



BERANI Empowering Lives

Better Sexual and Reproductive Health and Rights
for All Indonesia (BERANI)

Programme Information
2018-2023

BACKGROUND

Why BERANI?

Sexual and reproductive health and rights are key determinants of quality of life. Especially for women and girls, denial of their health and rights becomes an impediment to their empowerment as it limits choice, creating a vicious cycle that results in increasing the burden of disease, inequalities, and poverty.

In 2018, despite the progress that Indonesia had made in addressing challenges in sexual and reproductive health and rights, there was still much to be improved on equitable sexual and reproductive health services, reducing maternal deaths, ensuring rights-based family planning, preventing and responding to gender-based violence, as well as fulfilling the needs of young people for sexual and reproductive health services and information—in and out of school. The Government of Indonesia, together with UNFPA, UNICEF, and the Government of Canada initiated the Better Sexual and Reproductive Health and Rights for All in Indonesia (BERANI) Programme to tackle the challenges.

Maternal mortality and poor quality of care

In 2017, Indonesia reported a high proportion of deliveries by health professionals (around 91% in 2017), but the maternal mortality ratio remained high at 305 deaths per 100,000 live births (SUPAS, 2015). Poor quality of care has been indicated as a major contributor. The midwifery workforce is the main provider of sexual and reproductive healthcare services for women in Indonesia, and could play a central role in the prevention of maternal deaths. However, competency remains a concern. Only 50% midwifery graduates from the 700 midwifery schools in Indonesia passed the national competency test.

In preventing maternal deaths, accurate information on how women died is also

essential, but was inadequate. Since 1997, Indonesia had been implementing a nationwide Maternal Death Review (MDR) programme, but evaluation of the programme indicated an inefficient monitoring, and implementation greatly varied across districts.

Adolescent pregnancy and lack of access to sexual and reproductive health information and services

In 2015, young people, aged 10 - 24 years of age, represented 28% of the Indonesian population. They will constitute the main driver of economic growth and social change in Indonesia, but sexual and reproductive health issues among adolescents remain a challenge for the country in realizing its potential demographic dividend. Approximately 1.7 million young women under the age of 24 years gave birth in 2017, including nearly half a million teenagers. One in every a hundred 15 year-old girls had begun childbearing hindering their education, employment and empowerment.

Young people in Indonesia have been having difficulty accessing sexual and reproductive health services. Legal restrictions have limited the provision of contraception through the public sector to married people. Services already in place did not comprehensively address young people's needs. Health care providers were often not at ease with the legal or moral responsibility of providing



education and services to adolescents and youth. Furthermore, comprehensive sexuality education (CSE) had not been a part of the national school curriculum. There were inadequate policies, guidelines, and resources for teachers in delivering sexual and reproductive health education to their students.

Gender-based violence and harmful practices against women and girls

In both urban and rural Indonesia, women and girls experience multiple and various forms of violence, abuse, and harassment. In the Survey of Women's Life Experience in 2016, one in

three women, aged 15-64 years, reported experiencing physical and or sexual violence, and girls aged 15-19 are among the group reporting highest levels of violence. The prevalence of child marriage also remained very high. In 2018, one in nine girls aged 20-24 years were married before they reached 18 years old. Girls in rural areas and girls from lowest levels of expenditures are three times more likely to get married before 18 years old. The 2013 Basic Health Research (RISKESDAS) revealed that female genital mutilation/cutting (FGM/C) was practiced widely in Indonesia, experienced by 51.2% of girls aged under 11 years.

The Ways of BERANI



From 2018 to 2023, through the Better Sexual and Reproductive Health and Rights for All in Indonesia (BERANI) Programme, the Government of Indonesia, UNFPA, UNICEF, and the Government of Canada committed to work together in improving sexual and reproductive health and rights (SRHR) for women and young people in Indonesia.

In achieving the big goal, the joint-programme has delivered a range of initiatives and interventions focused on the following.

Enhancing the quality of midwives through midwifery education and regulation

The BERANI Programme has supported 10 centers of excellence for midwifery education across Indonesia in improving their curriculum to meet international standards and building institutional capacity in providing quality education for future midwives. The programme has also strengthened the capacity of Indonesian Midwives Association in providing quality

assurance on midwifery care through coaching and supervision. This is done by supporting the development of a job-aid application “telebidan” which helps with the remote interaction between supervisors and supervisees to ensure coaching is well-delivered.

Strengthening partnership to improve family planning

As part of the global commitment at the London Summit to improve and expand the national family planning programme, Indonesia has established the FP2020 Country Committee. The partnership was led by BKKBN and co-chaired by UNFPA, Global Affairs Canada, civil society organizations (CSOs) and Youth Focal Points. It streamlined the efforts of all partners in reducing disparities in access to family planning services, as well as facilitated greater involvement of CSOs (religious leaders, women and youth groups), academia and the private sector. The support from BERANI has catalyzed the renewal of the national commitment until 2030 through the FP2030 partnership, aligned with the targets of the Sustainable Development Goals (SDGs).



Providing youth-friendly sexual and reproductive health services and information

To provide access to sexual and reproductive health (SRH) services and information for young people, the BERANI Programme has provided support for UNALA, a private sector-led sexual and reproductive health services model designed specifically for youths. Through UNALA, the BERANI Programme has trained private clinics to provide accurate information and convenient, non-discriminative services for adolescents. It has also provided opportunities for young activists to participate in leadership training, networking opportunities, and campaigns related to sexual and reproductive health.

In response to the rapid increase in the utilization of digital technology and internet access to search for SRH information by young people, UNFPA through support from

the BERANI Programme has initiated and facilitated a Community of Practice (CoP) for young SRH content creators. Engaging its members meaningfully – both as partners and co-designers, CoP serves as a knowledge management platform to share best practices and provides capacity-building for its members to improve the quality of content that they produce.

In addition, through a partnership with the Ministry of Health and the Ministry of Education, Culture, Research, and Technology, the BERANI Programme has strengthened teachers' capacity in delivering comprehensive sexuality education for adolescents at junior high schools (SMP) and special needs schools (SLB).

Strengthening health sector response to gender-based violence

According to the Ministry of Women Empowerment and Child Protection Regulation

No. 1 year 2010, health services must be an integral part in the management of gender-based violence (GBV). The BERANI Programme has supported the Ministry of Health in strengthening their capacity to develop and implement policies and programs in health services for survivors of violence against women and children. The joint activities has completed the revision of the Guideline on Health Sector Response (HSR) for GBV, Algorithm on Health Sector Response for Sexual Violence Survivors, training of trainers (TOT) on the Manual of HSR for GBV, and training of health service providers in 34 provinces.

Advocacy and community engagement for the prevention of gender-based violence and harmful practices, including child marriage and female genital mutilation/cutting.

The BERANI Programme has developed knowledge products and training resources, and increased the capacity of relevant stakeholders in the advocacy for preventing GBV and harmful practices. It has driven the development of the National Strategy on the Prevention of Child Marriage and the Roadmap on the Prevention of Female Genital Mutilation/Cutting (FGM/C), which have become key references for the Government and CSOs in eliminating child marriage and harmful practices.

BERANI has successfully advocated for the development and implementations of Regional Action Plans on the Prevention of Child Marriage in intervention province and districts. BERANI child marriage prevention model, which was successful in decreasing child marriage rate in Bone, has been replicated by South Sulawesi Province in two additional districts - Wajo and North Luwu.

At the community level, the BERANI programme has accelerated various community-based interventions by supporting initiatives in the community within the prevention of GBV and harmful practices through male involvement as a key strategy of intervention. This approach resulted in the endorsement of village regulations on the protection of women and children from GBV and harmful practices. The Gender Transformative Approach Model which started in North Lombok was then replicated by Governments in other pilot areas. The BERANI program has also supported the strengthening of the network of religious leaders, KUPI, by strengthening its members capacity in advocating prevention of harmful practices and issuance of fatwa (religious opinion) including the abandonment of FGM/C, due to medical reasons.

The BERANI programme was implemented at the national level wv and in 28 districts/ municipalities in 13 provinces across the country.



No	District/City	Province	No	District/City	Province
1	Tanah Datar	Sumatera Barat	15	Kulonprogo	DI Yogyakarta
2	Bandar Lampung	Lampung	16	Bantul	DI Yogyakarta
3	Pangkalpinang	Bangka Belitung	17	Gunung Kidul	DI Yogyakarta
4	Serang	Banten	18	Bojonegoro	Jawa Timur
5	Jakarta Pusat	DKI Jakarta	19	Sampang	Jawa Timur
6	Jakarta Selatan	DKI Jakarta	20	Surabaya	Jawa Timur
7	Cirebon	Jawa Barat	21	Makassar	Sulawesi Selatan
8	Bekasi	Jawa Barat	22	Bone	Sulawesi Selatan
9	Bandung	Jawa Barat	23	Wajo	Sulawesi Selatan
10	Karawang	Jawa Barat	24	Luwu Utara	Sulawesi Selatan
11	Pati	Jawa Tengah	25	Lombok Utara	Nusa Tenggara Barat
12	Semarang	Jawa Tengah	26	Lombok Tengah	Nusa Tenggara Barat
13	Yogyakarta	DI Yogyakarta	27	Jayapura	Papua
14	Sleman	DI Yogyakarta	28	Sorong	Papua Barat

Implementing partners:



Strategic Partners:

Kementerian Pendidikan, Kebudayaan, Riset dan Teknologi · Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan · Community of Practice (COP) · Kongres Ulama Perempuan Indonesia (KUPI) · Alimat · Yayasan Kesehatan Perempuan · Indonesian Forum of Parliamentarians on Population and Development (IFPPD) · Forum Pengada Layanan (FPL) · Gerakan Perempuan Peduli Indonesia (GPPI) · Forum Anak · LPSDM · LPA Lombok Utara · Dinas Kesehatan Kabupaten Cirebon · Dinas Sosial, Pemberdayaan Perempuan, dan Perlindungan Anak Kabupaten Lombok Utara

BERANI Making Changes

Strengthening of services



5 midwifery education centers

have adopted and implemented high-quality midwifery education standards.

- National competency exam pass rate has increased to

97.3%

as compared to 50% at the start of the programme.

• **83.9%**

of the graduates work in health care and education sectors.

433 midwives

were supervised and coached to improve their knowledge and skills on high quality midwifery practices, including waste management and care for people with disabilities.

• **12,463 midwives**

participated in the online training on midwifery care in COVID-19 pandemic situation.

• **1,109 private midwifery**

practices received personal protective equipments (PPEs) during the COVID-19 pandemic.

47 private clinics

were strengthened to provide quality youth-friendly sexual and reproductive health information and services, especially for young women.

332 teachers

including **30 special school teachers**, were trained to deliver comprehensive sexuality education for adolescents in schools.

983 community health centers (Puskesmas)

were capacitated to provide quality response to gender-based violence (GBV).

7 GBV service workers

were strengthened to provide essential service package (ESP).

150 health service workers & 95 non-health service workers

(psychosocial counselors, law enforcement officers) have improved their knowledge and skills in responding to GBV.

49%

of **2,371 GBV survivors** in 5 targeted Regional Technical Implementation Unit for the Protection of Women and Children (UPTD PPA)/Integrated Service Center for Empowerment of Women and Children (P2TP2A) were able to access the services they needed with informed consent.

2,400 GBV survivors

received dignity kits through P2TP2A and their network.



Community outreach/empowerment

28,779 young people

(68% female and 32% male) **received sexual and reproductive health information from private health providers supported by UNALA.**

• 6,870 young people

(76% female, 24% male) **accessed the provided sexual and reproductive health services.**

• 7,852 young people

(77% female and 23% male) **received comprehensive sexuality education.**

• 57 digital youth and sexuality content creators

trained to develop sexual and reproductive health-related contents **with combined audience of over 600,000 young people.**

4,860 community members

(72% women and 28% men) **received information on menstrual hygiene management, sexual and reproductive health and rights, and child marriage through village dialogues and women's prayer groups.**

29,918 adolescents

(66% girls and 34% boys) **received information on menstrual hygiene management, sexual and reproductive health and rights, and child marriage**

1,640 community members received community training

on the **negative impact and how to abandon female genital mutilation/cutting (FGM/C).**

272 women ulemas

were trained to advocate for the **abandonment of FGM/C in the community.**

Policy and advocacy

21 policies, advocacy strategies, and roadmaps

were developed to promote sexual and reproductive health and rights.

12 policy briefs developed and disseminated

to improve policies that promote sexual and reproductive health and rights.

93 parliamentarians

(51% female, 49% male) were trained on the prevention of child marriage and FGM/C at the national and sub-national level.

Policy documents developed with support and advocacy from BERANI:

1. Law No. 4 Year 2019 on Midwifery
2. Law No.12 Year 2022 on Sexual Violence Crime (UU TPKS)
3. BKKBN Head Regulation No. 9 Year 2019 on Supply of Contraceptive Devices and Drugs for Couples of Reproductive Age in Family Planning Service
4. FP2030 Commitment of the Government of Indonesia
5. National Strategy on the Prevention of Child Marriage
6. Memorandum of Understanding (MOH and MOECRT) for the Joint Teacher Capacity Building Programme on CSE
7. National Guidelines for Managing CSE Programmes in Secondary Schools

8. Guidance for Out of School Comprehensive Sexuality Education and Promotion of SRH Services through Adolescent Health Posts
9. Guideline on Health Sector Response to GBV for Hospitals and Primary Health Care
10. Algorithm on Health Sector Response for Sexual Violence Survivors
11. South Sulawesi Governor Regulation No. 31 Year 2021 on the Regional Strategy for the Prevention of Child Marriage (STRADA PPA)
12. Bone District Regulation on Child Marriage Prevention
13. Bone District Strategy on Child Marriage Prevention
14. North Luwu District Regulation on Child Marriage Prevention
15. Tanjung Village Regulation on the Elimination of Child Marriage
16. Tenige Village Regulation on the Protection of Women from GBV

Advocacy strategies and roadmaps developed with support from BERANI:

1. Road Map and Action Plan on FGM/C Prevention by 2030
2. Advocacy Guide and Information, Education, and Communication Flipchart on FGM/C Prevention in the Health Sector
3. Advocacy Guide for CSOs/NGOs on FGM/C Prevention using Family-based Approach
4. Modelling for Child Marriage Prevention Strategy

The Stories of BERANI

Youth friendly clinics in Yogyakarta



Bidan T. Mahyuni
Bidan UNALA



Through the BERANI Programme, UNFPA promotes universal and equitable SRH services through an innovative, private sector-led social franchising model called UNALA. The model works to fulfil the demand from young people for accurate information on SRH and fulfil the enormous gap of SRH access by providing high quality, youth friendly SRH services. With a space to safely get information on SRH, young people will be better equipped to make informed decisions on their well-being, preventing unwanted pregnancies and other morbidities. High quality services and the establishment of referral networks with state health service points will facilitate young people receiving the SRH care they need. Through the UNALA model, UNFPA has reached out to thousands of young people and provided SRH information and care through its on-site services as well as through its innovative mobile/online platforms.

Unmarried youths aged 15–24 years are increasingly sexually active. In 2012, only 0.9 percent of girls and 7 percent of boys were sexually active. In 2015, this had increased

to 2.3 percent of girls and 7.3 percent of boys. Recent studies show these figures to be significantly underreported. However, only 14.1 percent of unmarried, sexually active adolescents use contraceptives. Moreover, in 2015, only 22 percent of youth aged 15–19 knew where to find an RH service facility, and less than 5 percent had accessed such a service. The enormous gap in access to services for young people contribute to their vulnerability to unwanted pregnancy, STD's and other SRH morbidities. These morbidities have serious profound social and economic consequences. A study in Yogyakarta revealed that girls who get pregnant most often drop out of school.

Given the enormous gap, a private sector-led reproductive health services model for young people in Daerah Istimewa Yogyakarta (DIY), named UNALA, was developed. The name 'UNALA' comes from Sanskrit, and means 'your ability to make decisions'. The name reflects our aim to empower youth. The model leverages aspects of youth development in

order to generate a greater demand for services and gain community support for the provision of SRH services to youth. Currently, the UNALA project is implemented in partnership with Yayasan Siklus Sehat Indonesia (YSSI), a local NGO based in Jakarta and Yogyakarta.

Mobilizing youths through young leaders

The UNALA program mobilizes young people through conducting SRH leadership training. The participants of the training come from various youth organizations from diverse backgrounds focusing on different thematic issues. Young leaders from diverse backgrounds and organizations learn how to lead their organizations in the advocacy of their right to CSE and Youth friendly health care. Participants get hands-on training from UNALA affiliated health providers and use the training to mainstream SRH into their organizations work and advocacy. UNALA conducted training of 91 young leaders of which 7 leaders came from organizations that work that advocate for young people with disabilities. "The training is very helpful, there is a great need for the SRH care of disabled people and this has helped me create a strategy for advocacy," said Lia, a 21-year-old young leader from the organization SABDA, an organization working for youths with disabilities.

Out of school Comprehensive Sexuality Education (CSE) and demand generation in youth hangout spots UNALA conducts outreach and provides SRH information to youth in out of school hang out spots. These include cafés, gyms and other popular youth spaces. UNALA health providers provide information in these spaces in a friendly non-judgmental manner that allows for interactive interaction and engagement by youth. In these spots, the UNALA programme distributes vouchers for UNALA clinic consultations. Young people are encouraged to use these



vouchers to obtain counseling and other health services in nearby UNALA youth friendly clinics. UNALA also employs youth volunteers as care navigators that provide face to face outreach and information to young people and accompaniment to UNALA clinics. In 2018 a total of 3768 adolescents and young people were outreached and 532 clients had consultation in the UNALA clinic. In addition, UNALA organized 51 public events that mobilized and organized young people in issues relating to ASRH and health seeking. Ani, a 17-year-old girl from a rural area in Yogyakarta said "I am so glad that I get to ask UNALA doctors about my health, I had some problems with my periods and my mother didn't know what it was."

Training private sector providers

The UNALA programme leverages the private sector to provide care and fulfill the unmet need for SRH care in young people. To ensure quality youth friendly care, the UNALA programme conducted 3 training of doctors and midwives in communication skills and providing youth friendly health care and counseling. In 2018, 27 providers were trained. "The training is very useful, I am now more confident in providing counseling to young people," said an UNALA trained doctor.

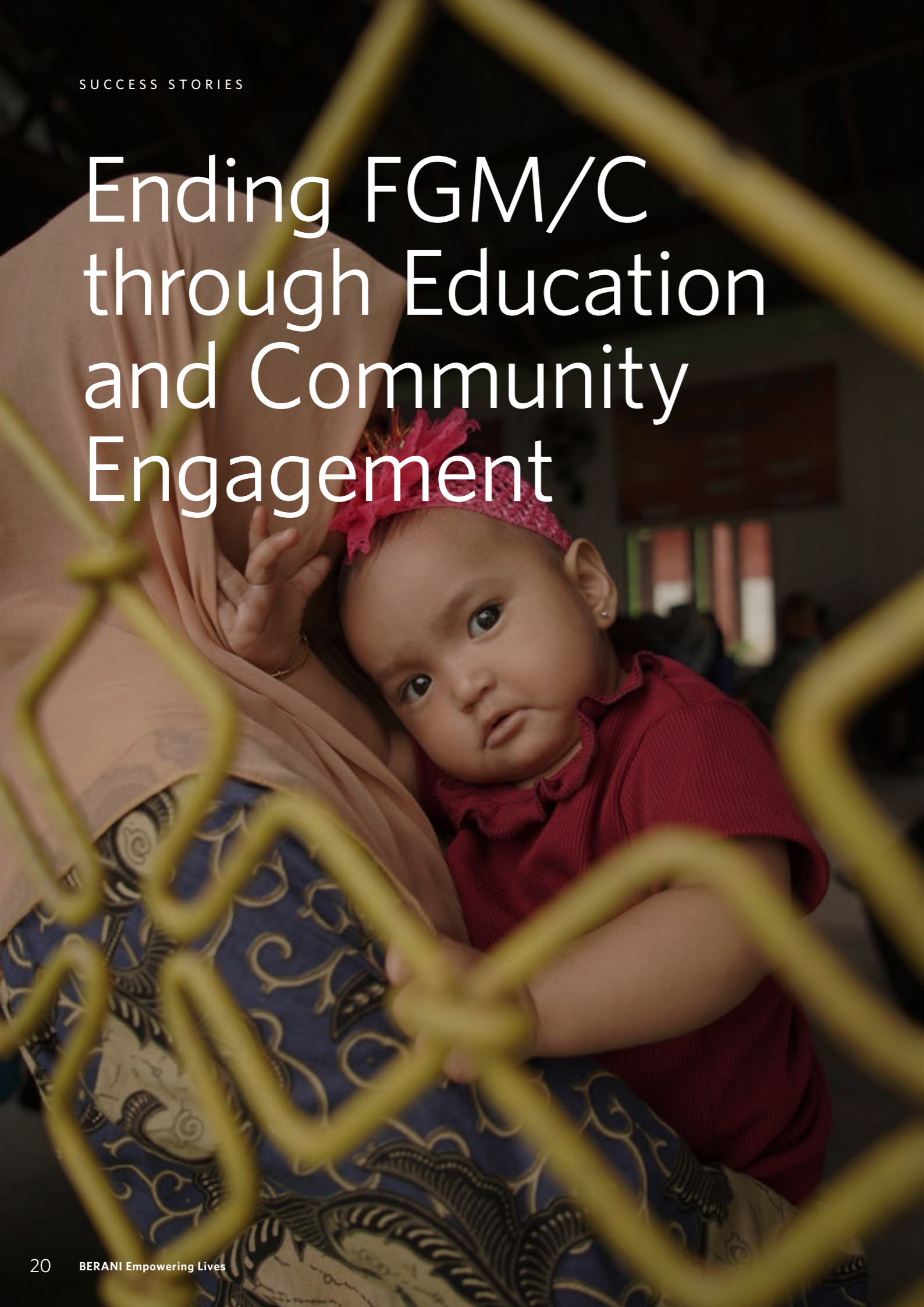
The UNALA programme works together with doctors that were trained in the provision of youth friendly care and provides support for

quality assurance and case management to their clinics. Using a social franchising model, the UNALA programme provides IEC materials and branding to these clinics. These affiliated clinics are strategically placed near youth hang out spots to ensure accessibility by young people. The UNALA programme also conducts quarterly quality assessments and employs continuous quality improvement strategy to ensure youth friendly care is provided in UNALA clinics. Moreover, the UNALA programme provides support for case management and referral to these clinics to ensure young people with serious conditions can get timely referral to medical or social services. In 2018, 27 UNALA clinics provided youth friendly care to 532 young people. "I really thank UNALA for providing support, I usually don't know what to do when I see a patient with an unwanted pregnancy, the UNALA team supports me with referral to social support for these youth," said an UNALA affiliated midwife.

Advocacy for adolescent sexual and reproductive health

To ensure sustainability and effectiveness of the UNALA programme, the programme hosts a series of coordination meetings with stakeholders from the provincial and district governments. In these meetings, strategic partnerships were formed and referral systems were built. UNALA leverages this partnership to ensure vulnerable youth can be timely referred. Furthermore, these coordination meetings serve as an avenue in which themes relating to Adolescent Sexual and Reproductive Health (ASRH) can be advocated to government and other stakeholders. These meetings also serve as a space in which young UNALA users can directly convey their aspirations and participate in developing ASRH policies in Yogyakarta.

Ending FGM/C through Education and Community Engagement



Female genital mutilation/ cutting (FGM/C) has been practiced and preserved for generations in some Indonesian communities. While the younger generations tend to neglect or abandon the practice, those who support it want to preserve the harmful tradition as part of cultural, religious and social values.

"I was about 7 years old when my mother organized FGM/C ritual for me. The paradji (traditional birth attendant) used a piece of sharpened bamboo stick. I was screaming in serious pain and I saw blood coming out. I was and still am very traumatized," said Helwana from the Board of Indonesian Mosques.

"I remembered my father, who was an ulema, was actually against FGM/C, which was a family tradition from my mother side. She and her extended family insisted on having me circumcised. After the incident and knowing the pain I had to go through, none of my sisters were circumcised," explained the female ulama who has been actively encouraging communities to abandon the practice.

FGM/C stems from groundless belief that it would purify girls, help them control sexual appetite, prevent them to grow up as naughty women, among others. Because it is commonly practiced, the Ministry of Health issued



regulation no 1636/2010, providing a basis for medicalization of female circumcision as harm reduction. This regulation was later revoked with the issuance of regulation no. 6/2014, describing FGM/C practice as having no medical basis nor health benefit and giving a mandate to the Ministry's Health and Syara'k Consultative Board to issue a guidance for female circumcision procedure that guarantee women's health and safety and that the procedure should not harm or mutilate female genitalia (FGM/C).

The Ministry also stressed that health workers in performing their duties have to adhere to work standard, procedures and ethics; and that FGM/C is a violation of women's reproductive rights and a form of violence against women and girls. The Ministry has conducted some activities to further discourage the practice, including through development of IEC materials to raise awareness, highlighting FGM/C at the Indonesian Midwives Association's National Summit 2018, inserting the info into the Maternal and Child Health book; While the Ministry of Women's Empowerment and Child Protection has developed advocacy strategies, targeting religious leaders, youth and CSOs, using family-based approach.

"FGM/C is harmful and women and girls have the rights to be free from torture," said Risya Kori, UNFPA Gender Specialist. Suci Maysaroh, a young midwife, always knew FGM/C has no health benefit. As a fresh graduate working a private midwifery clinic, she was told to offer FGM/C as postnatal package along with ear piercing, worth IDR 100,000 (USD 7). "Many believed that it's a cultural tradition to preserve. So I pretended to perform FGM/C by placing a piece of cloth on the newborn's genitalia and i pressed it gently with my hand. I know I lied to my clients and my supervisor."

"I felt guilty for lying but I thought if i refused to perform the mock FGM/C, parents would

AS SPEARHEAD OF COMMUNITY HEALTH, MIDWIVES CAN SENSITIZE COUPLES ON THE DANGER OF FGM/C

likely go to other midwives or worse, to paradji for FGM/C. The latter can use anything from razor, scissors, needle or sharpened bamboo stick and the method can vary from rubbing with turmeric, pinching, pricking to cutting," Suci explained.

Separately, an ulema from the Indonesian Ulemas Council (MUI) Arif Fahrudin explained that FGM/C is described as makrumah (honorable deed). It is not a Sunnah (habitual practice) but mubah (neutral or merely permitted). "However, if the practice is harmful and brings suffering or muda'rat, it is haram (forbidden) in Islam," he explained.

The MUI, he added, issued a fatwa (religious edict) forbidding the banning of FGM/C. "The MUI is of the opinion that harmful type of FGM/C is haram, while the (non harmful) symbolic type, like rubbing with a turmeric, when done as syiar (Islamic teaching) should not be banned," he explained.

Arif, an advocate for ending FGM/C, said that FGM/C is a cherished tradition mainly among older generation, senior midwives, paradji and among small but fundamental groups. "The most popular type of FGM/C in communities is rubbing with turmeric. But we have to admit that fundamental groups exist. They are small in number but still practicing and promoting harmful FGM/C."



Health education for young people

The good news is that the practice is not as popular now among younger generation. Years of end FGM/C campaign and education may have brought fruits. Younger couples and young people in general are more educated and have better health awareness.

The students at the pesantren's midwifery school have not received request for female circumcision from parents in nearby communities in recent years. Kyai Ali Muhsin from Darul Ulum Peterongan Pesantren (Islamic school) said "I know some ulemas whose daughters are not circumcised." He said that FGM/C seminar, like the one UNFPA organized involving ulemas, medical practitioners, rights and gender activists as speakers, was very informative and helped him and other participating ulemas changed their views about FGM/C. "Similar seminars should be organized at the community level across Indonesia." The ulema and the pesantren communities have actively used prayer and community gatherings to raise awareness.

"Mindset and behavior change take time. We need to educate youth – as future parents- to reject harmful practices. Ideally, religious

leaders and health workers can work together to raise community awareness," said Arif who was also participant of UNFPA-organized seminar.

THERE IS NO STANDARD PROCEDURE FOR FGM/C SO THE METHOD USED LARGELY DEPENDING ON THE INTERPRETATION OF FGM/C PRACTITIONERS. AND THIS IS DANGEROUS

"What we can promote is vulva hygiene for newborn: care and cleaning baby's genitalia after birth. I persuade parents by giving health explanation to abandon FGM/C because clitoris has many nerves and the baby would be in pain when it is rubbed or pierced. Based on my experience, they (parents) would change their mind because they don't want to hurt their babies," Suci said. All four of them: Helwana, Arif, Kyai Ali and Suci now actively use public fora: social and religious to educate community members in their respective areas to abandon FGM/C.

My Life is My Choice: The Story of Mara

Despite the high prevalence of child marriage in Bone, South Sulawesi, one 15-year-old girl fights back and says no to child marriage.

Mara, at fifteen years old, appears no different than many teenage girls in Bone: soft-spoken, a little shy, used to weighing her words and conduct in front of strangers. Sitting in the living room of her modest roadside home in the sub-district of Tokaseng, north of Bone, she is dressed in a hijab with a geometric motif that accentuates her expressive face and her open, inquisitive gaze. Like her mother, Nur, who accompanies her in the room, she speaks in short, often tentative sentences, and rarely elaborates unless prodded.

Yet something happens when the conversation moves to the subject of singing, her overriding passion. She comes positively alive. "I want to be a professional singer and win major competitions, like my idol Lesti," she says, speaking of the fifteen-year-old recent winner of Liga Dangdut Indonesia, one of the country's top singing competitions. "I just know I can do it."

Mara's confidence has been largely honed by years of entering—and winning—competitions and watching her own mother sing. "My mother is my greatest inspiration," she says, to Nur's surprise and delight.

Before the COVID-19 pandemic, Mara spent her days at school and her afternoons and evenings doing what most schoolgirls her age did: finishing homework, watching TV and getting lost in her phone. Sometimes she would practice singing with her parents.

In the past year, with schools shuttered and learning moved online, her days have been mostly homebound. Like many of her friends, she keeps herself connected to the outside world through multiple social platforms. But unlike many of them, she has managed to pull off a feat: refusing a marriage proposal so that she can keep attending school.

It wasn't any old marriage proposal. By the region's standard, Mara's suitor was considered an excellent match. He owned a store in Makassar and offered a very generous dowry—

a detail not lost on Mara's parents, Nur and Andi, whose sound system rental business was severely impacted by the COVID-19 pandemic. While Nur and her mother had initially supported the marriage, Andi had been opposed to it from the outset. But for Mara, her decision was never in question.

"I'm too young to get married," she told her parents. "I want to keep attending school and complete my studies."

Mara's determination and clarity of aims have certainly helped strengthen her parents' joint stance on child marriage. "We could definitely do with the money, and with Mara's social and economic stability," Andi said. "But we shouldn't do it at our daughter's expense. Nothing is worth more than her future."

That future, for Mara, is her education. She is aware that once girls like herself are married and have given birth, they likely won't be able to return to school as they are seen as 'negative role models.' "Besides, he is old," she said with a chuckle, referring to her twenty-three-year-old suitor. "I'm no way as old as him."

For Mara's mother, Nur, this realization came later. While she appreciated Mara's openness with her, including on intimate topics such as boys and dating, she was fearful of the effects modern values and the ominous social media might have on the behaviour of her unmarried daughter.

She also needed financial help to get the family back on its feet. "I never asked Mara to help us economically as I didn't want to interrupt her studies," Nur says. "But times are really tough now. No one is renting our sound system. No one is hiring me to sing. We're barely scraping by."

However, as Nur reflects back on her past, she is reminded of her own experience of marrying before she turned eighteen—not once, but twice, both ending in divorce. By the time she

married Mara's father at the age of twenty-three, she had had three sons. She knew what it was like, to be a wife and mother when she was not physically and emotionally ready. After some reflection, she, along with her mother, decided to endorse Mara's decision.

The Need for Comprehensive, Cultural and Community-Based Interventions

Mara's refusal to marry early is an encouraging sign, and may even point toward a positive, albeit slow trend away from child marriage. But Mara's story is not typical of families in Bone.

While Indonesia ranks eighth in the world for child marriage, Bone—the second largest municipality on the island of South Sulawesi—has one of the highest burdens of child marriage in the country. Among the main contributing factors, outside of poverty and religious conservatism, is the culture of shame among Bugis parents around the prospect of their daughters' unwanted pregnancy.

A study published in the *Lancet* last March concludes that the prevalence of positive perceptions of the benefits of child marriage is equally high among both parents and adolescents in Bone. Not only do they believe in the economic benefits of child marriage, especially in dire economic times such as the past year, but they also set much store by the benefits of child marriage towards family honour and reputation. Tradition and pride still take precedence over the law, ironically just when the law is slowly being revised to reflect the times.

Among recent legal reforms is the amendment of the Indonesia's Marriage Act in 2019, raising the legal age of marriage for women from 16 to 19 years, which is the same age for boys. Another is the Supreme Court's publication of a manual providing strict guidance to judges on underage marriage exemptions. In the past

year, with UNICEF's help, the local government in Bone has also started issuing regulations to curb child marriage, with more underway.

Yet harmful practices still persevere. Many child marriages are unofficial and conducted away from the public eye. Local authorities are often reluctant to interfere in family affairs. Most requests for child marriage dispensations are granted by Religious and District Courts. Parents falsify their daughters' ages at the Civil Registry Office, often paying someone on the inside or getting a marriage broker to help—a practice rendered easier by the fact that many children are effectively 'invisible' because they do not even have birth certificates.

It is clear from such a picture that in order to reduce child marriage, there needs to be comprehensive interventions based on cultural understanding and behavioural science. Legal reform (and its enforcement) has to go hand in hand with social norms change. And this cannot take place without an active conversation with girls, boys, parents, religious, traditional and community leaders, and having them participate in the process.

BERANI: Changing Social Norms and Empowering Girls and Communities through Life Education Skills

The BERANI Programme increases knowledge and skills of adolescent girls and boys in menstrual health management, reproductive health, child marriage and life skills. This includes chipping away at the many taboos in Bone society around Sexuality, Reproductive Health and HIV Prevention (SRH) as well as improving the enabling environment that perpetuates child marriage. Apart from working with female religious leaders and developing public regulations, much of the effort is concentrated on creating health platforms in schools.

Mara is among the 5,000 plus students in 26 schools and madrasas across Bone who have received Life Skills Education (LSE). "Prior to LSE, I didn't understand anything about the changes in my body, or simple things such as how to clean myself when I had my period," she says. "I also learned that getting pregnant too young can put the baby's as well as my own health at risk."

For Mara, one of the most valuable takeaways from LSE is her new understanding of love. "Love," she says, "is not love without friendship and mutual respect."

According to Ibu Mashuri, Mara's social studies teacher at one of LSE-piloting schools, the ability to distinguish between healthy and unhealthy relationships is very important. "It's an essential part of protecting oneself," she says.

Ibu Mashuri is one of 159 LSE-trained teachers and trainers in Bone who has recently been appointed trainer at one of the village's Community Learning Activity Centres. She often represents Bone in best practice sharing and is proud of what her school has achieved in such short a time. "Not only do we have more toilets than needed, but we also provide sanitary pads everywhere—in toilets, teachers' rooms and our School Health Unit," she says.

She also believes in the effectiveness of LSE in changing students' and parents' attitudes towards child marriage.

"We teachers used to get invitations to our students' weddings, especially around exam time," she says. "We would make a point of not going, but we would enrol these students for exam anyway to ensure they have a diploma. Since LSE was taught in our school, there has not been a single wedding invitation." Between 2019 and 2020, there was an almost 80 percent decrease in the number of child marriages in BERANI-supported locations.

Ibu Mashuri also notices LSE's positive effects on teachers' attitudes towards SRH. If in the past her colleagues often allowed their own opinions to stand in the way of teaching SRH in an objective and adolescent-responsive way, now they have become more relaxed and open-minded. She sees herself as no exception.

"Before you can debunk taboos for girls, you first have to debunk them for yourself," she says.

Ensuring BERANI's Future in Bone during the COVID-19 Pandemic

While there are more such positive stories coming out of Bone, the COVID-19 pandemic has posed a serious threat to BERANI's programme implementation. According to the UN, an additional 10 million girls this decade will be at risk of child marriage. In the past year, more families in Bone have resorted to siri (undocumented marriage) because courts were temporarily closed. Limited face-to-face meetings with local governments and communities are delaying progress. Students and schools are suffering.

The double challenge of tailoring programmes for online consumption and optimizing the rest is no easy task, particularly when neighbouring villages where there are no prevention programmes continue to practice child marriage. It calls for vision, technology, resources—and, most importantly, time.

Yet there is much goodwill in Bone—and a rising awareness that the fight for women's rights is the fight for gender equality. And that it can still be fought without disrespecting one's parents or family.

"After finishing my studies, I want to go to computer school and then find a job," Mara says. "That way I can help my mother and make her proud of me."

Strengthening Midwives, Promoting Reproductive Health



UNFPA/Lucky Putra

“Can you imagine what would happen if we could not continue to provide family planning services? How many would have failed and resulted in unwanted pregnancies?” asks Emi Nurjismi, Chairperson of the Indonesian Midwives Association (IBI).

Ensuring continuous family planning and sexual and reproductive health services during the COVID-19 pandemic is critical. IBI is one of the most prominent partners for United Nations Population Fund (UNFPA) Indonesia in achieving this goal.

“Even before the pandemic, reproductive health and family planning services were part of basic health issues with indicators like maternal and infant mortality... When the services are not provided during the pandemic, the issues will become exacerbated,” Emi says, concerned. “So we are facing two threats; the pandemic threat that affects vulnerable groups such as

mothers, babies, and toddlers; and the threat of barriers to access of services... So, despite changes in service provision in the end we still prioritize and maintain open access,” she adds.

Safety first

Maintaining access during a pandemic has not been easy. Midwives, as other health workers, face high risks of transmission and therefore must ensure both the safety of their patients and themselves while providing services. “A lot of midwives have been infected. There was one midwife at the Primary Health Center (Puskesmas) who was 28-week pregnant when she got infected and died in January,” says Sri Helmi of IBI South Jakarta. “In Tangerang district, up to December last year there were 169 midwives whose PCR tests came out positive. One died in January. In the Banten province, 434 midwives have been infected,” Een Setianah of IBI Tangerang explains.

Unfortunately, procuring personal protective equipment (PPE) can be challenging with rising prices and scarcity. "In the beginning of the pandemic we had to at least wear level 2 PPE... At the same time, prices kept on increasing. For example, a box of handsoons (gloves, ed.) used to be under Rp 50 thousand. After the pandemic the price rose up to Rp 200 thousand," Een says.

As a result, services were disrupted. "In March, when the pandemic started, we all panicked and got scared... Some closed their practice, while others reduced their hours," Emi recalls.

"The number of patient visits steeply declined by almost 50 percent," Een describes. Midwives also face challenges in following the regulation which requires them to refer pregnant women who enter the 37th-38th week of their pregnancy to the Puskesmas for a rapid antigen or PCR test to prepare for safe delivery. "It's hard to provide referrals especially for pregnant women and deliveries because not all hospitals in Tangerang accept patients whose rapid tests come out positive. We also cannot conduct rapid antigen tests," she adds.

Through the BERANI Programme, UNFPA Indonesia has distributed PPE to 412 independent midwifery practices in Jakarta, Depok, and Tangerang, consisting of hazmat suits, safety goggles, face shields, KN95 masks, medical masks, cloth masks, and disinfectants.

"Thankfully we private midwives in South Jakarta, at that time there were 113 private practices, received PPE with support from UNFPA and Canada to protect ourselves," says Sri. "It was really helpful to receive the assistance when we were facing difficulties in finding PPE," says Een. "We felt more confident in providing services... Now we can continue our regular practice hours. It also helped with our expenses," Een elaborates.

"After the PPE support, they restored their services to normal, and in general the number of deliveries at midwife clinics increased... Our colleagues are really thankful. The PPE has made them more confident in providing services during the pandemic since we know that health workers, including midwives, are highly vulnerable to infection," says Emi. "Now we can provide all services with support from the BERANI programme," Emi adds.

IBI's report that recaps services provided from April-July 2020 shows the monthly averages of 4,025 first ANC visits (K1); 3,828 minimum four ANC visits (K4); 1,382 deliveries; 1,376 early breastfeeding initiations; 15,642 immunizations; 232 IUDs; 256 implants; 28,432 injectable contraceptives; and 1,991 contraceptive pills.

"After stopping services and not allowing patients to come, we finally got to continue the services using the health protocols and wearing complete PPE. So the impact is tremendous, as shown by the data," Emi says.

The PPE provision has also allowed Een to offer free services at her clinic. "I was wondering the reason why the number of patients has dropped drastically, is it because the pandemic has affected their income, or are they afraid? We found out that it's mostly due to the economic factor... So the solution is we provide free services every Friday from 8 AM to 4 PM," Een describes.

Turning a Vision Into Reality

"IBI has a vision of becoming professional midwives that live up to global standards... Our mission is to strengthen education, human resources, and services," Emi affirms.

To support IBI in turning this vision into reality, UNFPA through the BERANI programme has provided technical expertise in advocacy and capacity strengthening.

"The most principal achievement for our organization was the ratification of the Law of Midwifery (No. 4/2019). It was an incredible achievement after 15 years of hard work, which was supported by UNFPA not only internally but also externally by bringing in an international expert... It was a highly effective strategy of advocacy... Alhamdulillah, it worked," Emi reminisces.

"We are really proud of the law. Every organization aspires to have a strong umbrella to protect the profession from legal uncertainties," she says. "The most principal impact of the law is the career and welfare of midwives... Civil servant midwives, whose highest rank used to be 4C or the Middle Expert level... with the revision based on the 2019 law, can now reach the 4E level or the First Level Expert... equal to other professions. The state has recognized our equality with other professions... I think it's a policy that really affects us in providing services," she continues.

Additionally, by the time the interview was conducted, IBI was awaiting Presidential approval for the midwifery council. "We will independently regulate our organization in the context of maintaining quality," says Emi. Quality of services and competency of midwives are the primary focus areas of IBI. Capacity building through training sessions and webinars, as well coaching and supervision has been at the forefront of their agenda. IBI has also supported the Ministry of Health to set up Centers of Excellence at a number of educational institutions such as universities, and state and private health polytechnics. "Our hope is that the Centers of Excellence review and strengthen programmes by referring to existing standards, strengthening the capacity of the lecturers, conducting research, and so on. We hope that they can be models for other

schools, and have their own specialties," Emi explains.

With all the progress achieved, despite challenges, there is a reason to be optimistic about a brighter future for midwives, and the reproductive health of women and girls.

"All the support leads to strengthening of the capacity and services, and ensuring the rights of women to access reproductive health services... It's all a circle, in which all of us must work and support each other," Emi affirms.

Involving Men and Boys in Eliminating Gender-based Violence in Lombok



UNFPA/Lucky Putra

“Cleaning, washing dishes are not only women’s responsibilities but also men’s. We must share responsibilities,” said Abdurrahman, a 32-year-old community facilitator in Tenige Village, North Lombok, West Nusa Tenggara (NTB).

Abdurrahman was one of the participants of the pilot programme of community-based prevention of GBV and harmful practices in Teniga and Tanjung villages in North Lombok District led by the UNFPA and Ministry of Women’s Empowerment and Child Protection (MOWECP). As gender equality can only be achieved with the involvement of everyone in society, the programme engaged men and boys in the elimination of gender-based violence (GBV) and harmful practices like child marriage and female genital mutilation/

cutting (FGM/C). The programme involved male figures in women’s and children’s lives, including husbands, fathers, sons, brothers, peers, and teachers as the primary prevention strategy.

Started in 2019, the programme was implemented with the North Lombok District Office of Social Affairs for Women’s Empowerment and Child Protection North Lombok (DOWECP), Lembaga Perlindungan Anak (Child Protection Institution), and Lembaga Pengembangan Sumber Daya Manusia (Human Resource Development Institute), with the support of Global Affairs Canada as part of a joint initiative with UNICEF entitled the Better Sexual and Reproductive Health and Rights for All in Indonesia (BERANI).

Hundreds of people, including youth, participated in various activities such as training, discussions, community projects, and initiatives. Some of the significant achievements of this programme included the endorsement of two village regulations on GBV and harmful practices prevention in both Teniga and Tanjung villages, the establishment of the Child Village Forum, and the budget allocation to fund activities to promote eliminating GBV and harmful practices by the local government.

More profoundly, in its effort to promote zero tolerance of violence against women and girls in their families and the village, the programme has encouraged young people to be more confident in expressing their opinions and be more active in their community, and influenced change of perspectives among men and boys.

“We learned about why gender equality is important and the division of tasks among women and men,” Abdurrahman recalled. After participating in the training and group discussions, he explained that young people

in Tenige village reached a consensus that all forms of violence must end, and that gender equality must be realized not just among young people, but also within the family. “We all agreed to end all forms of violence,” he affirmed.

Marnia, a 36 year-old businesswoman, admitted that the training she participated in has impacted a lot of personal change in her life. For example, the programme has helped her improve her communication with her children. “Communication with my children has been much better. They are in their teenage years, and I have been able to talk to them about maintaining reproductive health, and the harms of child marriage,” Marnia said.

Religious leaders also play a major role in promoting GBV prevention. Through training of trainers, religious leaders learn how to communicate with and educate the community on issues considered taboo to discuss such as reproductive health and violence against women. “It’s very difficult to discuss FGM/C in



the village because it correlates with people’s beliefs,” explained Kartono, a religious teacher who became a training facilitator in the programme. “Thanks to this programme, we now have the basic capacity to approach the community and discuss not just FGM/C, but also child marriage and GBV,” he added.

The programme reflects UNFPA’s commitment to ensuring universal access to reproductive health services and information so that no one is left behind. It is also part of the collective effort to achieve the Three Transformative Results (Three Zeros) agreed by signatory countries at the 25 year anniversary of the International Conference on Population and Development (ICPD25) in Nairobi: ending preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices against women and girls.

“There should be no more victims of violence and harmful practices. We will continue to build

a community where there is zero tolerance for violence against women and children,” Anjali Sen, UNFPA Indonesia Representative, proclaimed at the pilot programme closing event in North Lombok District, on 30 November 2021.

The closing of the pilot does not mean the end of the programme nor the collaborative work to eliminate GBV and harmful practices. The pilot programme will be replicated and adopted in 43 villages in Lombok. “We would like to become a model for the other 43 villages to follow. What we want is also a follow-up action, so that our programme doesn’t stop here,” Maswandi, Head of the Tenige Village (which MOWECP selected as one of the exemplary women and children-friendly Villages for the elimination of GBV and harmful practices), asserted



Ending Child Marriage, One Sermon at a Time

A female cleric stands up against child marriage in rural Indonesia.



UNICEF/2021/Wilander

During wedding ceremonies, the religious sermon often conveys messages about creating a happy and long-lasting union. But in eastern Indonesia, female cleric Sarifa Suhra uses her platform for a different purpose: to advocate against child marriage.

Sarifa began urging newlywed couples not to marry their children young after she received a number of wedding invitations from underage students in her community in Bone Regency, South Sulawesi Province.

“There is a cultural belief that children – especially daughters – must be married as soon as possible,” she explained. “Having suitors is considered an honour, and to deny them is deemed bad karma. Parents think it’s too late if their daughters are not married by the age of 20.”

In some cases, there are also economic factors as parents see marriage as a means to ease financial burdens, especially when they have many children.

Bone district in South Sulawesi has a 14 per cent rate of child marriage, higher than the provincial rate of 12.1 per cent and the national rate of 10.8 per cent. Data from the Communication and Information Office showed that in 2017, there were 2,496 cases of child marriage in the regency among a population of only 800,000 people.

These figures include underage marriages that were registered through the Religious Affairs Office (KUA). While Indonesia raised the minimum age of marriage for women from 16 to 19 in 2019, families can still appeal to the Religious Court for a dispensation or exemption.

Countering Patriarchal Interpretations

While legal breakthroughs are necessary, Safira believes that as a cleric, she can play a key role in countering entrenched patriarchal tradition and religious interpretation by providing more progressive counterarguments.

“Religious figures keep coming back to the Prophet Muhammad’s marriage with Aisyah, who was said to be underage,” Safira said. “Aisyah’s story has multiple interpretations, but she only lived with the Prophet as husband and wife, years later when she was mature enough.”

“This is what I’ve been trying to do, to fix the misconception. When the arguments are based on religious verses, people are usually more welcoming,” she said.

Safira has not been alone in the fight against child marriage. She is backed by local governments who have reached out to local figures, religious and social organizations, and farmers’ associations.

Samsidar, the Secretary of the Development Planning Agency in Bone, said the local government has been fully supportive to prevent child marriage by integrating all programmes and incorporating efforts to fight against it.

“It has become a central issue. Child marriage has led to school dropouts, child labour, violence, and other social problems,” Samsidar asserted. “We have emphatically advocated against this issue.”

Stepping Up Religious Efforts

Sarifa is grateful that clerics like her have been given the space to preach against child marriage. Their efforts together with the government have intensified over the past few years, supported by UNICEF.

These include writing sermons and guidebooks, which were reviewed by the Indonesian Ulema Council (MUI) before being published and distributed widely to local mosques. The sermons were then recorded at state radio station RRI and distributed for Quran studies



TULODO/2021



TULODO/2021

and religious gatherings in villages as well as for female farmer communities and traders.

Sarifa and other educators were also appointed as trainers and members of the monitoring and evaluation team for the Life Skill Education programme in Bone. With assistance from UNICEF, the programme was launched in September 2019 and piloted in 12 junior high schools in six sub-districts with high rates of child marriage.

As part of the Life Skills Education programme, teachers and district facilitators in these areas are trained to deliver lessons on self-hygiene, navigating puberty, the internet and social media, reproductive and sexual health, gender equality, self-identity, socializing with friends, and menstrual hygiene management.

With stakeholders joining forces and coordinating their efforts, the results have been tangible. The number of dispensation cases in religious courts has dropped from 228 cases in 2019 to 174 in 2020, and 62 in 2021. The Bone Regional Legislative Council has also passed the 2021 Bylaw on Child Marriage Prevention, which provides a legal basis for policies and programmes developed by local institutions to prevent child marriage in a coordinated manner.

“It used to be that every semester, there were cases of school dropouts due to child marriage,” Sarifa said proudly. “Before the programme, we received many wedding invitations from students. Now there are none.”

Story of Nana: Standing up Against Child Marriage



UNICEF/Arimacs Wilander

By age 15, Nana had received two marriage proposals. Her first proposal was when she was thirteen and in the first grade. In Nana's district Wajo in South Sulawesi, nearly 1 in 4 children (24.04%) are married before the age of 18. [Source: BPS, 2019]

Girls who marry in childhood face immediate and lifelong consequences including risk of early and life-threatening pregnancy, and isolation affecting their mental health and well-being. Girls who marry early are also less likely to remain in school and more likely to experience domestic violence.

Nana is determined not to become another statistic. With support from her two older sisters, who also married young, Nana declined both proposals. Her sisters encouraged her to stay in school and have a career. Her dream is to one day become a judge.

"Girls can be independent, strong leaders, and have high ambitions. They don't necessarily have to stay in the kitchen," says Nana. In

addition to her family, Nana and students at her school are supported by its principal, Irvan, "We are actively conducting outreach and education to our children at school about what is child marriage and how it affects their future," says Irvan.



UNICEF/Arimacs Wilander

UNICEF, through BERANI programme, worked with local governments, community, religious, social, and economic groups to raise awareness of the dangers of child marriage. Platforms for child marriage prevention dialogues included mosques, women's prayer groups, Posyandu (children's health center), PKK (non-profit family organization), and farmers/fishing groups.

Part of UNICEF's outreach includes a Board Game called, 'Happy or Not' (Bahagia atau Tidak?). The game involves a decision tree, challenging parents and children to make wise

choices regarding child marriage, SRH (Sexual Reproductive Health), and MHM (Menstrual Health Management) using scenarios.

Reluctant at first, Nana's mother, Sunarti, says she supports her daughter's wishes to delay marriage and her ambitions to finish her education,

"School is important, I didn't go to school. God willing, if Nana continues with her education, she can make us proud. Nana, she is my only hope," her mother says. (2022/UNICEF)



UNICEF/Arimacs Wilander

SUCCESS STORIES

UNFPA/Lucky Putra



Indonesian Teachers Lead Comprehensive Sexuality Education at Special Needs Schools



UNFPA/Lucky Putra

Teaching is a challenging job that requires not just skills but also dedication and compassion. It takes special skills, dedication, and compassion to teach sexual and reproductive health to students with intellectual disabilities.

Nurlinawati, a 44-year-old teacher at the State Special Needs School (SLB) Bina Bangsa Syamtalira Aron, North Aceh Regency, and Win Jeroh Miko, a 33-year-old teacher at the State Special Needs School (SLB) Kebayakan Takengon, Central Aceh Regency, did not know right away that teaching was their calling.

Nurlinawati, also known as Lina, studied economics in college and used to work at a bank. She became interested in teaching after seeing teachers at a special needs school near where she lives. "After that, I participated in various training, some I had to pay for by myself, some I attended online. I was excited to teach," Lina recalled. Her first experience teaching an autistic child motivated her to pursue this passion further. "I felt that what I did for the student was something good... So I went back to school to get another bachelor's degree and a master's degree in special needs education," she said.



UNFPA/Lucky Putra

Win, after graduating with a degree in English, had two options: teaching at a vocational high school or a special needs school. "I don't know why I chose the latter, but when I taught the children, I felt happy and attached to them. That's why I continue to teach at a special needs school until now," he explained. After getting another degree in special needs education, like Lina, Win felt like he found his life's calling. "I might not know what I wanted to do before, but after teaching I found what I had been looking for. My purpose is to teach children with special needs so that they can be independent."

So, when they both had the opportunity to participate in a national training on comprehensive sexuality education (CSE) for special needs school teachers, they immediately said yes. The training is organized by the Ministry of Education, Culture, Research and Technology in collaboration with the Ministry of Health, and facilitated by UNFPA with support from Global Affairs Canada, through the Better Sexual and Reproductive Health and Rights for All in Indonesia (BERANI) programme.

Adopting a multi-level marketing approach in the teacher's training, UNFPA has trained a batch of Master Teachers, Partner Teachers, and Peer Teachers to disseminate comprehensive sexuality education (CSE) in their respective schools. Various topics such as personal hygiene, puberty, prevention of sexual violence and gender-based violence, and the active involvement of parents and schools are the core topics of this program. This training aims to develop students' knowledge and skills about SRH, so they are capable of protecting themselves from sexual harassment, HIV and sexually transmitted infections, as well as unwanted pregnancies.

Lina and Win both admitted that they learned a lot from the training.

"Initially I was not sure what reproductive health actually entails... I finally learned that the scope is broad. It covers personal hygiene, puberty, protecting yourself, gender equality, and many more," Lina said. Win echoed Lina's testimony. "We have already taught our students to wash their hands as part of our self-development curriculum, but from this training, I personally just learned that reproductive health education is complex and includes personal hygiene," he said. "After teaching materials about puberty, my students started to open up about the issues they faced. Additionally, they started to care and be responsible for their reproductive health," he continued.

"The training was very useful for my students. Before, they had a hard time even just to identify the names of their body parts," Lina recounted. "I didn't even know that you have to change menstrual pads every 4 hours," she continued.

Today, not only have her students learned about menstrual hygiene, they can also overcome their embarrassment to discuss menstruation and wear their own menstrual pads. "Sometimes students would feel



ashamed, especially those aged 14 years or older, because they didn't know how to wear menstrual pads correctly," Lina said. From the training, she became inspired to come up with new methods to make teaching more effective. "After reading some references, I had the idea to make a 'cudal' doll. 'Cudal' is a word in the Acehese language that means 'sister'," Lina elaborated. "So by using these tools, students' interest is piqued... They wanted to know more... We continued training students to fit the menstrual pad correctly in their underwear using the 'cudal' doll, until the students are capable of using it on their own."

For Win, the training helped him break down barriers to discuss sensitive matters with his students and their parents. "A challenge I faced was using terms considered to be taboo such as 'vagina' and 'penis' even though students need to learn them," he said. Facing resistance in the beginning, he had to continuously make the students and parents understand the importance of learning about reproductive health. "After time goes by, the resistance has been minimized. Today I still teach reproductive health in my class, and even have reproductive health pictures and posters all over the walls," he said.

Comprehensive sexuality education also provides students with the knowledge they

need to protect themselves from gender-based violence. "One of the reasons why reproductive health education is important is to teach the students to protect themselves," Win said. "We have heard several times that some students have experienced sexual harassment.. They don't understand that no one should touch certain body parts. So we teach students not to allow anyone to touch their body parts that are covered. In this case, I use role-playing," Lina said.

Passionate and dedicated, Lina and Win have been awarded as the Outstanding Teacher ("Guru Berprestasi") by the Aceh Provincial Office of Education for their innovative interventions in delivering CSE for students with intellectual disabilities.

"Students with intellectual disabilities have the same rights as us. There is no difference, be it access to education, the right to reproductive health education... the right to marry, or other rights. They're the same," Lina said firmly. "Providing such learning will improve their capacity not only for the time being, and not only for their family, but also for their own future," she concluded.

"We need collaboration with parents, schools, the society, and the surrounding community in order to fully realize the rights of our students," Win affirmed.



Indonesian Women Religious Leaders Call for Ending Female Genital Mutilation and Cutting



“The law of conducting female genital mutilation and cutting (FGM/C) without medical reasons is haram (forbidden, ed.),” according to the Indonesian Women Ulema Congress (KUPI)’s religious view and stance on female FGM/C. “All stakeholders are responsible for preventing FGM/C without medical reasons. And the law for religious leaders, community leaders, health workers, and families to use their authority to protect women from the harms of FGM/C without medical reasons is obligatory,” it says firmly.

Announced at the closing of the second KUPI congress at Hasyim Ashari Bangsri Pesantren (Islamic boarding school) in Jepara, Central Java, from 24-26 November 2022, KUPI’s firm religious view and stance (also known as fatwa)

is an important milestone in their advocacy for ending FGM/C in Indonesia, and ultimately protecting women’s rights and promoting their wellbeing.

FGM/C was one of the five urgent issues (waste management for environmental sustainability and women’s safety; women’s roles in protecting the country from risks of religious extremism; protection of women from forced marriage; protection of women’s life from the harms of pregnancy from rape; and protection of women from the harms of FGM/C without medical reasons) discussed during the second KUPI Congress through discussion circles led by panelists, known as halaqah, and religious deliberations, called musyawarah keagamaan. These consultative processes

culminated in the issuance of KUPI’s religious views and stances (also known as fatwa) on the issues at the closing of the congress on 26 November 2022.

The damaging and extensive impact of the harmful practice on women and girls--not only for their physical and mental health but also their overall wellbeing and future--make FGM/C a priority issue for KUPI.

“The harms that FGM/C causes are incredible... We found a case in the KUPI network where a baby died because of it. It’s a human rights violation... KUPI cannot allow this to happen,” Masruchah, a member of the management board of Islamic women’s organization Rahima and former commissioner of the National Commission on Violence against Women (Komnas Perempuan) who serves in KUPI’s Deliberation Council, explained. “We have conducted a lot of research on FGM/C... KUPI is present in Indonesia to discuss the wellbeing of the humankind, of women... as part of the movement of religious justice.”

For Dr. Nur Rofiah, Bil, Uzm, a prominent ulema, scholar, and post-graduate lecturer at the Institute of Quranic Sciences Jakarta who serves as KUPI Committee’s First Chair, the controversies surrounding FGM/C make the issue even more urgent to address.

“We prioritize the urgency of the issues... and the level of controversies surrounding them. The Islamic knowledge system that integrates women’s experience is nearly contradictory to the mainstream,” said Rofiah, who is known as a strong advocate for gender equality. “The impact of FGM/C is significant because people see it as something good when in fact it brings atrocity... That is why FGM/C was included in the religious deliberation... We must be courageous in challenging controversies,” she affirmed.

One of the ulemas leading the discussions and deliberations on FGM/C during the second



KUPI congress, Rofiah has made powerful statements about integrating women’s experience into the Islamic knowledge system. “Don’t make men the sole standard of justice for women,” she said firmly at the KUPI International Conference in Semarang, Central Java, on 23 November 2022. “And what we call justice, well-being, state policy, social wisdom... must not make women’s reproductive system more painful and exhausting, even though men do not experience it.”

Amid controversies and pushbacks using religious, cultural, policy, and even medical arguments, KUPI courageously and powerfully call for ending the harmful practice while addressing gender inequality as the root cause.

“The mapping of FGM/C is clear for us. There is no benefit for women, it’s actually harmful. However, this information is not known by the public. We need to build new knowledge so that the community has the awareness to prevent and not do it even without a law that forbids it,” Rofiah elaborated. “Not only knowledge about interpreting religious texts, but also the Islamic knowledge system that integrates women’s experience. This is what’s missing... KUPI counters the texts with women’s experience, which is useful not only in responding to FGM/C but also other women’s issues,” she continued.



UNFPA/Lucky Putra

With the fatwa, KUPI's journey towards changing mindsets, and breaking down gender inequality and patriarchy in the community will continue stronger.

"The fatwa will become an advocacy tool... as the source of argument from a religious perspective... It will help our advocacy in dialogues with mass organizations," Rofiah said. "We are planning the launch of the fatwa and dissemination of knowledge in several regions where KUPI's fatwa method is not recognized yet. We will also lobby strategic stakeholders such as the

government and religious mass organizations," Masruchah added.

The dissemination of the fatwa is a long-term plan for KUPI. "We are hoping that the fatwa can echo everywhere... especially in regions where the FGM/C prevalence rates are high," Rofiah said. "This is a long term investment for the generation of kiyai and nyai (male and female religious leaders/scholars, ed.) who have the awareness... not only of FGM/C and other women's issues but also for mubadalah (reciprocity) for moderate Islam and for Indonesia," Rofiah explained.

Therefore, partnerships with various stakeholders, including the government and UNFPA, is critical for KUPI. "We collaborate with the government and other sectors... We also take advantage of the digital space to reach and strengthen the capacity of students at pesantren and majelis taklim (religious education forums, ed.)," said Masruchah. "We work with UNFPA because primarily we share the same vision and work approach," Rofiah said.

Ultimately, this partnership seeks to protect women and girls and promote their wellbeing.

"(My hope for women and girls) is that they have the awareness that they are, and are seen as others, as complete human beings, not only physical or sexual objects... intelligent human beings who are aware and seen by others as full subjects, not just secondary subjects or objects," Rofiah affirmed. "Men and women must be positioned together as complete human beings."

BERANI Touching Hearts

“The Center of Excellence capacity building program helps us students to learn how to assist families and communities, in various phases of women’s lives. We are enabled to support national priority programs, related to the issues of MMR/IMR, stunting, immunization, non-communicable diseases, and tuberculosis. At the Ministry of Health Polytechnic of Yogyakarta, we learn about family-based midwifery care and continuity of care, where we accompany patients on an ongoing basis, understand their challenges and support that they have.

During the COE capacity building program, we learned from external resource persons who provided us insights about the health conditions of women and their families in Indonesia. We were also involved in the module development process, so we could learn how to write good modules even though we were still students.

We want to improve the midwifery profession, transform it for the better, because science must continue to develop.

That way, patients will also feel satisfied because the health workers who help them have sufficient knowledge and skills.”

- [Deni Iswara & Felicia Nasri Astuti, Students at the Ministry of Health Polytechnic of Yogyakarta](#)

“After joining as a volunteer at UNALA, I came to understand the obstacles of my teenage friends out there in accessing health services, such as a lack of information. I came to understand how they interact with each other and how they build a peer support system in the educational, community and family environment.

Young people who have accessed the services at UNALA feel happy because the services provided are not judgmental. Partner doctors, midwives and psychologists who provide the services are also very friendly. They feel welcome and comfortable, because they can arrange appointments directly without waiting in line. So that when they come to the clinic they can immediately see the providers.

I feel called to invite more youth to access reproductive health services.

This begins with increasing youth awareness regarding self-concept and the importance of reproductive health, which will be a key asset for their lives. Apart from that, I am also active in sharing information about the location and how to access reproductive health services to my teenage friends.”

- [Ndaru Tejo Laksono, UNALA Youth Volunteer](#)

“The assistance provided by the BERANI program and channeled by KemenPPPA in the form of dignity kits is a manifestation of the state’s presence to fulfill specific rights of women victims of violence through the services of Friends of Women and Children (SAPA 129). This is very meaningful in meeting the basic needs of women victims of violence, who upon their visit to the service point, they may have left the house without taking anything along with them. The programme’s assistance helps ensure the fulfillment of the women’s basic needs.

The assistance provided has grown in us a sense of empathy,

that women victims of violence also need protection and fulfillment of their rights. Not only from a legal perspective, but ensuring that their basic needs are met. The assistance is not only meaningful for those of us who distribute it, but also meaningful for women victims of violence.”

- [Margareth Robin Korwa, Assistant Deputy for Services for Women Victims of Violence, KemenPPPA](#)

“My involvement in breaking the chain of female genital injuries/cutting (FGM) started with the Children’s Forum. There, I started to understand the impacts of FGM/C, after receiving training from UNFPA and KemenPPPA. My colleagues and I at the Children’s Forum then developed a follow-up plan to disseminate information on the medical, psychological and social harms of FGM/C. Through social media, I invited my peers to share their views on FGM/C, then I shared the knowledge I had, and the information began to spread.

Young people can mobilize their peers to be a massive driving force. The Children’s Forum as an agent of change can break the P2GP chain. We young people are future parents.

By understanding the dangers of practicing FGM/C, we want to encourage more young people to understand the medical, psychological and social impacts that girls receive when they experience FGM/C.”

- [Ridho Putra Sutrisno, Head of the Bogor Regency Children’s Forum](#)

Kementerian Perencanaan Pembangunan Nasional/Bappenas

Jl. Taman Suropati No.2
Menteng, Jakarta Pusat 10310
Website: www.bappenas.go.id
Twitter: @BappenasRI
Instagram: @bappenasri
FB: Kementerian PPN/Bappenas

Global Affairs Canada/Embassy of Canada to Indonesia

World Trade Center 1, 6th fl.
Jl. Jenderal Sudirman No. Kav. 29-31
Kuningan, Jakarta Selatan 12920
Website: www.indonesia.gc.ca
Twitter: @CanEmblIndonesia
Instagram: @canadainindonesia

UNFPA Indonesia

Menara Thamrin, 7th fl.
Jl. M.H. Thamrin, Kav. 3
Kebon Sirih, Jakarta Pusat 10250
Website: www.unfpa.org
Twitter: @unfpaindonesia
Instagram: @unfpaindonesia
FB: UNFPA Indonesia

UNICEF Indonesia

World Trade Center 2, 22nd fl.
Jl. Jenderal Sudirman No. Kav. 29-31
Kuningan, Jakarta Selatan 12921
Website: www.unicef.org
Twitter: @unicefindonesia
FB: UNICEF Indonesia