistics published by the Statistics Indonesia (BPS), older people comprised 8.97% of the total population of Indonesia, or 23.4 million people. Of these, 63% or 14,742,000 of them are 'young older people' (60–69 years), 27.80% or 6,505,200 are the 'middle older people' (70–79 years), and the rest are those over 80 years of age (9.20% or 2,152,800).

Of the 23.4 million older people in Indonesia, 52.52%or 12,289,680 are women and 47.48% or 11,110,320 are men, which indicates women have a greater life expectancy. The latest data from the 2020 Indonesian Population Census stated that the proportion of Indonesians classified as 'older people' has reached 9.78% of the total population, a significant increase on the percentage of older people in the previous decade (7.59%).

This data has not shown how many of the older people also experience disability.

Strategic issue for older people

The assessment identified 4 strategic issues related to the population of older people that must become a serious concern to the government. *First*, social protection for older people and the urgency for a national strategy for the protection of older people.

There are several categories of older people, each requiring different treatment. The ‘potential older people’ are older people who are still able to do work and or activities to produce goods and/or services. For these ‘potential older people’, the government needs to work together with various parties, namely the private sector and SOEs, to provide employment opportunities, pension or minimum income for older people for them to be able to meet their daily life needs. Whereas non-potential older people are those who are no longer able to provide for themselves and are dependent on others.

For non-potential older people in particular, the government needs to provide a pension or minimum income so that they are able to meet their daily needs and enjoy a decent standard of living. Meanwhile, for potential older people, the government can provide social assistance, which is an effort to provide temporary assistance so that they can improve their level of social welfare. Developing community social solidarity will also support the lives of older people, especially those who live alone. Villages and sub-districts need to be strengthened to collect data and develop a system of social solidarity and social assistance from the *kelurahan* (village) budget.

Second, Older People and Poor Heads of Households. By dwelling location, 50.36% of the older people live in rural areas and 49.64% in urban areas. Data also shows that there are more older women than older men, which means that the number of older women who live alone is also much higher. Generally, after their children are married, women heads of household tend to live alone in their homes. In general, older heads of household live in poverty.

Third, political rights of older people. According to Article 6 (1) of Law No. 13 of 1998, older people have the same obligations in the life of society, nation and state. There are 23.4 million older people in Indonesia who have the right to vote, but this demographic has the least access to information about general, local and legislative elections. The General Election Commission at the national and regional levels has tried to reach older people, but outreach is usually limited to a few homes and has yet to reach a wider older population.

The low access to information for older people regarding election laws has resulted in older people becoming most vulnerable to being the target of money politics of political parties and ‘success teams’ for candidates running for office. Central, regional and village governments, General Election Commission (KPU) at all levels and Election Oversight Body at all levels need to ensure the political rights of older people, prevent attempts to deceive them and protect them from criminalisation due to lack of knowledge.

Fourth, civil rights of the older people. Most older people do not have an electronic identification card (e-KTP). The community, village officials and families do not see a benefit in older people having an e-KTP, but it is a requirement for them to exercise their voting rights. There need to be efforts to encourage village governments, older people and their families to apply for e-KTPs for older people.

These 4 strategic issues show how important an approach to fulfilling disability rights is for older people who have specific needs. This goal requires accessibility support so that older people still get the fulfilment of economic, social and cultural rights as well as civil and political rights as citizens.

Advocacy and learning process

The position paper compiled by the Indonesian Women’s Coalition serves as the basis for advocacy to ensure that older people in Indonesia are not left behind in development policies. As an advocacy document, this position paper serves as the basis for demanding policies related to the fulfillment of the rights of older people in planning documents, at the national level (RPJMN) and regional level, to the village level (Provincial RPJMD, Regency/Municipal RPJMD to RPJMDes). This document also serves as the basis of arguments for ensuring social protection and social assistance policies do not neglect older people.

When the Indonesian Women's Coalition advocated for the national legislation process, the position paper was used to pressure the National Parliament to urgently prioritise Older People Welfare Bill to update the obsolete Law No. 13 of 1998. However, this bill has yet to receive serious attention from the legislature

In latest developments, on 14 September 2021, President Joko Widodo signed Presidential Regulation No. 88 of 2021 concerning the National Strategy for Older People. This Presidential Regulation was issued in response to the need for cross-sectoral coordination between the Central Government, regional governments and all stakeholders to realise an independent, prosperous, and dignified life for older people.

Additionally, this Presidential Regulation on the National Strategy for Older People is intended as a reference for ministries/agencies, provincial governments and regency/municipal governments in the context of formulating policies, programs and activities related to older age as part of national and regional development.

Older women, as one of the interest groups of the Indonesian Women’s Coalition, must continue to urge the implementation of an umbrella of protection and legislation that recognises their existence.

From the preparation and advocacy journey of the position paper, we learned that older people, in particular older women, should be involved as much as possible in an inclusive advocacy process. The authentic aspirations of older people should be recognised and conveyed to policymakers in order to give their voice form.

Part 2: Lessons Learned on Gender Equality, Disability and Social Inclusion Advocacy

2.8

Education and Research

Disability rights advocacy movement in Indonesia during the COVID-19 pandemic

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COVID-19 and its impact on persons with disabilities in Indonesia

Social assistance programs implemented by the Government of Indonesia that aim to address the impact of the COVID-19 pandemic frequently do not reach persons with disabilities. Various reports issued by government agencies, non-government, print and digital media have indicated that the rights of persons with disabilities have been neglected in the government responses[54] to protect citizens from COVID-19.

Neglect of the rights of persons with disabilities in various COVID-19 response policies is not limited to Indonesia. In developed countries such as Australia, protections for persons with disabilities and other minority groups exist, but are not readily accessible. As a result, quality of life for persons with disabilities has deteriorated during the COVID-19 pandemic.

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[54] Putra, E. N. (2020, April 29). Penyandang disabilitas rentan dan luput dari mitigasi COVID-19. Retrieved from https://theconversation.com/penyandang-disabilitas-rentan-dan-luput-dari-mitigasi-covid-19-136761

Prior to the COVID-19 pandemic, persons with disabilities in Indonesia already faced barriers in their access to information, health services, education, employment as well as access to mobility support tools. This situation is compounded by prevailing stigma[55] in society and among policymakers. Despite ratifying the United Nations Convention for the Protection of the Rights of Persons with Disabilities in 2011 and passing Law No. 8 of 2016 concerning Persons with Disabilities, Indonesia continues to face many challenges in fulfilling the rights of persons with disabilities.

The situation has led to the emergence of organisations managed by persons with disabilities, also called Disabled People Organisations (DPO). DPOs serve as a forum for the aspirations of persons with disabilities in fighting for respect, protection and fulfillment of rights. During the pandemic, the workload of DPOs has increased due to the limited capacity of the government to protect persons with disabilities. DPOs have been taking various initiatives to meet the needs of persons with disabilities, something that should be the government's obligation.

Disabled People's Organisations and their response to COVID-19

At the beginning of the pandemic, disability activists and DPOs jointly identified problems faced by persons with disabilities in various places in Indonesia. This exercise is intended to produce a number of initiatives to be formulated and recommended to the government and other parties to protect persons with disabilities. The dynamic activism of persons with disabilities and DPOs has prompted AIDRAN to conduct research into how DPOs and persons with disabilities have responded to the challenges of the pandemic and into the efforts of DPOs to ensure that the rights of persons with disabilities are fulfilled.

Research is also conducted by looking at how international donor agencies interact with DPO partners at the national and local levels due to the major changes that have occurred. Information collection for this research was carried out in August and September 2020 through literature studies, studies of reports published by various institutions, studies of media reports and interviews conducted over Zoom. Interviews were conducted with 13 resource persons from various DPOs and 5 international institutions located in Yogyakarta and Jakarta. Invitations to become research resource persons were sent to each organisation and individual. We also prepared a form for each institution to obtain initial information about the organisation and the identity of informants. Interviews were conducted for one hour during which the informants answered a number of open-ended questions.

This research was supported by the Sociology Study Program, Universitas Brawijaya, and obtained research ethics approval from the Ethics Committee at Brawijaya University. Yogyakarta was selected as research area based on the fact that it is one of the provinces with

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[55] Firmanda, T. H. (2020, April 1). The Impact of COVID-19 on the Blind and Visually Impaired in Indonesia. Retrieved from https://aidran.org/2020/04/01/the-impact-of-covid-19-on-the-blind-and-visually-impaired-in-indonesia/

a strong disability advocacy movement, and Jakarta for the number of international organisations located there.

An important response by persons with disabilities and the disability advocacy movement in the early days of the pandemic was to collect data on how the lives of persons with disabilities were being affected by the COVID-19 pandemic. This initiative was a spontaneous response to the government's lacklustre response to ensure social protection for persons with disabilities during the COVID-19 pandemic.

Slamet Thohari, an AIDRAN researcher, was also involved in this process. Through various online discussions, activists with disabilities together with DPOs formulated, identified and classified the problems faced by persons with disabilities. The results of the direct experience mapping of persons with disabilities were used to inform the formulation of a national data collection model. Working voluntarily, persons with disabilities and disable people's organisations spent considerable time preparing the online survey tools. The disability network that has been built nationally facilitated the distribution of surveys to ensure its wide coverage. Within almost one month, more than 1,000 responses were obtained. The results of the survey were compiled into a report entitled *Those in Motion and Those Exposed During the Pandemic: Voices of Disability from Indonesia*. International donors and governments have discussed the findings of the survey in various discussion forums. The data from the report was also used to inform the government and international donor agencies in their reflection on the policies that have been put in place thus far, and to formulate future policies.

Findings show that social assistance has not been fully enjoyed by persons with disabilities. The majority of persons with disabilities who were respondents to the survey – around 76.73% – stated that they did not receive any information about the government's social assistance programs for mitigating the effects of the COVID-19 pandemic. Only about 11.36% received BLT (Direct Cash Assistance), 13.03% received BPNT (Non-Cash Food Assistance), and 35.40% enjoyed electricity subsidies. Meanwhile, around 44.88% of persons with disabilities who participated in the survey experienced a 50–80% drop in income, and 23.90% experienced economic difficulties.

Prioritising the voices and lived experiences of persons with disabilities

An important note that we take from this process is the independence of persons with disabilities and Disabled People Organisations in Indonesia. A number of initiatives emerged and were implemented without first having the support of international institutions or government agencies, as is usually the case. The impact of COVID-19 and the weak response of the government in providing protection encouraged persons with disabilities to determine their own priority issues. This can be seen as a clear example of the independence and participation of persons with disabilities in the public sphere and in influencing policies. This should be used as an example for the implementation of development programs related to respect for disability rights.

As we learned from interviews with international institutions and DPOs, the pandemic made it difficult for them to carry out their programs as designed. COVID-19 pandemic taught an important lesson that in formulating work agenda and programs, it is important to prioritise the voices and lived experiences of persons with disabilities. In addition, the COVID-19 pandemic has also shown how it is now possible to conduct some programs online, which, before COVID-19, had to be done face-to-face.

This provides a new insight that in the future, the freedom of persons with disabilities to participate in public life can be extended via online activities. The international institutions participating in our research acknowledged that many were not prepared to have to change their work programs with national partners. As a result, programs had to be cancelled or modified to continue to meet the needs of persons with disabilities during the pandemic. International institutions, together with their partners, have succeeded in making a number of changes, both in terms of concept and effectiveness of program implementation, so that they were able to continue to provide positive benefits for the promotion of the rights of persons with disabilities.

Collective action for GEDSI mainstreaming in research

Benedicta Rahmawati Kirana Kusuma Wardhani
Rivandra Royono
Knowledge Sector Initiative

Research grants appear to be the main driver of gender inequality in academia.[56] Despite increasing attention to gender equality in higher education, women in academia still receive less research funding and recognition. Research grants are critical to academic career success – in particular, funds received early in a career significantly contribute to keeping women researchers on the academic path. Successfully securing research funding in the early stages of a career is key to securing positions and promotions and is considered an important criterion for judging the expertise of a researcher. In addition, gender diversity in research is seen to encourage scientific innovation, the development of new sciences, and improve the quality of research itself.

The disparities in access to all levels of education experienced by persons with disabilities have a negative impact on their participation in higher education, and subsequently in leading research agenda roles and in allocating research funds. This situation has resulted in research on persons with disabilities being conducted by researchers without disabilities, focusing on

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[56] P. Boyle et al. (2015). 'Gender balance: Women are funded more fairly in social science'. *Nature*, 525, 181–183. https://doi.org/10.1038/525181a

the disorder/diagnosis and ways to ‘treat’ or ‘fix’ it. This approach has contributed to persons with disabilities being defined and objectified by their disability as a shortcoming, rather than being recognised as equal members of society with the same rights, needs and interests as anybody else. Such perceptions prevent persons with disabilities from being included in research that does not specifically address disability, especially since such studies target mainstream service delivery, policy and resource allocation. Disability-inclusive research recognises that research on disability needs to be guided by the valuable expertise of persons with disabilities, not exclude them based on research design or the researchers’ attitudes or beliefs about disability.

Based on the analysis of scoping studies conducted by the Sajogyo Institute,[57] the perspective of gender justice, disability inclusion and social inclusion or GESI has not been fully accommodated in the 2013–2015 Ministry of Research, Technology and Higher Education (MoERT) research grant period. The GEDSI perspective is important to use as an analytical tool to examine the impact of relations between men and women, to understand the impact of intersectionality and the experience of marginalised identities and relations between entities in society on development achievements.

There are 3 barriers to mainstreaming the GESI perspective in the research grant mechanism. *First*, the research space of the Ministry of Research, Technology and Higher Education, which tends to be biased towards STEM, is seen to be disconnected from gender, disability and social inclusion issues, or at least is gender neutral. Gender and social inclusion issues do not appear in STEM research. Humanities researchers also find it difficult to get opportunities to explore critical themes such as GESI.

Second, research by the MoERT tends to be oriented towards development and as part of appropriate technological inventions. *Third*, even if it exists, the GESI perspective is understood naïvely and less comprehensively by researchers. For example, women are positioned as objects of development (passive beneficiaries) who implicitly carry the stigma of being seen as weak, in need of control and less skilled, rather than critically analysing the gender-based power relations that keep them in a corner.

To overcome these barriers, 4 tactical recommendations were proposed for the Ministry of Research, Technology and Higher Education, including: (1) taking affirmative action on GESI research topics and women researchers, researchers with disabilities and researchers from

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[57] The Sajogyo Institute conducted a scoping study of Gender Justice and Social Inclusion in the Grants of the Ministry of Research, Technology and Higher Education 2013–2015. From the results of the study, it was concluded that in the 2013–2015 period, GEDSI had not been accommodated in research funded by the ministry. Although the study used the terms Gender Equality and Social Inclusion (GESI) rather than GEDSI (Gender Equality, Disability and Social Inclusion), this does not mean that the disability aspect was excluded, but rather that it is categorised as part of social inclusion, so that the keywords used to comb through the research carried out by the ministry included ‘disability’/‘diffability’.

socially marginalised groups; (2) compiling research guidelines that are more inclusive of social sciences and humanities with a GESI perspective; (3) conducting collaborative pilot research; and (4) holding GESI workshops to increase understanding of GESI-based research methods.

Mainstreaming GEDSI

Stakeholders' efforts to mainstream GEDSI in government-funded research began in mid-2016 with the support of the Knowledge Sector Initiative (KSI). Director of Research and Community Service, Professor Ocky Karna Radjasa, became one of the central figures in the process. The Directorate of Research and Community Service (DRPM) within the Ministry of Research, Technology and Higher Education oversaw and managed research grants. There were at least 4 activities supported by KSI which served as milestones that allowed the leadership of the DRPM to mainstream GESI in research in Indonesia.

The 4 activities were (1) participation in the Science in Australia Gender Equity (SAGE) conference in June 2016. This conference focused on the importance of eliminating gender disparities in science, technology, engineering, mathematics and medicine; (2) KSI knowledge sharing sessions focusing on gender equality in research and higher education in January–February 2017. An honorary meeting was also held between the Australian National University (ANU) team that included Professor Veronica Taylor, Professor Renee McKibbin, Dr Nadine White and several Indonesian institutions, including the Ministry of Research, Technology and Higher Education and the Ministry of State Apparatus and Bureaucratic Reform; (3) Ministry of Research, Technology and Higher Education, ANU, and KSI held a seminar with the topic 'Gender Equality in Research and Higher Education' in Jakarta and Yogyakarta in February 2017, which was attended by researchers from a number of universities in Indonesia. As a follow-up to this event, the DRPM made a commitment to increase the number of grants awarded to women researchers and to ensure more women researchers participate in academic writing clinics; and (4) the Sajogyo Institute scoping study on GEDSI in university research funded by the Ministry of Research, Technology and Higher Education.

In January 2018, DRPM formed a team to prepare the 12th Edition of the Research Proposal Guidelines. The team received a specific mandate to include GESI in the guidelines. A KSI-supported national workshop entitled 'Inclusion of GESI in the Ministry of Research, Technology and Higher Education Research Proposal Guidelines' was held in February 2018. At the end of the workshop, a series of recommendations were submitted to the Guidelines Drafting Team.

The GESI perspective was accommodated in the Ministry of Research, Technology and Higher Education Research Proposal Guidelines Edition XII in 2 ways. *First*, in a paragraph in the introduction, it is specifically stated that the 12th edition of the guideline 'accommodates more explicitly the issue of gender equality and social inclusion (GESI) by adding relevant (research) topics and themes under each field of study'.

Second, GEDSI-related themes are added under 9 of the 10 subject areas listed in the guidelines. GEDSI-related themes can now be found in the following areas: food and agriculture; energy; medicine; transportation; information and communication technology; defence and security; maritime affairs; disaster management; social sciences and humanities, culture and education.

The main factor that enabled these challenges to be overcome was the strong commitment of Professor Ocky, who was the key figure in mainstreaming GESI.

Promoting multi-disciplinary research with a GESI perspective

Following up on the GESI perspective accommodated in the 12th edition of the guidelines, KSI supported Cakra Wikara Indonesia (CWI) in holding several workshops for a small group of university researchers interested in submitting GESI-sensitive research proposals. One workshop was held in Banda Aceh on 25–26 June 2018, and another in Makassar on 2–3 July 2018. Each workshop was attended by 30 researchers (a total of 60 people), with a composition of 14 male researchers and 16 female researchers. The 60 participants were selected from 389 applicants, which indicates quite high enthusiasm.

The aim of the workshop was to help participants better understand what is required to conduct research from a GESI perspective and increase their chances of having a research proposal accepted. The workshop was filled with group discussions and training focused on the researchers' plans for proposal submission.

The 60 participants (28 male researchers and 32 female researchers) also received training on how to write an effective research proposal that incorporates the GEDSI perspective. Of the 30 workshop participants in Banda Aceh, 15 researchers submitted their research proposals. As for the workshop in Makassar, from 30 participants, 21 researchers submitted proposals.

The Ministry of Research, Technology and Higher Education fully supported the idea of a training workshop on writing GESI-sensitive research proposals. Reviewers of research proposals were introduced to the concept of GESI and became more aware – if they were not already – of the gender gap experienced by Indonesian universities. Reviewers are also trained to properly assess the submitted research proposals using the GEDSI lens. However, further awareness and training is needed to ensure that disability-inclusive research principles are addressed as a valued part of this GESI lens and approach.

Based on evaluation results, since the GEDSI perspective was accommodated in the 12th edition of the guideline, there has been an increasing trend of the number of proposals containing GESI elements.[58] From around 6.14% in 2017, the number increased to 7.40% in 2019. For self-

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[58] I. Yusadiredja. (2021). Evaluation of Mainstreaming of Gender Equality, Disability and Social Inclusion in University Research Through Research Grants from the Ministry of Research and Technology/National Research and Innovation Agency 2017–2020. Jakarta: Knowledge Sector Initiative. p. 5.

funded research, cumulatively, the percentage of research using a GEDSI lens amounted to around 4.4% of the total funded research and community service proposals by DRPM, although with several studies only using GEDSI as an object rather than a research lens (ibid.). That said, the number of female researchers who applied for grants and received funding has increased every year, where in 2019, the number of women who managed to obtain grants was around 47% of the total (ibid.).

The importance of multi-actor engagement

The success of incorporating the GESI perspective into the Ministry of Research, Technology and Higher Education research proposal guidelines was an achievement in itself, although the inclusion of the GESI perspective in the 12th edition of the guidelines was mostly driven by one key figure. However, the 13th edition of the guidelines(2020), which still accommodates the GESI perspective, suggests that the government continues to be committed to mainstreaming the GESI perspective in research.

To ensure the continued development of the GESI perspective, but with more explicit inclusion of the disability aspect, KSI will emphasise the importance of internalising and institutionalising the GEDSI (Gender Equality, Disability and Social Inclusion) perspective. In government-funded research in early 2021, KSI collaborated with the Australia-Indonesia Disability Research and Advocacy Network (AIDRAN), Indonesian Academy of Young Scientists (ALMI), Association of Indonesian Women's/Gender and Child Study Centres (ASWGI), a researcher from Indonesian Institute of Sciences (LIPI)[59] and The Indonesian Centre for Law and Policy Studies (PSHK) to coordinate the collective agenda of these groups and facilitate collective lobbying to the Ministry of Education, Culture, Research and Technology,[60] and continues to strengthen the institutionalisation and implementation of research grant guidelines with a GEDSI perspective.

However, to be able to make changes and make development more inclusive, GEDSI research needs to be understood holistically, not merely as activity.[61] GEDSI mainstreaming is not the panacea. Evaluation of GEDSI mainstreaming underscores the role of key stakeholders and the importance of systemic measures in the research ecosystem, such as institutionalising ethical clearance and building multidisciplinary research incentives to open opportunities for integration of GEDSI perspectives in research.

Policymakers need to pay attention to (1) the importance of affirmative policies to increase the representation of women, persons with disabilities, minorities, people from disadvantaged regions, as well as of the GEDSI topic itself; (2) binding and detailed guidelines; (3) the self-

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[59] Since 1 September 2021, LIPI has been merged into the National Research and Innovation Agency (BRIN).

[60] Since April 2021, the higher education research governance function has been returned to the Ministry of Education, Culture, Research and Technology (MoECRT)

[61] I. Yusadiredja. (2021). Evaluation of Mainstreaming of Gender Equality, Disability and Social Inclusion in University Research Through Research Grants from the Ministry of Research and Technology/National Research and Innovation Agency 2017–2020. Jakarta: Knowledge Sector Initiative. pp. 7–9.

assessment tool in grant proposals; (4) integration of GEDSI as a component in BAN-PT accreditation; (5) disseminating research results in scientific journals. Universities also need to consider (1) integration of GEDSI in the curriculum; (2) the importance of an open science culture that encourages research collaboration; (3) strengthening synergies between study centres; (3) strengthening the Research and Community Service Institute (LPPM) as a GEDSI catalyst; (4) providing proposal assessment tools by calculating the degree of linkages between research proposals and GEDSI elements; and (5) encouraging the Ethics Committee in Higher Education to ensure the use of the GEDSI perspective.

The aspiration to address gender disparities, disability discrimination and social exclusion in the research and development sector in Indonesia needs to continue to be widely shared among members of the guidelines development team as well as among research institutions, think tanks and academics as driving actors in the epistemic community.

Collective action and multi-actor collaboration, both national and international, have driven the changes that have taken place. Various knowledge-sharing activities and the availability of data and evidence from Policy Research Institutes are key in changing paradigms and driving policies that will enable an increase in the GEDSI perspective in government-funded research. Sustainability needs to be a collective effort.

Epilogue


Pathways to Tackle Regional Disparities
Across the Archipelago

Inclusive development requires power siding

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A development program or project will not achieve its objectives if there is not sufficient power to defend it. The 2030 SDGs goal, '*Leave no one behind*', for example, is only possible if there is a power that is able to ensure that distribution of assets, goods and services are carried out fairly in the interests of all citizens. This requires 2 conditions. First, power should not grow wild and should be able to be controlled to pursue its goals. Second, the whole life and fate of every citizen shall be made a priority interest of the state. These conditions might seem utopian, but if both are used as development principles, then inclusive development strategies and infrastructure can be developed and utilised as optimally as possible.

Who should manage this power and ensure it fulfils the ideals of just and prosperous development? Our current political system and culture does not provide any guarantees. In the system of power that we renew every 5 years, there are always political elements or groups that serve their own interests, cannot meet the needs of their constituents and are oriented towards maintaining power, not serving the public. Eventually, this element meets its end in corruption scandals or conflicts.

We are also still faced with the fact that every new power is haunted by the past which limits new initiatives for organisational reform and power efficiency. In a country that has as its motto and believes in *Bhinneka Tunggal Ika* as breath of the nation and state, inclusiveness of development is still being questioned and even opposed.

If so, what are our hopes? For communities or groups that so far have remained marginalised, is it possible to still hope that their rights will be recognised and respected? Will the end of 2030 provide a more optimistic indication of their participation in development?

Our current political system cannot provide any guarantee for inclusive development. What can be done? Inclusive development requires affirmative action or positive discrimination or siding with those who are most disadvantaged by stigma and discrimination. There must be an awareness that the empowerment of marginalised communities is not a gift from those in power, but the result of a collective struggle.

It is quite evident that there is a strong global movement to promote GEDSI (Gender Equality, Disability and Social Inclusion), especially brought about by the mandate of foreign aid agencies from countries in the European and North American regions. When it comes to women's participation in political power, even Indonesia is one of the champions.[62] Although GEDSI has occurred in our modern history, and women's participation has increased, it is still far from being enough, and is not sufficient for the success of the SDGs.

The political emergence of socially marginalised groups such as persons with disabilities and (or inclusive of) people who have or currently experience stigmatised chronic diseases such as people living with HIV/AIDS, leprosy and people with psychosocial disability (ODGJ) add to complexity of diversity in the experience of marginalised communities. Therefore, the GEDSI strategy requires a more comprehensive perspective, and its actors need to be equipped with knowledge and skills based on an understanding of intersectionality. Ideally, success of GEDSI movement will also depend on the movement's ability to produce its own leaders.

Although community empowerment is a widely accepted construct in society, I would like to give a few notes for GEDSI researchers and activists. *First*, it must always be realised that not all marginalised communities are on the same platform and level of development. An intersectional perspective shows that there are many variables that cause different severity variations within the same community. The same community of women might contain members who are marginalised to different degrees due to differences in social class,

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[62] Carey, P., & Houben. (2020). *Perempuan-perempuan Perkasa di Jawa Abad XVIII-XIX*. Jakarta: Gramedia Pustaka Utama.

employment or chronic illness. Persons living with HIV/AIDS will have a different experience to persons of diverse sexual orientation or gender identity. Likewise for those with a substance use disorder, employed in sex industry or with prior justice system involvement. A community of persons with disabilities has a wide spectrum and variety of disabilities accompanied by various attitudes and societal stigmas, many of which are uniquely associated with intersections of gender, age and cultural identity. As can be seen from the research and advocacy experiences described in this book, marginalised groups have different, complex and multi-layered problems. Therefore, providing equal opportunities alone is not enough. GEDSI principles must be achieved through consideration of the gap between members of the marginalised group and the need for affirmative action/positive discrimination – siding with those who are most disadvantaged by stigma and discrimination.

Second, the limitations of empowerment from without. Paulo Friere (1927–1997), an education leader from Brazil, reminds us that empowerment is a dangerous concept if people who want to be empowered are not seriously prepared to participate. According to Friere[63] '*Attempting to liberate the oppressed without their reflective participation in the act of liberation is to treat them as objects that must be saved from a burning building*'. If there are group members who are not ready to participate in the empowerment process, then they will become 'victim[s]' of their colleagues who have been consumed by the fire of emancipation or liberation. Therefore, it is better to create participation and develop the learning process for as many community members as possible. Participation is the basis of empowerment. The mainstream community needs to learn about issues in the lives of the communities marginalised for themselves. Empowerment is not a gift from those in power, but the result of a collective struggle. Michael Oliver (1997) states that '*...empowerment is not in the gift of the powerful; despite whether they are politicians, policymakers or researchers; empowerment is something that people do for themselves collectively*'.[64]

Third, the importance of creating a positive development narrative. For a long time, we have been immersed in a development perspective that treats participants as objects in need. This perspective creates an aura of pessimism and excessive risk considerations so that persons with disabilities, for example, do not have access to various mainstream services essential for the necessities of daily life and equitable participation in society. This perspective clearly affects various stigmas and discrimination against any marginal group. What is seen is always the wrong, the unacceptable, the frightening, the incomprehensible. The GEDSI movement will be more effective if it can educate the public – including the leadership and elite – and the political community to eliminate fear due to lack of knowledge.

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[63] Friere, P. (2000). *Pedagogy of the Oppressed* (30th anniversary ed.). New York: Bloomsbury

[64] Oliver, M. (1997a). *The Politics of Disablement*. New York: Palgrave Macmillan Publisher

Fourth, the need for investment in indigenous leadership. In the same vein as Oliver, empowerment is not expected to come from outside parties. GEDSI as a movement as well as a development agenda must consciously and systematically invest and groom potential leaders from marginal communities. It is these leaders who will ensure the opening of spaces for inclusive participation and the election of leaders who do not hesitate to pay attention to and work with marginalised communities. Empowerment through research and advocacy, such as participatory action research, for example, can reveal taboos about lives of marginalised communities and factors that hinder their participation. This, in addition to more technical skills and knowledge, needs to be part of the menu for training and preparing movement leaders.

GEDSI research and advocacy reflective notes

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This book presents writings that are grouped into 2 parts. The first part talks about how research with GEDSI perspective should be performed, and discusses methodological issues in research on vulnerable groups in society. Some of these methodological issues include research ethics, data collection techniques that accommodate experiences of research subjects, issues of intersectionality, involvement of the researched marginal group in the research process and how best to narrate their voice.

The second part contains learning notes from the authors about their experiences conducting policy advocacy for gender equality, disability and social inclusion. This section describes the complexity of the problems faced by marginalised groups but looks at the GEDSI perspective and its intersectional aspects, covering women's and young people's access to land, strengthening women's capacity and leadership through economic empowerment, and access of persons with disabilities to public facilities and legal protection. The issue of how vulnerable groups deal with violence is also presented in this section, from handling sexual violence on campus, protecting victims of domestic violence, women with disabilities who experience violence to female heads of household who have to deal with intimidating laws.[65] This section also presents research results on access of vulnerable groups to health services. Some of the articles that raise this health issue include access of people living with HIV/AIDS to health services and other facilities, women's access to knowledge and reproductive health services, stunting eradication, advocacy for inclusive mental health rights and women's leadership as policymakers in pandemic situations. The intersectional perspective in conducting policy advocacy regarding gender equality is reflected in several articles across the second part, especially in writings that raise the issue of prevention of child marriage through local policy advocacy and strengthening the capacity of children and adolescents, women in disaster situations and protecting rights of older people.

The issue of research ethics is discussed in writings about research into sensitive issues, which covered experiences of people living with HIV/AIDS dealing with discrimination, persons with disabilities who are often stigmatised and even discriminated against, women survivors or victims of domestic violence or women in conflict with their families over land issues. In the context of people living with HIV/AIDS, for example, when subjects talk about their condition, there will always be a possibility that they have experienced stigma from the community or researchers.[66] In the context of women or children who have experienced domestic violence, recounting their experiences might evoke trauma.[67] Ways a researcher might minimise the emotional or psychological hazard of research participation should be a central consideration.

The experiences of marginalised people or groups are not easily described to others, including to researchers, and there needs to be a process of trust building between the researcher and the researched. These vulnerable groups face a range of difficulties simply living their lives and at a certain point, researchers have a responsibility to voice these problems, not just benefit from the research.[68]

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[65] Bartky, Sandra Lee (2005), "Battered women, intimidation, and the law", in Friedman, Marilyn (ed.), Women and citizenship, Studies in Feminist Philosophy, Oxford New York: Oxford University Press, pp. 52–66, ISBN 9780195175356.

[66] Rinwigati, Patricia et.al. (2020). Modul Pembelajaran bagi Pendamping/Penyuluh Orang dengan HIV dan AIDS. Depok: Djokosoetono Research Center in collaboration with The Asia Foundation

[67] Wulandari, Widati. (2020). "Kekerasan dalam Rumah Tangga", in Sulistyowati Irianto and L.I. Nurtjahyo (ed), Perempuan dan Anak dalam Hukum dan Persidangan. Jakarta: Yayasan Obor Indonesia.

[68] Moen, Torill. (2006). Reflections on the Narrative Research Approach. *International Journal of Qualitative Methods*. Retrieved from https://journals.sagepub.com/doi/pdf/10.1177/160940690600500405

It is important for researchers working on issues of gender equality, disability, and marginalised communities to always consider aspects of intersectionality in their studies. The people studied are alive, have a soul and have a right to be heard, but may experience obstacles in voicing the problems they face. Researchers need to represent themselves as agents of change along with the community they are researching.

Most of the writings in this book are clear evidence that research that contains aspects of intersectionality in its study is indeed beneficial to society at large. It is no longer just looking at gender issues, for example, but also looking at how other dimensions such as economic class, socio-cultural factors, the minority–majority construct,[69] health conditions, public participation, ecological issues and so on are intertwined. Then it is also necessary to see how the state intervenes in people's lives, especially in the private sphere.[70] This intervention needs to be analysed especially in the context of how state intervention generally can change social values that are detrimental to vulnerable groups.

Finally, the researchers' efforts to narrate experiences of their research subjects and even contribute their thoughts to the community must be based on an awareness that entities being studied are not objects in a Petri dish. In social humanities research, the people studied are alive, have a soul and have a right to be heard, but may experience obstacles in voicing the problems they face. Researchers in this case dealing with methodological issues will have to consider whether to make their research an objective (and distanced) work or to build alignment with the marginalised groups being studied.[71]

In several articles in the second part of this book, researchers, both explicitly and implicitly, agree that it is important that the researched party is not just an object. Inclusive and participatory research needs to be done to respect and strengthen the capacity of the communities being studied.

Efforts to avoid objectification of the researched entities can be done in various ways. In some writings, for example, researchers represent themselves as agents of change along with the community they are studying. It is important for researchers to be involved in the process of strengthening the capacity of marginalised groups and/or to seek to portray the voices of the communities being studied. The researcher's efforts to narrate experiences from the point of

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[69] Bano, S. (2005) Standpoint, difference and feminist research. In: Banakar, R. and Travers, M. (eds.) Theory and Method in Socio-Legal Research. Hart: Oxford. ISBN 9781841136264

[70] Olsen, Frances E. (1995). "The Myth of State Intervention in The Family", in Feminist Legal Theory Volume II. New York: New York University Press.

[71] Bano, S. (2005) Standpoint, difference and feminist research. In: Banakar, R. and Travers, M. (eds.) Theory and Method in Socio-Legal Research. Hart, Oxford. ISBN 9781841136264

view of the community they study do not only voice the experience of the community in the current context – they can also reflect its history.[72]

Researchers who focus their attention on issues related to gender justice, access of persons with disabilities to protection of their rights and social inclusion need to do more than 'just telling the stories'. Researchers must ensure that their work brings some benefit back to the people they research.

It is important to understand and remember that research simply 'borrows' the knowledge of the people interviewed. They open new insights for researchers related to a problem or knowledge. Therefore, it is important for their voice to be present in the narrative of research results. Data processing and analysis are required to bridge field findings with theoretical issues, but the processing and analysis of the data should not eclipse the 'voice' of the people whose knowledge is borrowed. Do not let any researcher who says that their research accommodates the issue of GEDSI but instead acts as a wise judge who chews on the data with the sole aim of criticising the people who are subjects of their research in an unbalanced manner.

Researchers should be aware that there may be unintentional attitudes, beliefs or stereotypes that can influence how data is collected, analysed and reported that may undermine or misrepresent marginalised groups. Recognition of expertise and life experience as well as self-awareness of the strengths and lenses used by researchers are essential to ensure research is inclusive and has a beneficial impact on society.

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[72] Moen, Torill. (2006). Reflections on the Narrative Research Approach. *International Journal of Qualitative Methods*. Retrieved from https://journals.sagepub.com/doi/pdf/10.1177/160940690600500405