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VOLUNTARY NATIONAL REVIEW (VNR)

ON THE IMPLEMENTATION OF THE 2030 SDGs IN THE IMPACTS OF COVID-19 PANDEMIC IN INDONESIA

THE INCLUSION OF GENDER

COMPREHENSIVE REPORT BY
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PREFACE

The term “planet 50:50” can be implemented in Indonesia as “Indonesia 50:50” in view of the nearly equal composition of males and females, namely 50% and 50%. With the ratio based on 2020 population census being 102, it is hoped that women and men have joint roles and are involved in development. If one party is left behind, be it male or female, in development it would mean that 50% of the population is left behind and this would become a reducing factor in achieving the objectives of development.

Gender imbalance or inequality is the APKM or unequal access (A) in, or the opportunities between men and women to obtaining resources in development, thereby having an impact on the balance of participation (P) and control (K) of the respectively, causing differences between the two in obtaining the benefits (M) of the results of development. Efforts to eradicate, or at least reduce gender imbalance in APKM has been done in order to achieve gender equality or justice.

For such purpose, the government used the gender mainstreaming (*pengarusutamaan gender* or PUG) approach through *INPRES No. 9 Year 2000*. At each stage of development, beginning from planning, implementation and management up to the monitoring and evaluation stage, the interests, aspirations and conditions of men and women must be integrated. There are at least two urgent issues serving as the objective in this approach, namely, first and foremost, that men and women would both determine policy and secondly both would benefit from the results of development.

Although such report is intended to support the development and drafting of the VNR Indonesia 2021 report, it is hoped that it would describe the developments of a small part of APKM in several important targets for sustainable development goals (TPB or SDGs) after around 15 years PUG has been launched. Data trends being discussed is also related to female headed households and female population compared to men on the same issues from 2015/2016 up to 2020. The analysis of gender-based differences due to the Covid-19 impact is also discussed.

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Report on VOLUNTARY NATIONAL REVIEW (VNR) ON THE IMPLEMENTATION OF THE 2030 SDGs IN THE IMPACTS OF COVID-19 PANDEMIC IN INDONESIA: THE INCLUSION OF GENDER, is written in the context of supporting SDGs Secretariat in the development and drafting of the VNR report to be presented by the Republic of Indonesia at the High-Level Political Forum. We would like to express our appreciation to the National Statistics Office/Badan Pusat Statistik (BPS) and the Ministry of Health in addition to other ministries/institutions for their efforts in providing gender disaggregated data in various fields related to the compilation of this report, without which it would not be possible to identify the existence of gender inequality or equality. In addition, the gender disaggregated data that have been collected in an orderly manner and in a long duration of time illustrates the increasing and decreasing of the barometer for status and conditions of men and women as well as can be used as an instrument to monitor and evaluate gender equality and women's empowerment programs.

In addition to gender, other cross-cutting issues that are considered as factors that may influence the achievement of SDGs targets are "older persons" and "people with disabilities". The respective cross-cutting issues will be reported and discussed separately.

This report is compiled with the data-processing assistance and technical consulting of many parties at the National SDGs Secretariat at Bappenas, SDGs Secretariat Unit at BPS, Directorate for People's Welfare Statistics of BPS and Directorate for Dissemination of Statistics of BPS as well as the Faculty of Public Health, University of Indonesia. For this I would like to express my gratitude.

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LIST OF ABBREVIATION/ACRONYM

Abbreviations	Indonesian Language	English
AKI	<i>Angka Kematian Ibu</i>	Maternal Mortality Rate
ANC	<i>Anti Natal Care</i>	Antenatal Care
APD	<i>Alat Pelindung Diri</i>	Self Protection Device
APKM	<i>Akses, Partisipasi, Kontrol, Manfaat</i>	Access, Participation, Control, Benefit
APM	<i>Angka Partisipasi Murni</i>	Nett Enrollment Rate
APS	<i>Angka Partisipasi Sekolah</i>	School Participation Rate
ASI	<i>Air Susu Ibu</i>	Breast Milk
ASN	<i>Aparat Sipil Negara</i>	Civil Servants
Balita	<i>Bawah Lima Tahun</i>	Under Five Years Old
BBLR	<i>Berat Badan Lahir Rendah</i>	Low Birth Weight
BKKBN	<i>Badan Kependudukan dan Keluarga Berencana Nasional</i>	National Family Planning Coordinating Agency
BMP	<i>Bawah Median Pengeluaran</i>	Below Median Expenditure
BPHN	<i>Badan Pembinaan Hukum Nasional</i>	National Law Counseling Board
BPS	<i>Badan Pusat Statistik</i>	National Statistical Office
Covid-19	<i>Coronavirus disease 2019</i>	Coronavirus disease 2019
DPR	<i>Dewan Perwakilan Rakyat</i>	Parliament
DTPK	<i>Daerah Tertinggal, Perbatasan dan Kepulauan Terluar</i>	Marginal, Border, Outer Islands Regions
DTPK	<i>Daerah Tertinggal, Terpencil, Perbatasan, dan Kepulauan Terluar</i>	Marginal, Border, Outer Islands Regions
FIES	<i>Food Insecurity Experience Scale</i>	Food Insecurity Experience Scale
GGL	<i>Gula, Garam, Lemak</i>	Sugar, Salt, Fat
INPRES	<i>Instruksi Presiden</i>	Presidential Instruction
IPAK	<i>Indeks Perilaku Anti-Korupsi</i>	Anti-Corruption Behavior Index
IR	<i>Industri Rumahan</i>	Home Industry
K1	<i>Pemeriksaan ibu hamil minimum 1 kali pada trimester pertama</i>	Antenatal care minimum once in the first trimester
K2	<i>Pemeriksaan ibu hamil minimum 1 kali pada trimester ke 2.</i>	Antenatal care minimum once in the second trimester
K3, K4	<i>Pemeriksaan ibu hamil minimum 2 kali pada trimester ke 3</i>	Antenatal care minimum twice in the third trimester
KB	<i>Keluarga Berencana</i>	Family Planning
KBGS/KBGO	<i>Kekerasan Berbasis Gender Siber/ Kekerasan Berbasis Gender Online</i>	Cyber Gender Base Violence Online Gender Base Violence
KDRT	<i>Kekerasan Dalam Rumah Tangga</i>	Domestic Violence
KEK	<i>Kurang Energi Kronis</i>	Cronic Energy Deficiency
KKP	<i>Kementerian Kelautan dan Perikanan</i>	Ministry of Marine and Fishery
K/L	<i>Kementerian dan Lembaga</i>	Ministry/Institutions
Kemenkes	<i>Kementerian Kesehatan</i>	Ministry of Health
KPK	<i>Komisi Pemberantasan Korupsi</i>	Corruption Eradication Commission

KPPPA	<i>Kementerian Pemberdayaan Perempuan dan Perlindungan Anak</i>	Ministry of Women Empowerment and Child Protection
Krt	<i>Kepala rumah tangga</i>	Household Head
KtP	<i>Kekerasan terhadap Perempuan</i>	Violence against Woman
KUHP	<i>Kitab Undang-undang Hukum Pidana</i>	Criminal Code
MDGs	<i>Millenium Development Goals</i>	Millenium Development Goals
NEET	<i>Not in Employment, Education and Training</i>	Not in Employment, Education and Training
NIK	<i>Nomor Induk Kependudukan</i>	National Identity Number (NIN)
PBM	<i>Pelayanan Bidan Mandiri</i>	Independent Midwife Services
PHK	<i>Pemutusan Hubungan Kerja</i>	Work termination
PKM	<i>Pelayanan Kesehatan Masyarakat</i>	Public health services
PPKM	<i>Pemberlakuan Pembatasan Kegiatan Masyarakat</i>	Community Activities Restriction Enforcement
PoU	<i>Prevalence of Undernourishment</i>	Prevalence of Undernourishment
PONED	<i>Pelayanan Obstetri Neonatal Emergensi Dasar</i>	Obstetric Neonatal and Basic Emergency Services
PONEK	<i>Pelayanan Obstetri Neonatal Emergensi Komprehensif</i>	Obstetric Neonatal and Comprehensive Emergency Services
PTM	<i>Penyakit Tidak Menular</i>	Non-communicable Disease
PSBB	<i>Pembatasan Sosial Berskala Besar</i>	Large Scale Social Restriction
PUG	<i>Pengarusutamaan Gender</i>	Gender Mainstreaming
Pusdatin	<i>Pusat Data dan Informasi</i>	Data and Informatin Center
Risikesdas	<i>Riset Kesehatan Dasar</i>	Basic Health Reseach
RT	<i>Rumah tangga</i>	Household
RTL	<i>Rumah tangga yang dikepalai laki-laki</i>	Men Headed Household
RTP	<i>Rumah tangga yang dikepalai perempuan</i>	Women Headed Household
Sakernas	<i>Survei Angkatan Kerja Nasional</i>	National Labor Force Survey
SD	<i>Sekolah Dasar</i>	Elementary School
SDGs	<i>Sustainable Development Goals</i>	Sustainable Development Goals
SDKI	<i>Survei Kesehatan dan Demografi Indonesia</i>	Indonesia Demography and Health Survey
SDM	<i>Sumber daya manusia</i>	Human Resouces
Sirkesnas	<i>Survei Indikator Kesehatan Nasional</i>	Natioan Health Indicators Survey
SJSN	<i>Sistem Jaminan Sosial Nasional</i>	National Social Security System
SktA	<i>Survei Kekerasan terhadap Anak</i>	Survey on Violence against Children
SMA	<i>Sekolah Menengah Atas</i>	Senior High School
SMP	<i>Sekolah Menengah Pertama</i>	Junior High School
Susenas	<i>Survei Sosial Ekonomi Nasional</i>	Nasional Socio- Economic Survey
TKW	<i>Tenaga Kerja Wanita</i>	Female Migrant Worker
TPAK	<i>Tingkat Partisipasi Angkatan Kerja</i>	Labor Force Participation Rate
TPB	<i>Tujuan Pembangunan Berkelanjutan</i>	Sustainable Development Goals
TPPO	<i>Tindak Pidana Perdagangan Orang</i>	Human Trafficking Crime
TPT	<i>Tingkat Pengangguran Terbuka</i>	Open Unemployment Rate
TSP	<i>Tingkat Setengah Pengangguran</i>	Uderemployment rate

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EXECUTIVE SUMMARY

Gender issues in the field of poverty concern the lives of male and female headed household and individual members of the household. A woman, despite being household heads, is viewed as someone who should not be having activities in public. Therefore, households headed by women are often left out of the activities of society, hence do not benefit from development. In addition, individual women, are often marginalized in their daily lives. Throughout the 2016-2020 period, the poverty figure for households headed by men as well as women experienced increases. Households headed by women as well as the female population are consistently poorer. Except for credit assistance, during the Covid-19 pandemic all households receive nearly the same assistance. In 2020 poor households headed by women that received credit assistance is only 12.17 percent while recipient male households is around 19.66 percent. The cause is related to the age and education of women household heads, hence are generally have less understanding of banking issues. Some cited the issue of asset guarantees that usually under the control of men.

The main forms of gender inequality deemed to be harmful to women are marginalization, subordination, stereotyping, and dual roles. Irrespective of household, the indicators which show women to be poorer than men, are among other things: a. Level of female work force participation is lower than that of males, b. More women are unpaid family workers, c. Women receive a lower average wages than men, and d. A smaller proportion of women work in the formal sector so their earnings are smaller. In terms of food and nutrition, women are usually responsible for all process of providing meals, starting from purchasing, sometimes producing part of the meals, storage, cooking and distribution. In distributing food, the participation of women do not take into account the presence of pregnant women and growing children. In gender relations in the family, women are often influenced by female subordination and male supremacy; the father as the breadwinner must have the best food. In connection with food production, the father has the most burdensome work, such as guarding livestock/fish pond, maintaining irrigation and communicating with other farmers and agricultural extension workers. Activities in the public domain is viewed as part of the duty of the men.

Disaggregation according to the sex of household head shows that before the beginning of the Covid-19 pandemic there was an increase in the proportion of households that are lacking in calorie consumption (PoU). In 2020, such increase is apparently occur more among households headed by women (with a prevalence of =10.01 percent) that is higher than that of males (prevalence=8.09 percent). The FIES trend throughout 2017-2020 continue to show a drop. This is experienced by households headed by men as well as women. Conditions of households headed by women are more at risk than men, consecutively with the scale of 6.78 and 4.77. It was identified that women household heads stated that their household is more at risk than households of men.

The impact of food and nutritional inadequacy affects growing children. Disaggregation by sex shows that stunting and wasting is more commonly experienced by male under-five children than girls, whereas intervention is also conducted through the recommendation of exclusive breastfeeding on infants aged less than 6 months, full basic immunization for children aged 12-23 months. In the period up to 2019 it is apparent that response of infants/girls on such intervention is more prevalent than boys. Gender issues in health covers the response and exposure to illness, access to health services and

consequences for the family which differ from the health issues experienced. During their life cycle men and women experience issues and behaviours which cause differences in their health status. In short, during the stage of childhood, adolescence, adulthood and old age, the health behaviour of men and women differ. In addition, as a those who have reproductive duties, women bear additional risks, namely death in connection with pregnancy, child delivery and post-partum amenorrhea.

Reduction of AKI is a challenge that Indonesia faces in the field of health. Despite the intensive service provided to pregnant/breastfeeding mothers, however the target of reducing AKI down to less than 70 per 100 000 live births in 2030 is still far from reach. Moreover, during the Covid-19 pandemic it was reported that there is a tendency in various areas for visits by pregnant/breastfeeding mothers for consultations in health service, hence it is feared that it could trigger an increase of MMR. The drop in such patient visits is, among other things, related to ANC, KB, immunization, K1 and K4. Reluctance of pregnant mothers to examine themselves to health facilities is quite reasonable due to the stringent health protocol imposed. Another reason for the drop in patient visits the policies of the central and provincial governments in reducing/stopping *posyandu* activities at locations near residential areas, whereas travel by public transport is something to be avoided.

Gender issues found among adolescents are, among others, related to family life. Many adolescents still marry at less than 15 years old (around 3.22 percent of girls and 0,34 percent boys). Other gender issues among adolescents in the field of health concern anemia. The prevalence of anemia among the male adolescent age group is far less than those of would-be adolescent mothers. Riskesdas 2018 found that prevalence of anemia among pregnant mothers, the highest being among those aged 15-19 years, namely around 84.6 percent. In addition to suffering anemia, many pregnant adolescent girls also suffer from KEK. Out of all pregnant women detected in Riskesdas 2018 most of them suffered from KEK, namely around 33.5 percent are young mothers aged 15-19 years. Anemia and KEK among pregnant adolescent mothers are also dangerous for the infant being carried. Out of all women encompassed in Riskesdas 2018 with BBLR infants, nearly 12 percent are born from those who are 16-19 years of age. Other gender issues occurring among adolescents is male adolescents being more prone to unhealthy behavior outside the home. Such unhealthy behaviour such as smoking, drinking alcohol, drug abuse, brawling, sporting accidents, traffic accidents, and premarital sex exploration that is prone to venereal disease. Most of the unhealthy behaviour contribute to high PTM.

As a consequence of consumption patterns of foods that tend to be fatty and salty, Riskesdas 2013 and 2018 as well as Sirkesnas 2016 founds that women are more prone to suffering from obesity and hypertension compared to males. Meanwhile, since their youth, men prefer beverages that are detrimental to health, such as carbonated beverages (soft drinks), sweet drinks, energy drinks and alcoholic drinks. The prevalence of males having the habit of drinking alcoholic beverages and alcohol drinks with dangerous standards is respectively 6.1 percent and 1.7 percent, while the prevalence for women of the two are 0.4 percent and nearly 0 percent. During the Covid-19 pandemic consumption of alcohol by adolescents tend to increase due to the stress of staying at home and following the erroneous myth about alcohol (can fight Covid-19). Around 7 percent of patients suffering mental and behavioural disorders due to alcohol consumption passes away during in-patient care.

Gender issues in employment that occur could have negative impact on both men and women, but are generally detrimental to women. Inequality occurs during recruitment, during employment and when

they retire. Only because women wanted, among other things, to participate in improving the welfare of her family, such inequity had to be accepted. This would affect the indicator value of women's group, which is nearly the same as that of men, thereby affecting the SDGs target achievement. With the exception of the electricity/gas, construction, and transportation sectors in which many women work as *white-collar* workers, at national level the average hourly wage/salary received by women is lower than that of men. In 2020 along with the occurrence of the Covid-19 pandemic, the average wage/salary of men dropped around 220 rupiahs, but those women increased slightly around 330 rupiahs. Nevertheless, the average wage/salary of women are consistently lower than men in the 2016-2020 period.

In the 2015-2019 period, open unemployment rate labour (TPT) dropped significantly which means that there was some labour force absorption at that time, however, in line with the arrival of the Covid-19 pandemic, TPT increased again. The addition of unemployment is more numerous among men rather than women. The trend patterns for underemployment by sex equals to TPT: improving up to 2019 and then worsened up to 2020.

If disaggregated by sex, it is apparent that the proportion of girl youths in NEET is higher than that of boy youths. Due to the domestic role as home maker, women have a greater chance of being included in NEET. For women in general, the home is already deemed as their place of work, study and train since they are young, hence not many effort is made to seek other activities outside the home.

Gender inequality is still apparent in economic development. Whereas in the social sector, particularly in health services, extraordinary efforts have been made resulting in equal benefit of health services for men and women which encompass various services that are needed by men and women, comprising immunization, in-patient care and out-patient care. The prevalence number is consistent throughout the 2019-2020 period. Likewise, there is equality in benefits derived from population administration development both for men and women. In the field of education, women derive more benefit from development, particularly higher education. Therefore, it must be noted by stakeholders in education has determined policies to prevent or at least reduce inequality.

Disaggregation of the average hourly wage/salary according to certificate of completion held by men or women shows that at any level of education the average wage/salary of women is always lower. In nominal terms, gender inequality is highest in connection with wages among those having the highest education, but in relative terms the percentage of salaries of women is highest among those who are without any certificate of completion whatsoever. Gender issues in the field of law is related to the status and condition of women who are weaker than men. The existence of treatment or action by men that are rough on women is caused by men's perception that they are stronger and have power over women. In addition, women are regarded as weak, soft, obedient and accepting, thereby becoming the object of authoritarian actions. During the Covid-19 pandemic, throughout 2020, there have been extreme cases, among them: the increase of violence against women in the form of: violations of the minimum age of marriage and cyber-based gender violence (KBGS or KBGO). Child marriages increased 3 times the pre-pandemic number, namely from 23,126 cases in 2019, up by 64,211 cases in 2020. While in the same period KBGS increased from 241 to 940 cases. Here is a silver lining behind the Covid-19 pandemic, namely the decrease in the number incest from 822 to 165 cases. PSBB prompted every member of the family to stay at home, so that the opportunity to commit incest at home becomes smaller. It is regrettable that most incestual behaviour is committed by the biological father.

Violence/crime that occurred in the period 2016-2020 against residents aged 18-24 years in the last 12 months shows that the prevalence of violence/crime against men is higher than in women. This is related to the habits of women who live more at home compared to men who often go outside. Poor men or women experienced less number of violence/crime than their non-poor counterparts. Internet use is related to the use of computers and mastery of cell phone that can be used at any time, when compared to the utilization of these 3 communication media the use of cell phone are the largest. There is no significant difference in the uses of cell phone by men or women, but there difference is very large between the uses of cell phone in urban compared to rural areas. Internet usage trend is rapid, doubling from 21.98 to 53.73 in the period 2015-2020. Gender gap on the use of those equipments is small but women and girls suffer more KBGS.

The SDG principle emphasizing no one left behind is reflected in the indicators used to measure achievement of SDG targets. Many backward villages and districts were saved, but many people in rural areas, particularly DTTPKs are left behind in terms of enjoying transportation facility and infrastructure, economic facility and social facility development. Many among rural area populations experience backwardness in terms of: poverty, consumption patterns, childbirth at health facilities, unemployment rates, relative poverty, possession of child birth certificates and internet use. During the Covid-19 pandemic rules on social distancing caused many face-to-face activities are replaced by online activities which caused many people are left behind in development information.

1

INTRODUCTION

1.1 BACKGROUND

Gender inequality, which still exists in Indonesia, causes inequality in the condition and status between men and women in various fields. In view of the principles adopted in SDGs being "no one left behind," it should not be that such differences causes women to be left behind in development. Factually, the differences are still clearly seen in the field of development in relation to access, participation, control as well as size of benefits received¹:

- a. access to (A) development is an opportunity in benefiting from various resources and services such as health facilities and services, education and economic activities,
- b. participation (P) in development is the size of role in a development activity,
- c. control (K) over the direction of development is the authority/capacity in making decisions regarding development activities, as well as
- d. benefit (M) of development is the results of development that is directly enjoyed in the social as well as economic aspect.

Benefits of development in the field of health, education and economic activity have been used as the basis for calculating the Human Development Index (IPM). Four components that were chosen are from the field of health namely life expectancy, two variables from the field of education namely expected length of education and length of schooling and one variable from the field of economics namely earnings estimate. Gender Development Index (IPG) is calculated by dividing Women's IPM with Men's IPM; hence it can be said that IPG is the IPM Gender Parity Index.

In the 2015-2020 period the value of IPM has risen a bit from 69.55 in 2015 to 71.74 in 2020. This shows that success in efforts to improve human development is progressing slowly, particularly during the Covid-19 pandemic which had only risen.

¹ KPPPA, Press Release No.: B- 021 /Set/Rokum/MP 01/02/2019.

around 0.02 points. Seen per IPM component in 2020 there had been a decline in the economic indicator which dragging down rising contributions from the health and education components. However, in terms of IPM status, Indonesia was able to improve its status from "medium" to "high"².

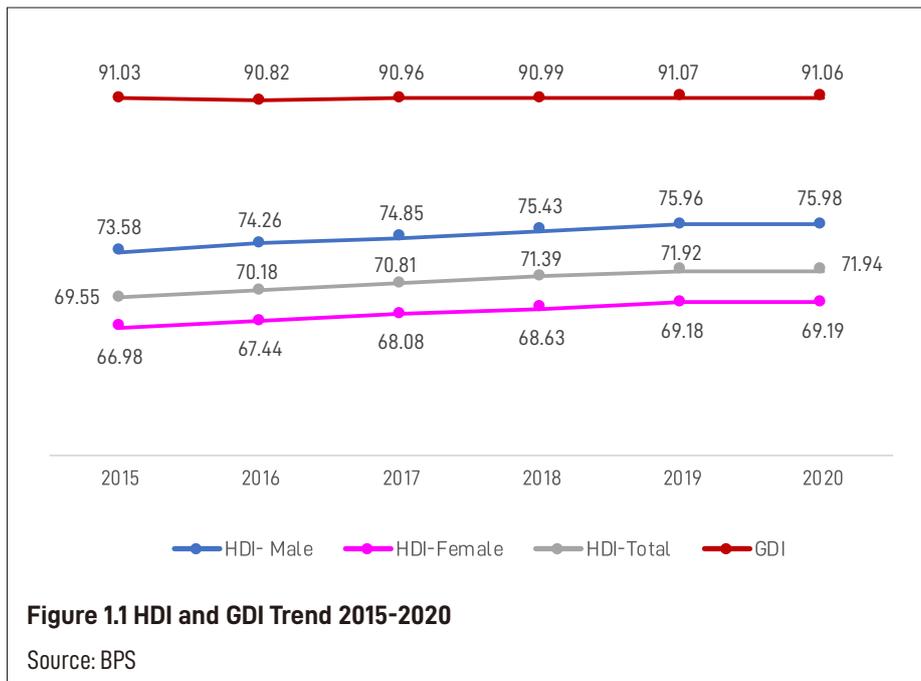
Unlike the trends shown in HDI, movement of GDI in the last 5 years remained stagnant, at around 91 per cent. This indicates that in part in terms of health, education and economics, it is apparent that women's development is less than that of men, and this continues without any progress.

On one hand men and women can be objects of development who benefit from the success of development, such as the examples related to IPM and IDG above. On the other hand men and women can also play the role of development actors that can serve as agents of change. By finding and recognizing gender issues that encompass division of labour by sex, the gender lens can assist in understanding how the community can respond to critical conditions and can contribute to play an

active role in development. In a more comprehensive form how are men and women described as actors and objects in SDGs as seen in following presentations.

1.2 OBJECTIVE OF STUDY

In general the study is intended to support the SDGs Secretariat in the development and composition of VNR report to be presented in the HLPF in July 2020. The study is specifically intended for: i. find and recognize gender issues related to the focus of the selected SDGs objective, ii. Present selected disaggregated SDGs Indicators selected based on sex to review the APKM of men as well as women in development, iii. Compare the condition of indicators before and after Covid-19, iv. find and recognize the impact of the Covid-19 pandemic and possible factors that cause it, as well as v. find and recognize the strengths, weaknesses, opportunities and threats to accelerate achievement of SDG targets.



² BPS, Berita Resmi Statistik, 15 December 2020..

1.3 METHODOLOGY

1.3.1 Source of Data

The persistence of gender inequality in society would not be seen without the existence of data disaggregated by sex. Quantitative surveys as well as administrative records generally collect data on gender but, due to various reasons, sometimes such disaggregated data cannot be processed much less published. The rarity of such aggregated administrative data and survey data that can be publicly accessed caused the gender analyses to be incomplete both in terms of quality as well as variety.

The principal source of large-scale quantitative data used in this report come from BPS and the Ministry of Health. The two main surveys used by BPS can produce data trends by sex during the SDGs, are the Susenas and Sakernas. Susenas which collects social-economic data comprise two types, namely Susenas Kor that is carried out every year to collect principal information, while Susenas Modul is conducted every three years to collect more detailed and specific information. Meanwhile, Sakernas collects manpower data two times a year, namely in February and August. Other large-scale data that provide aggregated data according to sex is the SDKI which is organized in collaboration between BKKBN and other institutions. Data from the Ministry of Health from two types of data, namely administrative data (activity reports) and survey results such as Risesdas and Sirkesnas that collect data on sex. Such principal sources of data generally contribute key information in connection with SDG indicators.

In addition to the primary source of data from BPS and the Health Ministry, data originating from small-scale research both in terms of quantitative and qualitative approaches are used to complete information that cannot be obtained from BPS as well as Ministry of Health. In addition various information related to the issues during Covid-19 pandemic are also obtained from similar research.

1.3.2 Methode of Analysis

- a. Quantitative analysis including time series analysis on cross cutting issues on gender for selected SDGs is used to overview of the current performance and possible future attainment of the gender in all SDG indicators including interconnectedness and policy coherence.
- b. Combined quantitative and qualitative analysis to explain the impact of COVID19
- c. Literature and policy reviews to draw a comprehensive gender situation of Indonesia.

2

CHALLENGES OF DEVELOPMENT AND NATIONAL STRATEGY ON CROSS-SECTORAL ISSUES

2.1 GOAL 1: END POVERTY IN ALL ITS FORMS

2.1.1 Selection of Target, Scope of SDG Indicator, Categorization and Size

Target 1.2: In the year 2030, reduction of at least half of the proportion of males, females and children in of all ages, who live in poverty in all dimensions, in line with national definitions.

Target 1.2 is a strategic target in connection with the reduction of poverty. The success of this target is measured by indicators based on the national poverty standard, namely the SDG 1.2.1* Indicator: "Percentage of population living below the national poverty line by sex". This measure refers to individual-based measurements, while data collection to measure poverty is based on expenditures of a group of individuals combined in a household as a unit of analysis. Therefore, poverty here needs to be described in terms of household poverty and individual poverty elaborated according to sex.

2.1.2 Analysis

2.1.2.1 Issues In Poverty

The level of poverty may be measured using two approaches, at household level (RT) and individual level (household members, ART). Gender issues at RT level arise when the proportion of poor man headed households and woman headed households differs. These differences maybe due to the characteristics of the head of the household (Krt), namely age, education, employment (field, status and type), working hours, location of residence and access to credit and income improvement programs.

Poverty rate calculations by BPS are based on the household as unit analysis using expenditure approach. Susenas calculations using consumption module resulted in various levels of household poverty. Under the assumption that all household members are equally poor with the household, poverty at individual level can be

calculated. Even though there may be other ART with no blood relation, such as room renters, "servitudes" or household maid, which is most likely that they are not in the same level as the rest of the household members.

Calculation of poverty at individual man or woman are approached by counting all the men or women that are a member of such household. Since there are households headed by man (RTL) or headed by woman (RTP), they can be classified as poor or not. Differentiation of RTL and RTP provide a better description of gender issues in poverty. RTP are not necessarily poorer than RTL. However, given the circumstances that women household heads are widowed, divorced or old aged (modus age 59 years) have lower education, lower access jobs, many RTP are poorer than the RTL. Another factor influencing household poverty is the number of household members. The larger the size of the household the more likely they are to be poorer.

Gender inequality in many forms has led to a standpoint that women are poorer than men. There are at least four forms of gender inequality that are perceived to be detrimental to women. First, marginalization, which is a process of keeping someone away from access to resources. The following three forms will push women to poverty. First subordination: a condition that puts women in a lower position than men, the second is gender stereotypes, namely a tagging or labeling of a particular group that is often harmful, and the third is a double burden, which is the burden of household chores that have to be done in addition to the work of making a living. Another form of gender inequality is violence which is directly or indirectly affect woman's economic activities.

One of the main reason for the ongoing gender inequality is the cultural teachings that does not

motivate girls to advance ahead. Women are not motivated to appreciate hard science by way of toys considered unsuitable for women. Even though hard science is more needed in the job market. As a result, wages/salaries that women receive are lower than men's⁴, except in the field of transportation, construction and electricity/gas/water jobs, where many women holds the status of white collar worker. The opinion that the male needs to show that he is in power has been found in both unmarried and married girls with only a slight prevalence⁵. Some types of data also show there is still subordination, for example in the field of public decision making⁶ and education⁷. Meanwhile, indications of labelling are that women are attached to domestic roles and men are attached to public roles; this is supported by consistent large-scale survey results. The double burden⁸ of women has burdened women with the assumption that the household is more women's responsibility so that they have to concentrate on domestic work as well. One of several small studies and trials supports this. Women who work for a living are generally still fulfilling household chores with almost the same length of time as the working for the living. The Susenas data shows that women are poorer⁹.

The trend of several labor force indicators in 2016 shows that economic condition was improving in 2016-2019, but then worsen in 2020. Based on data of labour force participation rate disaggregated by sex show an indication that during the Covid-19 pandemic more men were laid off and replaced by women. Moreover, the decrease of percentage of formal workers, both male and female worker, was accompanied by the increase of unpaid family workers. It appears that they shifted from formal to unpaid family worker (Figure 2.1 and 2.2). KPPPA (2012) reported that there are some indications that the wives whose husbands were being laid off

⁴ BPS RI, Sakernas, Agustus 2017

⁵ SPHPN, 2016.

⁶ BPS RI, Indonesia Statistics 2017.

⁷ The Conversation Indonesian edition, <https://theconversation.com/kepala-sekolah-perempuan-di-indonesia>.

⁸ BPS RI, Sakernas, August 2017.

⁹ Uzair Suhaimi, Dwi Retno Wilujeng Wahyu Utami 1998-9: Time Use Pilot Survey: Indonesia Experience.



caused by economic crisis in 2006/2008 voluntarily took over the responsibility of earning money by going to cities or to became migrant workers abroad.

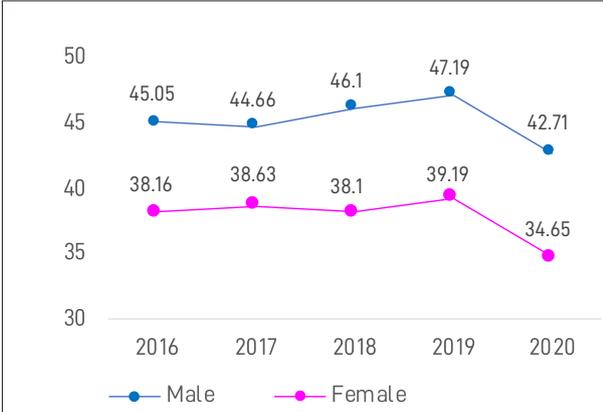


Figure 2.1 Percentage of Formal Sector Worker by Sex 2016-2020

Source: BPS, Susenas 2016-2020

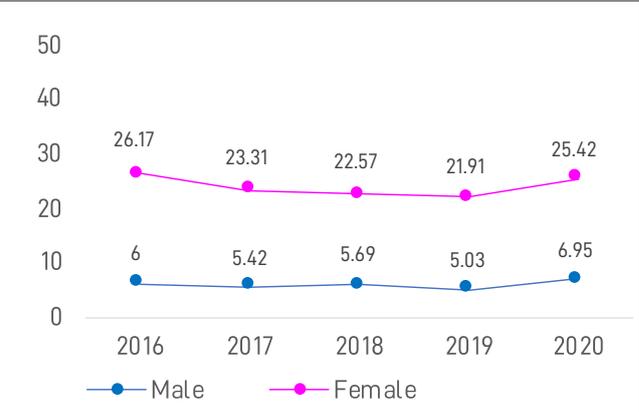


Figure 2.2 Percentage of Unpaid Family Worker by Sex, 2016-2020

Source: BPS, Susenas 2016-2020

2.1.2.2 SDG Trend Indicators

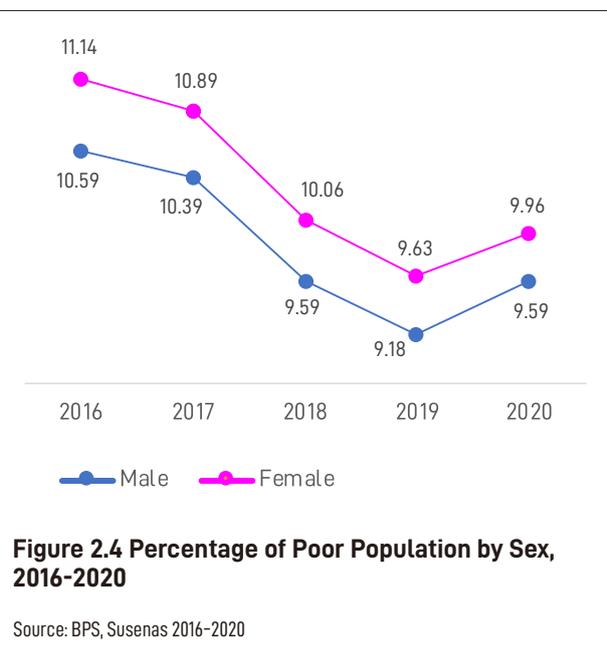
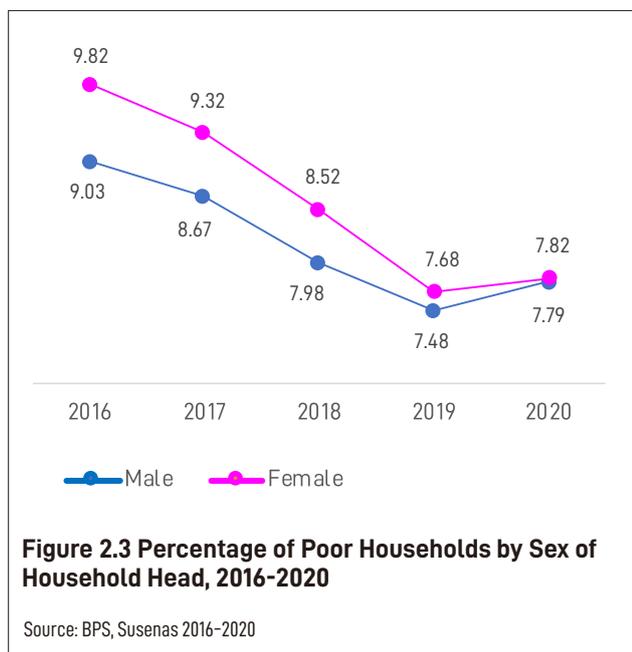
In order to see the success of achieving this target we will use the national standard poverty indicator, namely the Indicator on the percentage of the population living below the national poverty line, by sex. In addition, since the SDG target must be seen from the gender aspect, therefore the poverty indicator of households headed by men or women are also used as reference.

In Indonesia the percentage of RTP is stable at 15 per cent. RTP are generally poorer than households headed by men (RTL) (see Figure 2.3). The same also applies as a whole that the female population is poorer than the male population, both before and after the Covid-19 pandemic (see Figure 2.4)

The tendency of household and individual poverty has the same patterns, namely decreasing in 2016-2019 and then rose again back to 2018 levels after

the Covid-19 pandemic in 2020. What is interesting to note is in the two figures is the decrease in poverty disparity. RTL poverty is nearly equal to RTP poverty and male poverty is nearly equal to female poverty

Social assistance to poor households has been provided by the government. Except for credit assistance during the Covid-19 pandemic, all households without exception of who the head is received nearly equal social assistance. In 2020, poor households headed by women that received credit assistance is only 12.17 per cent, while households headed by males that receive them is 19.66 per cent. The cause of this disparity is related to age and education of women where they generally have less understanding of banking issues that are in the public domain. Some also cited issues regarding collateral of assets which are usually under the control of men.



There are indications that Social Assistance are often misdirected since they are given to non-poor households. The results of Susenas 2020 show that there are types of assistance that better suited for allocations to non-poor households such as PIP, BPNT and PKH. This is due to, among other things, differing perceptions and evaluations between officials in charge of distribution of assistance and BPS on the criteria for poverty. The high percentage of non-poor households having SJSN Kesehatan (Figure 2.5) might related to the insurance system of BPJS so that only non-poor households can pay. This case similar to high percentase of non-poor household *Jaminan Sosial* due to the inclusion of pensioners so civil servants/army and police forces who are generally non-poor

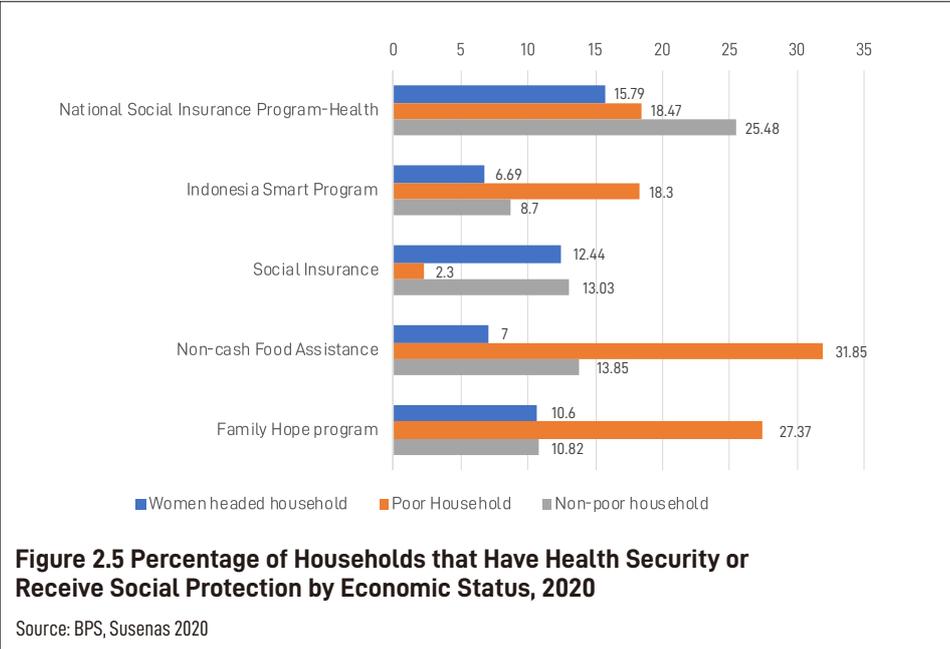
2.1.2.3 A summary of performance and achievement of agenda 2030

Gender issues in poverty concern the lives of men and women head of households and individual household members. Women, even as heads of household that they should not be active in the public domain labels remain attached. Therefore, often households headed by women are left behind from community activities, resulting in less development benefits. Meanwhile, female individuals, are often marginalized in their daily lives.

In the period of 2016-2020, the condition of RTL and RTP improved. Households headed by women and the female population are consistently poorer. Except for credit assistance. During the Covid-19 pandemic all households received almost the same assistance. By 2020, only 12.17 percent of poor woman-headed households receiving credit assistance while 19.66 percent of men headed households receive assistance. It is related to the age and education of women headed households where they generally do not understand banking. It was also mentioned that asset used as guarantees are usually controlled by men.

The indicators which may be used to identify that women are poorer than men are as follows: a. The participation rate of female employment is lower than men, b. More women working families are not being paid, c. Women receive on average fewer salaries than men, and d. Fewer women working in the formal sectors that have greater income, regardless of the household.

The trend of poverty rate that has started to improve up to 2019, worsen again in 2020 to both for RTL and RTP as well as men and women. Moreover, with the addition to miss targeting of some aids, the goal reducing poverty gets even more difficult to reach.



2.2 GOAL 2: END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE

2.2.1 Target Selection, SDGs Indicator Scope, Categorization and Size

Target 2.1: For the year 2030, to eradicate hunger and ensure access and guarantee access for all, particularly the poor and those who are at risk, including infants, to food that are safe, nutritious, and adequate throughout the year

Indicator 2.1.1 Prevalence of Inadequate Food Consumption (PoU: Prevalence of Undernourishment) and Indicator 2.1.2 Prevalence of Food insecurity (FIES: Food Insecurity Experience Scale) are two measures that can describe food insecurity.

Family food and nutrition insecurity affects growing children. If food and nutritional intake is inadequate, it would cause them to become short or too short (stunting), and it could also cause them to become thin or too thin (wasting). Therefore the target to eradicate hunger and ensure access for all to foods that are safe and nutritious is relevant to the following Target 2.2

Target 2.2: For the year 2030, to eradicate all forms of nutritional insecurity, including in 2025 achieving the internationally agreed target for stunted and wasted children under 5 years of age, and to satisfy the nutritional requirements of adolescent girls, pregnant and breast-feeding mothers, as well as the elderly.

Success in the effort to eradicate all forms of insecurity is measured by indicators, among other things, indicators on:

- a. Prevalence of under-five stunting
- b. Prevalence of under-five wasting

2.2.2 Analysis

2.2.2.1 Gender issue in nutrition, food and agriculture

Universally, women are generally involved within the long food chain, as food producers, as well as

making a living in relation to providing food for the family, its storage, process and preparation of family meal, in order that the family member can maintain their health and activities. Women even take care of their livestock, find firewood and manage water intake for household purposes (Tri Hariyono, 2016). The issues that then follow is associated with a. how adequate food and nutrition are managed both by men and women, b. their participation in household decisions, c. who has control in food distribution, and d. who get equal and fair benefits, whether women are pregnant and breastfeeding, or starting from the pre-conception period or even when the woman is still an adolescent.

Access to nutritious food, not just affected by poverty but also by imbalance food distribution in the household. In certain cultures, most patriarchal society, access to nutritious food takes precedence on the husband over the wife. Women are required to put the husband's interests first. Access to quality and adequate food is not necessarily shared to women. TNP2K in 2018 research (in Khotimun Sutanti, 2020) provide information that the majority of women still believe the issue of nutrition is considered as the responsibility of women. It can be said that in household decision making women are placed as subordinate. Women are under the husband's control over nutritious meal for women, even in pregnancy and breastfeeding.

2.2.2.2 Gender Issue in Food Production

In contrast to food and nutrition, agricultural labels including fisheries and irrigation in a patriarchal societies are more associated with men, because of their workspace is outside the home and mainly requires physical strength, although the jobs of planting and maintaining the crops are done by women.

- a. The duty of women is in the domestic area (taking care of the family) so it is irregular if women are given the task to do such the job.
- b. Women do not have to know or involve themselves in village development activities



related to agricultural development, because they are represented by husbands, so that women's needs and aspirations are presumably represented by men.

- c. Knowledge of religious beliefs and propriety prevails in society, considering that women should not do heavy work or work at night, so that keeping watch floodgates and managing fishpond are night work that must be done by men.
- d. It is customary for the people to consider that village development activities are more convenient if it is done by men, causing the woman, even though she becomes the head of the household, feel uncomfortable doing work related to fisheries and irrigation with male neighbors, forcing them to be represented by her son or other male family members.

2.2.2.3 SDGs Indicator Trends

In addition to imbalanced food distribution among household members, the symptoms of undernourishment, is also due to poverty. The income earned by the household is inadequate to satisfy daily needs. One way to avoid the inability to satisfy adequate food and nutritional needs is, among other things by reducing the quality of meals, reducing portions of meals, reducing the frequency of meals and the most extreme is fasting. Prevalence of Undernourishment (PoU) and Food Insecurity Experience Scale (FIES) are two measures that can describe inadequate food consumption.

Food consumption in Indonesia is basically already satisfactory, despite there being some in the Indonesian population who are still not able to satisfy the minimum basic needs. As apparent in Figure 2.6 that the people of Indonesia who are not yet able to satisfy the minimum energy needs has dropped from 8.26 per cent in 2017 to 7.66 percent in 2019.

At the national level, there is a drop in the PoU rate or proportion of household with calorie intake of under 1400/kcal/capita/day in the 2017-2019 period, but then increased again in 2020. Disaggregation by the sex of household head show the existence of PoU trend patterns from the same RTLs and RTPs. In the early days of the Covid-19 pandemic there was an increase in the proportion of household with inadequate calorie intake. In 2020, more RTPs experienced such increase (prevalence = 10.01 per cent) and higher than RTLs (prevalence = 8.09 per cent), see Figure 2.6

Unlike PoU prevalence, FIES trends throughout 2017-2020 continues to show decreases (Figure 2.7). Both prior to and during the Covid-19 pandemic RTPs are more at risk than RTLs, consecutively at a scale of 6.78 and 4.77. Although the difference in scale between the two groups of households is small, there are fears that during the Covid-19 pandemic, RTPs would face more food insecurity than RTLs. This is identified from the opinions of women household heads who stated that they are more at risk in all the 8 determining components of the FIES scale, while RTLs only experience less risks of the determining components. The impact of food and nutrition insecurity have more influence on growing children. As it is expected that poor households have high percentage of FIES than those who are non-poor. Based on 2020 Susenas result, there are more percentage of FIES of RTP than RTL both among poor group as well as non-poor group.

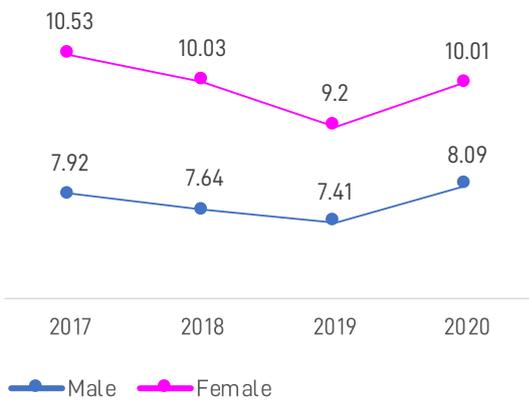


Figure 2.6 Percentage of PoU Households by Sex of Household Head, 2017-2020

Source: BPS, Susenas 2017-2020

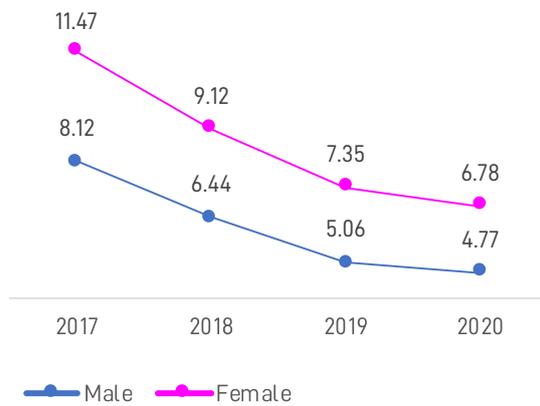


Figure 2.7 Percentage of FIES Household by Sex of Household Head, 2017-2020

Source: BPS, Susenas 2017-2020

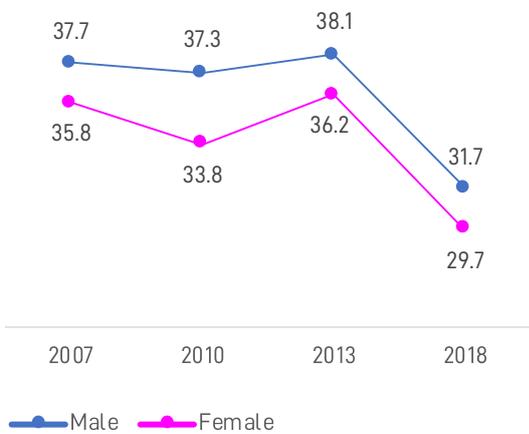


Figure 2.8 Percentage of Under-five Stunting by Sex, 2007-2018

Source: Ministry of Health, Riskesdas

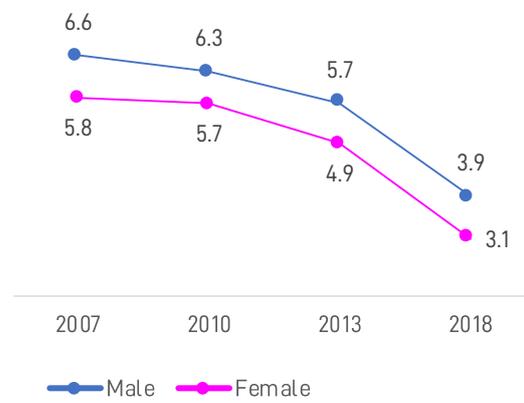


Figure 2.9 Percentage of Under-five Wasting by Sex, 2007-2018

Source: Ministry of Health, Riskesdas



The nutritional status in terms of height and girth shows that there is a gap between men and women. However, the position of women in the 2007-2018 period is slightly better than that of men. Figure 2.8 shows the increase in the prevalence of under-five stunting for boys as well as girls in the 2007-2013 period and then decreased in 2018. However, there was an increase in the prevalence of under-five stunting in 2007-2013 with the continuous drop in the prevalence of wasting, and even continued to drop in 2018, both for boys as well as girls. Due to the Covid-19 pandemic of which impact is the worsening of PoU and FIES, it is feared that there would be an increase in the prevalence of under-five stunting and wasting in 2020.

There are two frameworks of intervention implemented to overcome stunting issues in Indonesia, namely specific nutritional intervention and sensitive nutritional intervention. The following are two indicators that describe the response of such intervention efforts. In order to describe the Specific Nutritional Intervention, the indicators "Exclusive breast feeding for infants aged less than 6 months" and "Scope of complete immunization for infants aged 12-23 months" were selected. Meanwhile for the sensitive intervention, the indicators "Percentage of households having access to adequate drinking water sources" and "Percentage of households having access to adequate sanitation services" were selected.

Specific Nutritional Intervention for infant boys as well as girls as well as sensitive nutritional intervention for RTLs as well as RTPs experienced improvement. This is expected to reduce prevalence of stunting. Unfortunately, data on stunting for 2020 is not yet available.

Figure 2.12 presents percentage households having access to adequate drinking water such as packaged water, pipe water, pumped well, protected well and protected spring water. While Figure 2.13 presents percentage households having adequate sanitation facilities. In those figures we

can see that RTL is better in responding the sensitive intervention. The trends of both indicator tell that there are increasing access to adequate drinking water and sanitation access for both RTL and RTP; but the increased access of adequate sanitation is steeper than the one of the other access discussed. The performance of RTP in the two figures is lower than that of RTL; the difference in the percentage of those having access to adequate drinking water is bigger due to the poorer of RTP who cannot afford to buy good quality drinking water.

Looking at the easy access to some housing facilities, the development of pipe water facility is much more left behind than that of sanitation and electricity facility. Electricity is being utilized by almost all economic level of households in the country. Meanwhile pipe water facility is limited in outreaching regions and so the households. The percentage of households that are connected with pipe water system is only 9 per cent. There is difference in the access to pipe water due to the limited availability of the network (See Table Attachment 2.1)

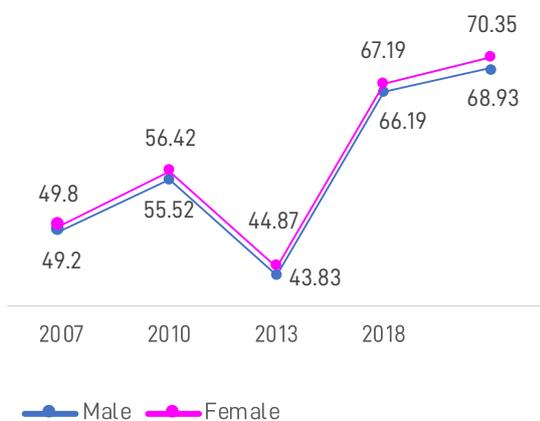


Figure 2.10 Percentage of Infants Aged less than 6 Months who Received Exclusive Breast Feeding by Sex, 2016-2020

Source: BPS, Susenas 2017-2020

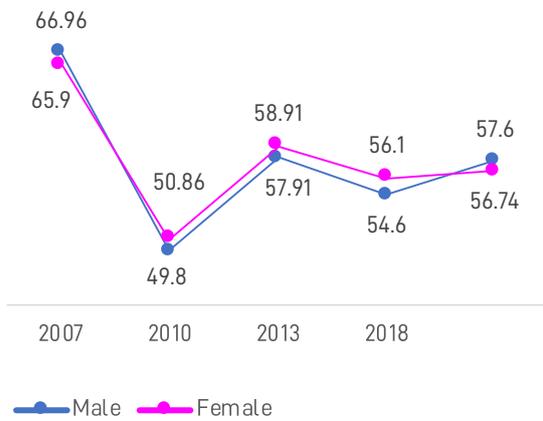


Figure 2.11 Percentage of Infants Aged 12-23 Months who already Received Complete Basic Immunization by Sex, 2016 -2020

Source: BPS, Susenas 2017-2020

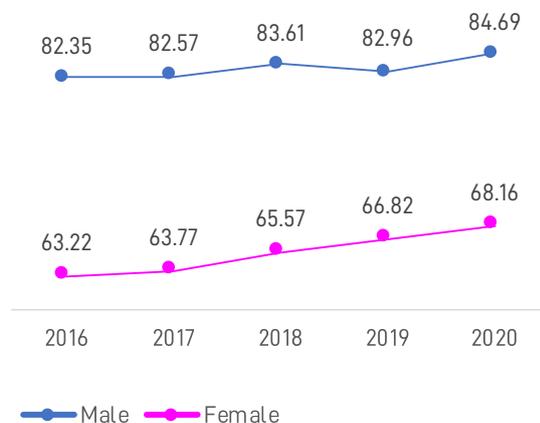


Figure 2.12 Percentage of Households with Access to Adequate Drinking Water by Sex of Head of Households, 2016-2020

Source: Ministry of Health, Riskesdas

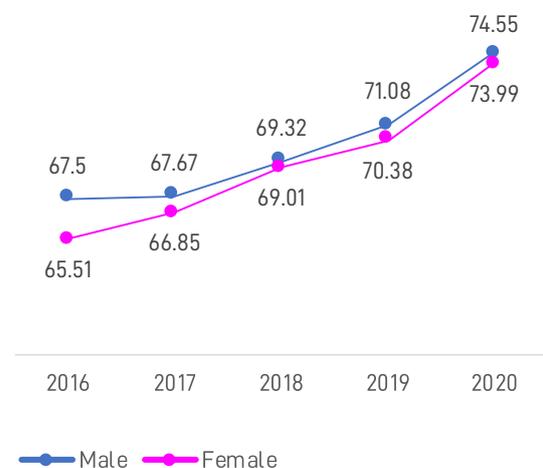


Figure 2.13 Percentage of Households with Access to Adequate Sanitation by Sex of Head of Households, 2016-2020

Source: Ministry of Health, Riskesdas

2.2.2.4 Summary on performance and achievement of agenda 2030

In terms of food and nutrition, women are usually responsible for the entire process of providing food, starting from the purchase, sometimes producing, some foodstuffs, storing, cooking and distributing them. In distributing food women often do not care about the presence of pregnant women and children in the period of growth. When it comes to gender relations in families, women are often affected by female subordination and male supremacy; The father as the breadwinner must get the best food. Related the perception that husband has heavy work, such as the task of keeping livestock/fish ponds, arranging irrigation and communicating with fellow farmers and suppliers, activities in the public domain become part and male duties.

Segregated by gender of household heads, in the early days of the Covid-19 pandemic there was an increase in the proportion of households consuming less calories (PoU). By 2020, the more women-headed households experienced it (with a higher prevalence=10.01 percent) than men (with a prevalence of = 8.09 percent).

During the year 2017- 2020 FIES trend continue to decline. This is experienced by both RTL and RTP, the condition of women headed households is more vulnerable than that of men, with the scale of 6.78 and 4.77 respectively. It is Identified that women Krt stated that her household is more vulnerable than that of men.

The impact of food and nutrition deficiency has an effect on children who are experiencing growth. Gender segregation shows that more underfives boys experience stunting and wasting happens more to rather than girls, even though interventions have been made through the recommendation of exclusive breastfeeding of infants less than 6 months old and complete basic immunizations for children aged 12-23 months. The prevalence of the two indicators, it turns out that that until 2019,

infants/girls are more responsive toward the intervention.

Eliminating the impact of food and nutrition deficiency on children whose prevalence in 2018 is still around 30 percent (for stunting) seems difficult to reach. Moreover, in the Covid-19 pandemic the nutritional intake of household members is not getting better.

2.3 GOAL 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

2.3.1 Selected Target, Scope of SDGs Indicators, Categorization and Size

Target 3.1: For the year 2030, to reduction of maternal mortality ratio to less than 70 per 100 000 live births.

Reduction of AKI is a tough challenge faced by Indonesia in the field of health. This target is an unrealized agenda in Indonesia throughout the MDGs period. The two main indicators to evaluate such achievement is: first: Indicator 3.1.2 Proportion of women who have been married aged 15-49 years whose last process of giving birth was assisted by trained medical personnel, and secondly: Indicator 3.1.2 (a) proportion of women who have been married aged 15-49 years whose last process of giving birth was at health facility. Data to calculate such Indicator came from BPS through Susenas surveys.

Target 3.4: For the year 2030, to reduce to one-thirds the number of early death due to non-communicable disease through prevention and treatment, as well as improving mental health and welfare.

Meanwhile contagious diseases have not been fully under control, non-communicable diseases (PTM) constitute a new challenge in health development. This is important to discuss since PTM cause many early deaths. One of the underlying concerns is because most of its victims are adolescents and youths. The focus of discussing Indicators is, primarily, the prevention of death in connection with the unhealthy behaviour comprising lack of movement /exercises, smoking, drinking alcohol, as well as accidents primarily in sports, traffic accidents, and street brawls.

2.3.2 Analysis

2.3.2.1 Gender Issues In Health

In gender relations, the basic difference in benefits obtained by women as vulnerable groups has something to do with differences in access, participation or control over development by men and women. In health, men and women differ in at least 3 aspects, that is, exposure to disease, access to health services and different outcome as a result of health issues. In the exposure to disease, for example, women may get breast cancer and uterine cancer, while men may get prostate cancer. As the person who is responsible for caring the family member, women are more prone to family health issues, women's access to health care is often restricted by men in relation to funding and permission to leave home issues and a wife health problems has more impact on the household stability, whereas if her husband is troubled, the household economy will be easily disturbed.

The lifestyle of both male and female, as well as the stereotypical practice in the community may affect the degree of their health. Health problems concerning men and women, in other words, gender issues in health are experienced by all at various age group. In general, gender issues can affect women, children, adolescents, adults and elderly.

Gender issues in childhood: It is common knowledge that baby girls are more resistant to infectious diseases than baby boys, especially in their early years. Boys have smaller chance to survive up to adolescence and are slower in developing their speech skills than girls.

Gender issues in adolescence: As girls grow up they will experience menstruation and without good nutritional intake to support them, they are prone to malnutrition, iron deficiency and



anemia. Even after they are old enough to marry, they are still considered vulnerable. Adolescent age pregnancy and early marriage increased the risk of dying during pregnancy and childbirth. Meanwhile, boys who begin their life outside the home tend to be exposed to unhealthy behaviors such as smoking, fighting, sports accidents, traffic accidents, sexual exploration before marriage with the risk of sexually transmitted diseases.

Gender issues in adulthood: women reproductive function is one of the additional risk women are exposed to, that men do not. Different to that of men, the risk becomes intense especially during pregnancy, childbirth and lactation. Maternal mortality ratio is the risk of death that occurs during the process of pregnancy, childbirth up to 40 days postpartum, due to anemia, abortion, puerperal sepsis (postpartum infection), bleeding. The risk is measured by the number of deaths per 100 000 live births.

Gender issues in old age: The physical and mental conditions of the elderly gradually diminish for both men and women. Movement begins to slow as organs, senses and joints function deteriorate. They feel the neglect because of lacking abilities compared to others in their surroundings. Although life expectancy of women is higher than men, under their limitations, with the limited conditions and without things to keep them busy they will feel useless. Osteoporosis is suffered by many women in old age, which is four times more than in men (International Osteoporosis Foundation (IOF), in Pusdatin, Kemenkes, 2015).

Gender issues is related to the role of men and women in society. The stereotypes stated above is related to the role of women as homemaker which impacted on the chances of me pursuing higher education. The numerous study programs in health at universities and polytechnics have attracted girls to pursue further education. Since 2012, the school participation rate for girls at

higher education has surpassed boys. The number of health personnel is also higher for women than men, except for those at top management level.

Gender issues of the entire population: Health issues can put a strain on the population in one or more lifetime. The problems are diverse, ranging from health complaints, pain, health care and death.

Selected gender issues in health

a. Health Complaints and morbidity

People's behavior is stereotypical to what is practiced in society. In general, men raise fewer health complaints than women due to the views that men should be strong, and it is inappropriate to show pain or other weaknesses. Susenas' data for various years showed that women's health complaints were higher than that of men. Figure 2.14 shows that the trend of gender-based health complaint numbers looks the same. During the period between 2016 and 2020, the number of health complaints increased from a range of 27 to 34 percent in 2019.

Morbidity trend shows the same pattern. Morbidity is the percentage of the population who have health complaints that interfere with daily activities. It turns out that women got sick more often than men (Figure 2.15). The difference is not very significant about less than 2 percent. From 2016 to 2019 the number fluctuates from 13.91 to 15.38 percent. The fluctuation of morbidity trend between men and women are no different. Similarly, the number of health complaints in the period of 2019-2020, and the number of morbidity also decreased. In the year of 2020 gender gap on the prevalence of health complain is smaller among the poor people and little bit higher among non-poor people. Similar gender gap pattern is seen on the prevalence of morbidity (See Attachment Table 3.1 and Attachment Table 3.2)

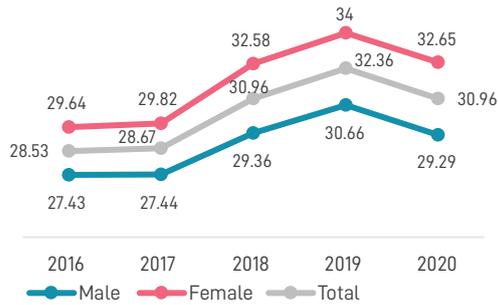


Figure 2.14 Percentage of Population with Health Complaints by Sex, 2016-2020

Source: BPS, Susenas 2016-2020

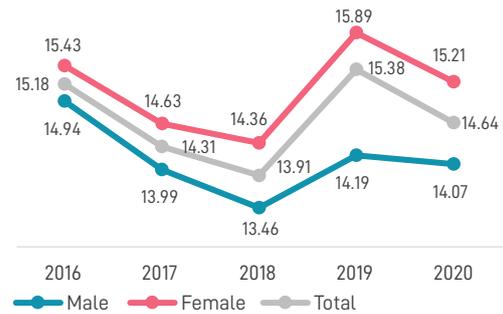


Figure 2.15 Percentage of Population with Morbidity by Sex 2016-2020

Source: BPS, Susenas 2016-2020

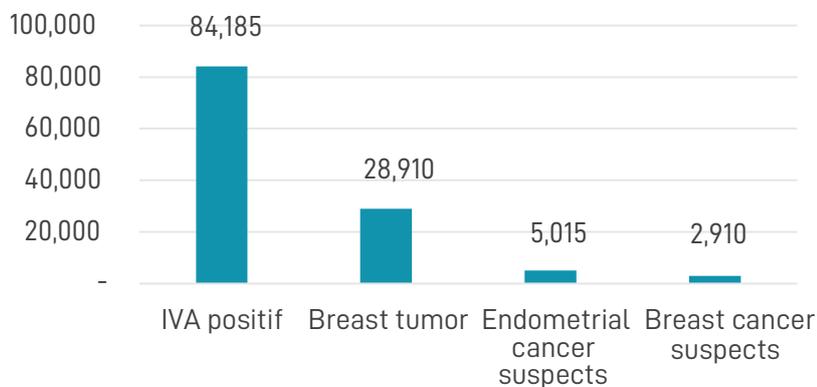


Figure 2.16 Early Screening Results of Cervical Cancer and Breast Cancer of Women Aged 30-50 In Indonesia, Year 2019

Source: Ministry of Health, Ditjen P2P, 2020

b. Cancer

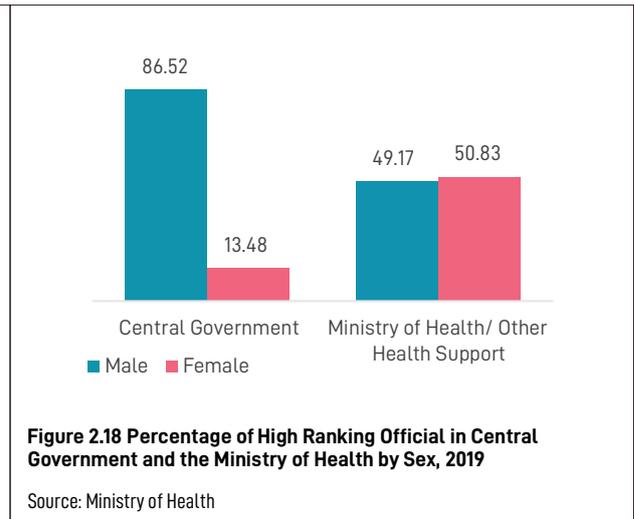
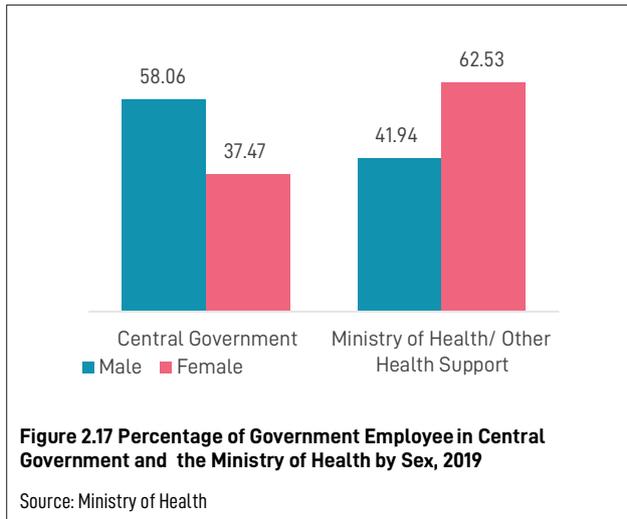
Death causing disease for women differ from that of men. Two diseases that are dangerous for women are uterine cancer and breast cancer, as shown in the following Figure 2.16

Both Riskesdas 2013 and Riskesdas 2018 shows that the prevalence (per mile) of cancer in the female group was almost four times that of men. During the period of 2013 - 2018 there is an increase in the prevalence of cancer, both in men and women. The prevalence of women with cancer rose from 2.2 per mile to 2.85 per mile. In 2020, of the 213 546 women with cancer cases in Indonesia, the highest is breast cancer (30.8 percent of cases) and cervical cancer (17.2 percent of cases). Meanwhile, of the 183 386

men with cancer, 7.4 percent has prostate cancer (Aditya Ramadhan, 2021).

c. Health of government employee

Gender issues are also related to the role of men and women in society. The stereotypes that are related to women in charge of caring for families, have an impact on women's opportunities to work in the Ministry of Health. The data available is only government employees working at the Ministry of Health, which shows that gender stereotypes has an impact on composition by gender. Subordination as a component of gender inequality is supported by data that shows the number of male officials will be higher than that of women.



2.3.2.2 SDGs Indicator Trends

a. Indicator related to drop in AKI

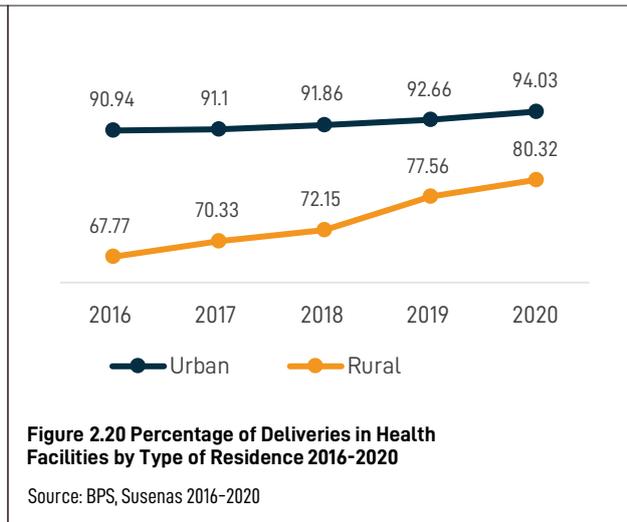
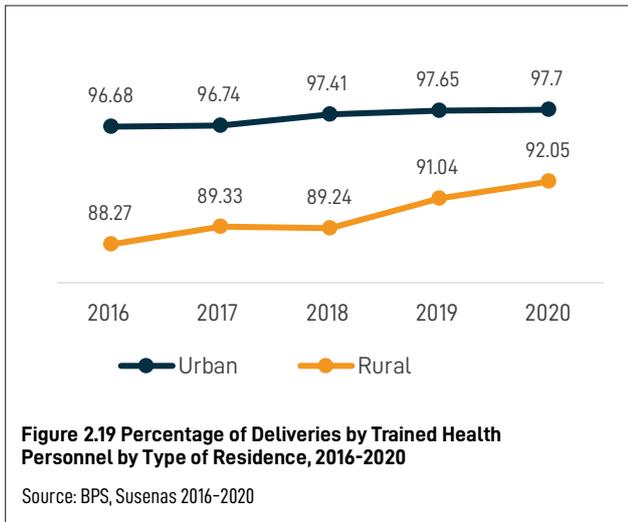
Reduction of MMR is a tough challenge facing Indonesia in the field of health. Compared to conditions in the year 2010, MMR in 2015 had indeed decreased from 346 to 305 per 100 000 live births. Nevertheless, the effort to reduce in 2030 to less than 70 per 100.000 live births is still far from reach, since it means that in 10 years MMR must be reduced by more than 200 points. The medium projection for MMR drawn up by Kemenkes is still not able to reach the aforementioned target figure.

The aforementioned drop in the 2010-2015 period is parallel to government efforts in health services for pregnant mothers and neo natal care. Such effort, among other things increased child birth services by helpers with trained health personnel and health facilities for giving birth, as well as accompaniment for *postpartum* mothers, all of which are still conducted to this day, at a reduced intensity during the pandemic. In 2015, the rate of assisted births by trained health personnel is recorded to have reached 91.51 per cent. In the meantime, the number of births carried out at health facilities is only 77.63 per cent. Conditions in rural areas have

significant contributions to hampering the achievement of SDGs AKI Indicator Objective 3. The coverage of safe birthing by trained health personnel continue to rise from year to year, just as the coverage of births at health service facilities. In urban areas, the indicators related to birth assistance and health facilities are already high that its rate of increase has slowed compared to indicators in rural areas.

Deliveries assisted by trained medical personnel increased from year to year and in 2020 has reached more than 90 per cent (see Figure 2.19). Achievement has also been reached in reducing the inequality in the coverage of safe deliveries between urban and rural areas. In the meantime, delivery in health service facilities in the last 5 years also increased from 79.7 per cent to 87.9 per cent (See Figure 2.20). The potential for reducing maternal mortality ratio through the increase in the number of deliveries at health service facilities can still be optimized with the addition of deliveries at health facilities in rural areas.

Poor and non-poor mothers behave differently in the utilization of delivery services. Ability to pay the delivery services motivate non-poor mother to more seek help from the doctor and go to hospital to delivering their baby. Almost all non-poor mothers choose trained medical



personnel and only less than 90 per cent poor mothers do the same. In the year 2020 midwives is still hold the most popular person to assist the delivery. In the Attachment Table 3.3 it is seen that there are still many mothers deliver their baby at home. The prevalence is quite high for the poor mothers (22.33 per cent) for poor mothers and 9.90 for non-poor mothers. One of the reason, maybe, related to non- availability of health facility nearby their home.

Health services for pregnant mothers also have been improved by recommending and provide services for pregnant mothers to submit to health check-ups 4 times (K1, K2, K3 and K4) throughout the pregnancy. The frequency is one time during the first and second trimesters and in addition to twice during the last trimester. This effort is quite successful, as seen from the K4 examination developments for the last 12 years up to 2019 which increased from 80 per cent to nearly 89 per cent. The service figure for post partum mothers is also high at nearly 79 per cent in 2019.

During the Covid-19 Pandemic it was reported that there were fears in various regions that there were drop in visits by pregnant/post partum mothers for consultations at PBM, PKM or hospitals. At PBM it is apparent that the drop in patients occurred specifically for ANC, KB and

immunizations. Nevertheless, there were complaints of increasing operational expenses since arriving patients were not wearing masks and thereby prompting PBM to provide them (Erni Nurjasmir Dr, 2020).

The reluctance of pregnant mothers to be examined at PBM, PKM or Hospital occurred for example in Palu, where the number of patient visits decreased significantly. It was reported that this is quite reasonable due to the strict health protocol required. In Surabaya, for example, there is an obligation to present rapid test results in order to receive any service, while rapid test services are not always free of charge. Further, there were cases of late delivery assistance which occurred in NTB that should have been avoidable (Sofia Farizi, 2020).

Smeru (2020) also reported a K1 decrease of more than 30 per cent in Maros District and East Jakarta and around 18 per cent at Badung District. While K4 examinations dropped more than 30 per cent in East Jakarta and slightly dropped (less than 7 per cent) in Bekasi and Badung Districts. The reason for such drop in patient visits is rooted in the policies of the central and regional governments which reduced/stopped posyandu and monitoring activities that were conducted online.

The conditions for the drop in patient visits to KIA services could potentially lead to an increase in AKI. The Ministry of Health (2019) reported that in 2019 many maternal deaths were attributed to bleeding (1,280 cases), hypertension during pregnancies (1,066 cases), and infection (207 cases). This is also related to the condition of the expectant mothers in preparing for the birth of their children. Taboos that must be avoided by pregnant mothers are still practiced by traditional communities, such as, avoiding fishes, such as milk fish, squids, catfish and fruits, such as bananas, pineapples, jack fruits, limes and durian.

Young women (aged 16–30 years) generally marry between the ages of 19–21 years (36.73 per cent). However, there are also those who marry at a young age (less than 15 years), around 3.22 per cent (while the prevalence of early marriages among men is only 0.34 per cent). Since the minimum age for first marriage has recently been raised to 19 years, the figure for early marriage serves as an indication that there would still be more early marriages in various areas in the near future. Young girls who marry early occurs most in West Sulawesi, Papua and West Kalimantan, respectively with the prevalence of over 7 per cent (See Attachment Table 3.4) and prevalence in rural areas is worse than in urban areas. It does not take long for young women who marry early to become pregnant and they are at risk of various illness while awaiting delivery.

Other gender issues that youths face in health are related to anemia. The prevalence of anemia in the adolescent boys group is lower (20.3 per cent) than adolescent would-be mothers (27.2 per cent). Even though adolescent girls are married and become pregnant, they still suffer from anemia. Riskesdas 2018 found that the prevalence of anemia among pregnant mothers is highest among those who are young at 15–19 years, at around 84.6 per cent. To overcome this, there have been efforts to distribute TTDs.

Unfortunately, TTDs distributed free of charge to pregnant mothers are often obstructed in its distribution due to geographical conditions and inadequate transportation in difficult to reach areas.

In addition to suffering from anemia, many adolescent girls who are pregnant also suffer from KEK (chronic energy deficiency). Out of all pregnant girls detected in Riskesdas 2018, most of those who suffer from KEK, namely around 33.5 per cent are young mothers aged 15–19 years. KEK pregnant mothers are common in various provinces. The province with the highest prevalence of KEK is NTT (38.6 per cent), North Maluku (30.7 per cent) and Maluku (29.9 per cent) (See Attachment Table 3.5). The prevalence of KEK in rural areas is worse than in urban areas.

Anemia and KEK among adolescent pregnant mothers will not only endanger themselves as the highest contributor of AKI but also the babies they carry. Out of all women covered in Riskesdas 2018 with BBLR infants nearly 12 per cent were born from those aged 16–19 years. In addition, according to the results of SDKI 2012 and 2017, the highest infant death (including neonatal death) per 1000 live births is experienced by mothers who are very old (40–49 years) and then by mother who are very young (less than 20 years).

Gleaned from the statements above that the extraordinary efforts by the government to reduce AKI are still hindered by various non-medical issues and the occurrence of the Covid-19 pandemic. The reach of medical programs for pregnant mothers such as PONEK and PONEK facilities, as well as distribution of TTDs and blood transfusion units throughout the country are hindered by geographical conditions at residential locations and means of transportation that are still difficult. This is particularly apparent in areas that are difficult to reach (DTTPK). Nevertheless, there is still a chance of reducing AKI by improving health

services for pregnant mothers in other rural areas. In the meantime, the drop in pregnant mother visits to health service centres due to Covid-19 that could potentially increase AKI requires some attention.

b. Indicator related to the drop in early mortality

Non-communicable diseases (PTM) is a challenge in the development of health that cause many early mortality, one of the most disconcerting is because many of its victims are adolescents and youths. This is related to gender issues that occur among adolescent. Adolescent boys are more susceptible to unhealthy social behaviours outside the home compared to adolescent girls. Such unhealthy behaviour such as lack of exercise/sports, smoking, drinking alcoholic beverages, drug addiction, brawling, accidents in sports, traffic accidents, and exploring pre-marital sex which exposes them to the risk of sexually transmitted disease.

Transition of unhealthy behavior that is increasingly difficult to control as time goes by and make it harder for TPM efforts to overcome it while treatments at overcoming contagious diseases is not yet entirely successful. Four unhealthy behaviors identified in relation to PTM is lack of exercise, low fiber and high sugar, salt and fat diet (GGL), smoking, alcohol, and stress. Control over these 4 "risk factors" could prevent PTM up to 80 per cent.

In Riskesdas 2018, among the population aged 5 years or above, women were reported to exercise more than men. The percentage of women deemed to conduct "adequate physical activities" is around 69.3 per cent while men only cover 63.6 per cent. This report is also supported by the report resulting from Susenas that women conduct more sports activities; Nearly 80 per cent of women aged 5 years and older exercise 60 minutes or less in one week while men do less than three-quarters of it. Concurrently, Susenas

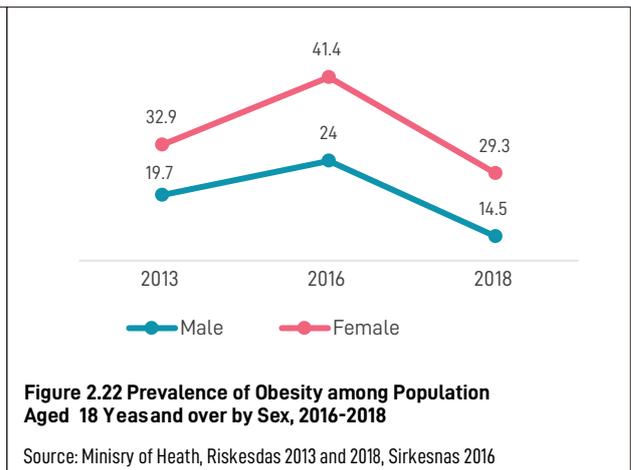
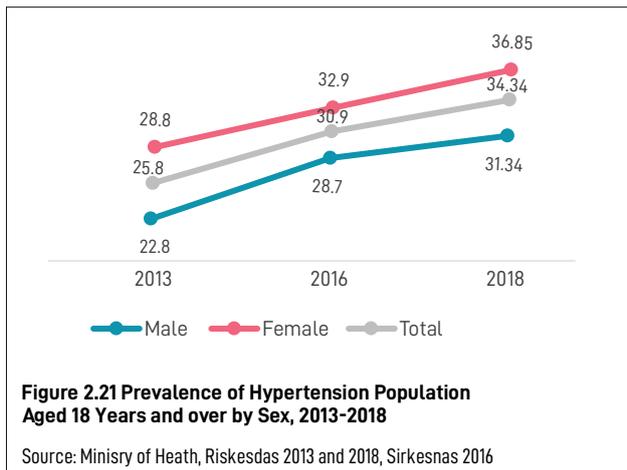
reported that men spend longer time in sports activities. In a school-based survey on junior high school and high school students by Kemenkes, it is found, boys do more than girls who do adequate activities for 7 days.

Consumption behaviors are different between men and women. Women consume more salty, fatty/fried foods with seasonings and fruits as well as vegetables while men prefer, instant foods/noodles, and grilled foods. As a consequence of consuming foods that tend to be fatty and salty, Riskesdas 2013 and 2018 as well as Sirkesnas 2016 found that women have greater incidence of obesity and hypertension than men.

Since they were children women prefer to consume fruits and vegetables than men. This is supported by the findings of Riskesdas 2018 which reported that at ages of 5 years and over more men (11.8 per cent) tend to not consume fruits and vegetables for 1 week, while women only 9.6 per cent. The data also supported the fact that the proportion of those who consume fruits and vegetables in 3 portions or more; only 21.7 per cent among men do so, but for women it is 24.0 per cent.

Drinking behaviors also differ between men and women. Since they were young, men already like unhealthy drinks such as carbonated drinks (soft drink), sweet beverages, energy drinks and alcoholic drinks. The prevalence of men who are in the habit of drinking alcoholic drinks and drinking alcoholic drinks with dangerous standards are respectively 6.1 per cent and 1.7 per cent, while prevalence for women are respectively 0.4 per cent and almost non-existent (0 per cent).

During the Covid-19 pandemic, more adolescents/youths consume alcohol. There are three myths that mislead adolescents/youths to drink alcohol, namely consuming alcohol can kill the virus, and consuming alcohol stimulates the

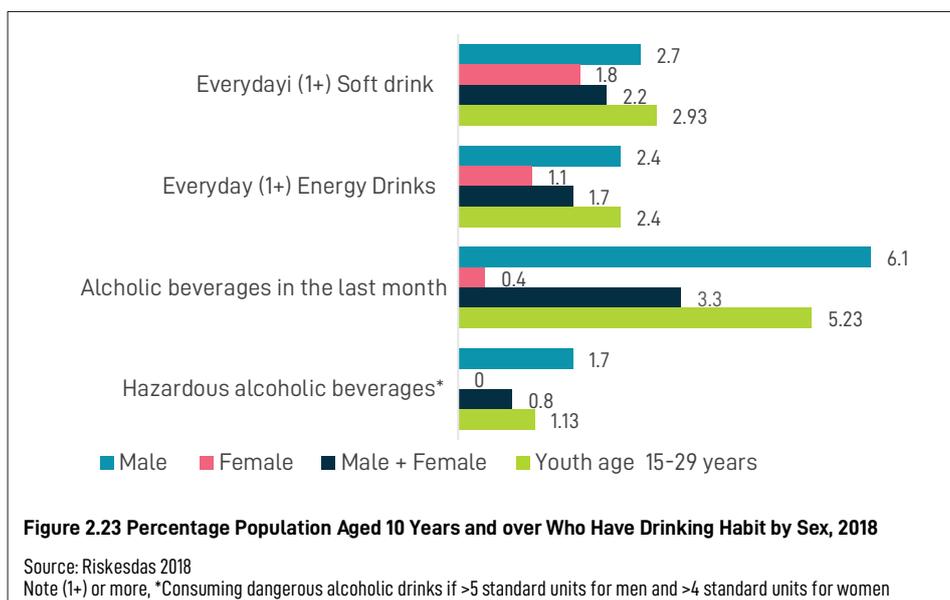


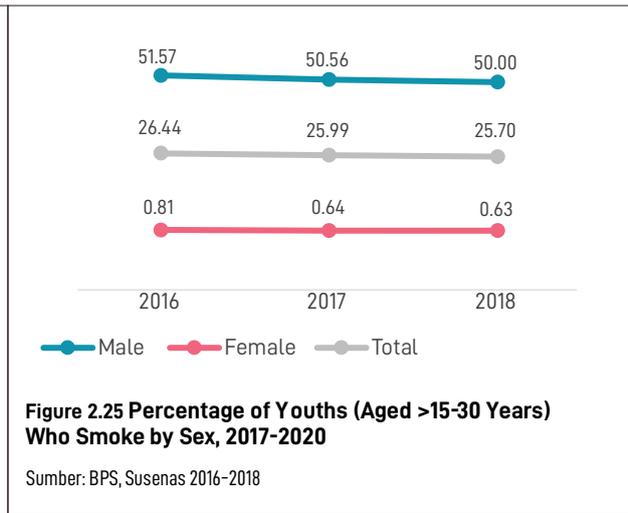
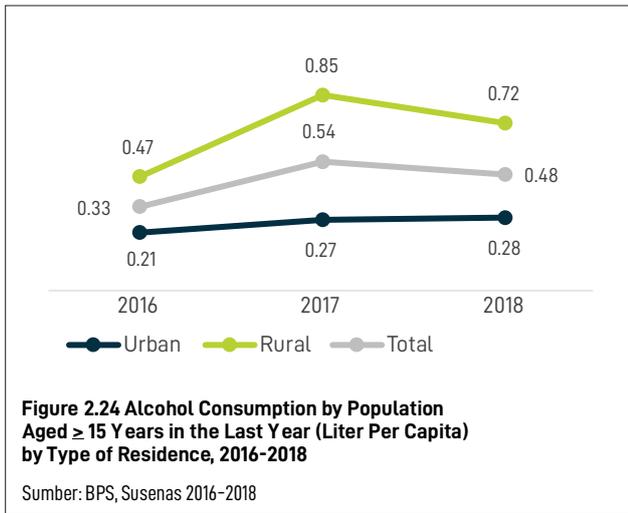
During the Covid-19 pandemic, more adolescents/youths consume alcohol. There are three myths that mislead adolescents/youths to drink alcohol, namely consuming alcohol can kill the virus, and consuming alcohol stimulates the immune system, and then alcohol contained in the breath can kill the airborne virus. They are not true at all. Whereas according to WHO people who consume alcohol is more prone to contract Covid-19 virus that endangers their lives.

In addition to the unhealthy behavior as drinker of dangerous alcohol (Figure 2.24), men are more easily at risk with their smoking and drug use habits. The results of the 2007-2013 Riskesdas indicates that the proportion of the population aged 15 years who smoke and chew tobacco

tends to increase. While in the periods that follow, the results of the 2017-2020 Susenas show a slightly improving trend for the smoking habit but still show that men dominate in smoking habit (Figure 2.25).

Smoking habit in Indonesia is practiced by boys since they are young at less than 15 years old. The prevalence for these boys is still low less than one per cent (Attachment Tabel 3.6), however the prevalence increasing as they are growing older. The prevalence of population aged 15 years and older reached 28.69 (56.39 for men and 1.08 for women) in the year of 2020 see Attachment Table 3.7). This gender gap pattern of behavior is the same for poor and non-poor population.





Depression or stress is commonly suffered by youths with an average prevalence of stress among adolescents at around 7.73 per cent. Based on the Mini International Neuropsychiatric Interview applied, among population aged 15 years or older there are more women (7.4 per cent) who suffer depression compared to men (only 4.7 per cent). During the Covid-19 pandemic the level of depression among adolescents particularly boys was expected to rise. This is due to the restrictions that has to be obeyed during the Covid-19 pandemic. They have to maintain their distance from relatives, and friends as well as having to stay at home. Such depression will be felt even more by adolescents who do not have hobbies to channel their activities and emotions. In Indonesia depression among adolescents/youths is not yet too severe as to lead to suicide attempts. A case of suicide due to the Covid-19 Pandemic just occurred to an online driver due to severely decreased earnings.

Based on KPPPA research result (in Callistasia Wijaya, 2021) 13 per cent of Primary to Senior High School students experiencing light to heavy depression during the pandemic. According to Pusdatin, Kemenkes around 7 per cent of patients who experienced mental disturbances due to alcohol consumption die after in-patient treatment.

It must be added here that unhealthy behavior is also committed by youths by consuming drugs. According to Pusdatin, Kemenkes records, there are around 46-52 per cent of drug users in 2010-2012 who are categorized as youths (aged 16-30 years). In addition, the number of drug users is estimated to be around 36,000 people, more than 90 per cent of them are men. Similar to alcohol drinkers and smokers, drug users also contribute to the high rate of early mortality.

2.3.2.3 Summary of performance and achievement of agenda 2030

Gender issues in the health include response and exposure to disease, access to health services and its consequences toward each family differ to one another. Each life cycle, men and women experience different things and behaviors cause differences in their health status, in short, in childhood, adolescence, adulthood and old age the health behaviors of men and women are different, In addition, women have an additional risk of beings the one to have the duty to reproduce, namely the risk of death related to pregnancy, childbirth and childbed.

Attempt to reduce AKI is a tough challenge that Indonesia has to face in the health sector. Even though intensive efforts in health services have

been made for pregnant women/childbed, target to reduce AKI to a number less than 70 per 100 000 live births by 2030 is still far from achieved, especially during the Covid-19 pandemic. It is reported that there is a tendency that various regions experienced fewer visits of pregnant women/childbed to consult health service officer, raising concern of it triggering an increase in AKI. The decrease in visits, among other things, related to ANC, KB, immunization, K1 and K4. The reluctance of pregnant women to check themselves into health facilities is quite reasonable for various reasons such as strict health protocols. Another reason for this decrease in visits is the policy of the central and local governments that limit/stop near posyandu activities, given that the use of public transportation is to be avoided.

Gender issues encountered in the adolescent population, among others, are related to family life. There are still many adolescents who marry under the age of 15 years (there are about 3.22 percent of girls and 0.34 percent of boys). Another gender issue face by adolescent in health is anemia related. The prevalence of anemia of adolescent boys is less than of mothers-to-be. Riskesdas 2018 found that the prevalence of anemia in pregnant women are highest in those aged 15-19 years, about 84.6 percent.

Other than anemia, many pregnant young women also suffer from KEK. Riskesdas 2018 shows that about 33.5 percent of mothers aged 15-19 years suffer from KEK. Pregnant adolescent girls affected by anemia and KEK are dangerous for the baby they are carrying. Riskesdas 2018 also shows that almost 12 percent of babies with BBLR delivered from mother aged 16-19 years.

Other gender issue that occurs among adolescent that boys are easier to be expose to unhealthy living behaviors outside home. These unhealthy behaviors include lack of movement,

smoking, drinking alcohol, drug addiction, fighting, sports accidents, traffic accidents, and sexual exploration before marriage risky of infectious/venereal diseases. In addition to these infectious diseases, most of these unhealthy behaviors contribute to the high number of PTM.

Riskesdas 2013 and 2018 and Sirkesnas 2016 shows that more women are obese and suffer from high blood pressure than men. It is assumed to be caused by fatty and salty eating habits. Meanwhile, the men of young age tend to fancy health-risk beverages such as carbonated beverages (soft drinks), sugary drinks, energized and alcoholic beverages. The prevalence of men with alcoholic drinking habits as well as alcoholic beverages considered dangerous by standard respectively is 6.1 percent and 1.7 percent, while the prevalence for women are 0.4 percent, almost 0 percent. In Covid-19 pandemic, adolescent alcohol consumption tends to increase cause by the stress of staying at home a lot and following false myths about alcohol consumption (which is said to fight Covid-19). Patients with mental and behavioral disorders due to alcohol problem die in hospital around 7 percent.

Attempts to reduce MMR through medical approaches have been successful in on of the region, but there are obstacles to watch out for in other areas, such as the construction delays of medical facilities and aid distribution due to geographical conditions. Other barriers relate to cultural factors, such as taboo foods for pregnant women and early marriage. These barriers are worsen by the impact of the Covid-19 pandemic. Decreasing patient visits to health care places, especially related to ANC, KB, immunization, K1 and K4. Even under normal conditions, without the Covid-19 pandemic, the target for MMR under 70 per 100000 live births will be difficult to achieve.

2.4 OBJECTIVE 8: DECENT WORK AND ECONOMIC GROWTH

2.4.1 Target Selection, SDGs Indicator Scope, Categorization and Size

Target 8.5: For 2030, achieve permanent and productive work and decent work for both men and women, including for youths and the disabled, and the equal pay for equal work.

In order to achieve Target 8.5 for both women and men uses 3 indicators, namely:

- a. Indicator 8.5.1*: Overage wage per hour work based on gender
- b. Indicator 8.5.2*: Open unemployment level by sex
- c. Indicator 8.5.2(a): Percentage of underemployment by sex

In view of the issues of the young population future successors, in addition to Target 8.5 a target along similar lines is also reviewed, namely Target 8.6 as follows.

Target 8.6: In 2020, substantially reduce the proportion of unemployed, uneducated or untrained youths.

Achievement of Target 8.6 uses indicator 8.6.1: Percentage of young population (15-24) who are not at school, not at work or undergoing training (NEET). Analysis on disaggregation indicator by sex is expected to be able to show the direction of policy for handling young men and women.

2.4.2 Analysis

2.4.2.1 Gender issues in employment and the economy

Objective 8 SDGs is very much related to Objective 1 SDGs, in view of the fact that, in general, economic growth would absorb manpower, reduce unemployment and then having the affect of reducing poverty. Therefore employment that is able to relieve men and

women from poverty is very important for discussion. There are various obstacles which cause women to receive less appreciation in economic terms compared to those of men, one of which is in the field of employment.

The existence of systematic obstacles to women in employment has been identified beginning from recruitment, during women's work tenure and post-employment. It is feared that this would be a substantial obstacle in the achievement of this Objective 8. ILO (2015) detailed various gender issues and when categorized, the 3 systematic obstacles mentioned above are as follows:

Recruitment:

- a. Obstacles in access to education and training for women: Ali Said (2016) shows that the percentage of women participating in work training is consistently lower than men,
- b. Discrimination in access to certain work and positions: Employment vacancies particularly for positions of leadership/certain positions which may only be sought by men,
- c. The stereotypical view on the suitability of employment by sex, such as in the field of education and health not being suitable for men and construction not being suitable for women,
- d. The unlawful use of selection questions regarding matters outside of work, among other things, regarding plans for marriage and pregnancy tests.

Discrimination at work:

- a. Work conditions that are not friendly to women, such as toilet facilities with inadequate water in the amount not consistent with the number of women employees and the time required by women in toilets
- b. Different wages for equivalent value work: Many women who, due to the time required to manage the household are willing to work part time; this carries with it the consequence of low wages.



c. Discrimination in promotion and career development: glass ceiling in reference to a concept which point to the many obstacles that women face when trying to achieve a higher position in a company, government office, education or non-profit organization (Akpinar-Sposito, 2013).

d. Sexual harassment at work: According to the results of SPHPN 2016 out of all sexual harassment/violence experienced by women in the survey, 11 percent occurred at work.

e. The lack of protection for women's reproductive function, such as periods, pregnancy, delivery and breast-feeding,

f. Discriminatory firings such as for being pregnant

Discrimination regarding retirement insurance

a. Bad social security after retirement, such as unfair retirement age and categorization of women workers, such as only being contractual to avoid granting a pension.

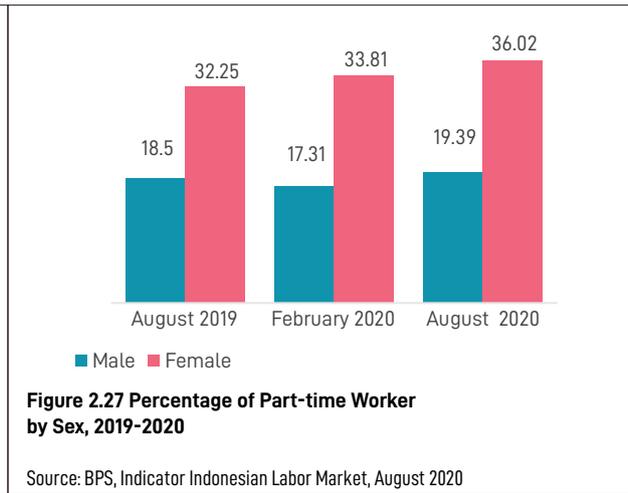
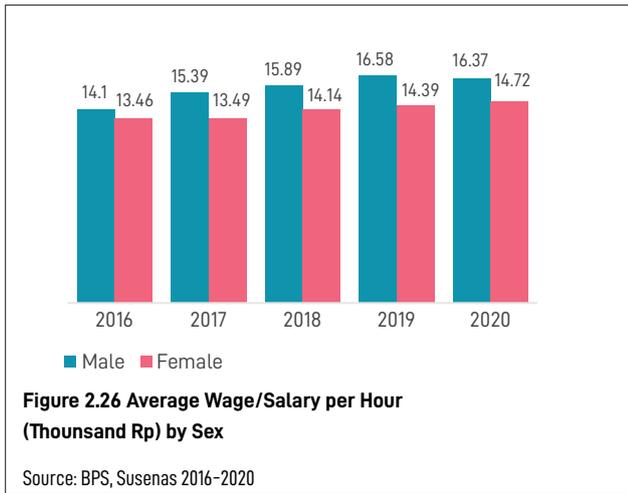
2.4.2.2 SDGs Indicator Trends

The motivation for women to work is not solely for wages, but there are factors regarding responsibility to the family's livelihood. According to Putu Martini Dewi (2011) several main factors that prompt women to work, despite only being a trader, is because the husband is out of work, the husband's earning being small despite having many dependents, to use spare time, to have personal earnings and to seek work experience.

At the national level the average wage/salary per hour received by women is lower than men. If itemized by sector or field of work, only in 3 of the 17 sectors where the average wage/salary per hour received by women is higher than men, namely the electricity/gas, construction and transportation. The average range of worker wage/salary per hour in 2016-2019 is between 14.10 thousand Rupiahs and 16.59 thousand

Rupiahs for men and between 13.46 thousand Rupiahs and 14.39 thousand Rupiahs for women (see Figure 2.26). In 2020 at the same time of the Covid-19 pandemic the average wage/salary of men dropped around 220 Rupiahs but the figure for women increased slightly around 330 Rupiahs. Nevertheless the average wage/salary of women is consistently lower than men in the 2016-2020 period.

Many factors that influence the lower wage/salary that women receive, among other things, lower education, type of work, and status of women as part-time worker. Part-time workers are part of the non-full time workers. Part-time workers are defined as residents aged 15 years or older working under 35 hours but not willing to accept other work. Women working part-time generally because they wish to allocate time to manage the household. Figure 2.27 show the percentage of part-time workers by sex. The 2019-2020 data trends show that the percentage of women part-time worker is nearly twice the percentage of men.

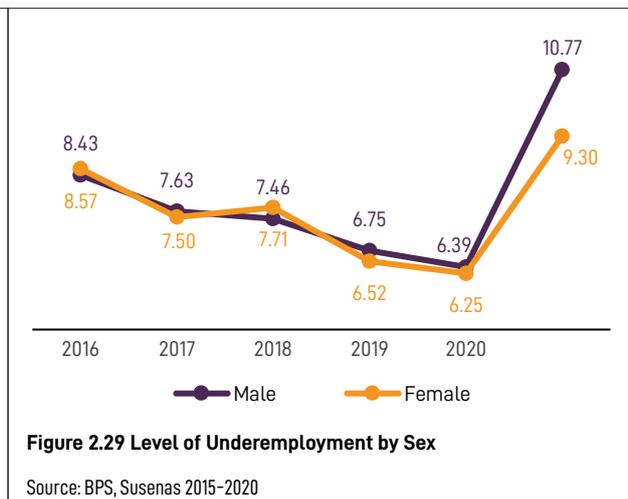
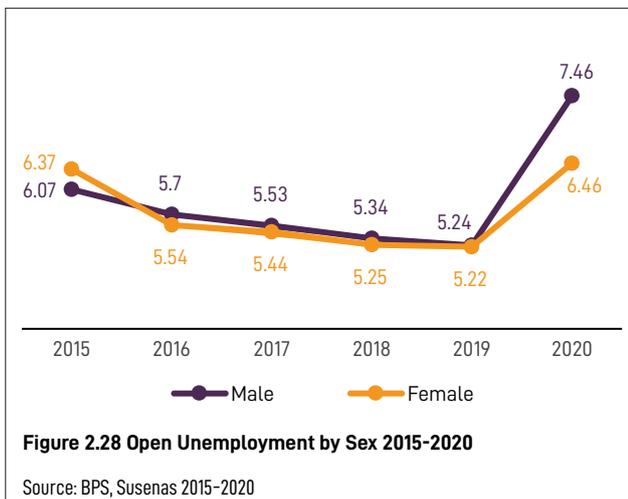


During the Covid-19 pandemic, more adolescents/youths consume alcohol. There are three myths that mislead adolescents/youths to drink alcohol, namely consuming alcohol can kill the virus, and consuming alcohol stimulates the immune system, and then alcohol contained in the breath can kill the airborne virus. They are not true at all. Whereas according to WHO people who consume alcohol is more prone to contract Covid-19 virus that endangers their lives. Indicator of open unemployment level (TPT) is the percentage of the population who are unemployed or between jobs (unemployed) compared to the total labour force. This shows the percentage of population categorized as labour force seeking employment. In general, it can be said that in the 2015-2019 period TPT dropped which means that there is labour force absorption at that time (Figure 2.28). However, in

line with the arrival of the Covid-19 pandemic TPT increased again. The increase of unemployment among men is higher than women.

Unlike the definition of part-time worker who no longer accept further work, underemployed workers are people aged 15 years or older who work under 35 hours, and are still seeking work or are still accepting work. Figure 2.29 shows the underemployment trends (TSP) in the 2015-2020 period. In general the TSP trend in the 2015-2019 period decreased both for men and women. Then during the Covid-19 pandemic TSP increased at a higher rate for women compared to TSP for men.

As specified above, the impact of the Covid-19 pandemic is slowing economic growth and its impact is directly apparent on labour absorption.



If the unemployment rate continues to increase, particularly unemployment among young men, then the result would be the appearance of criminal activity and risky behaviour. For the youth, the absence of employment would mean the absence of not only money/income but also cause lost hope due to feelings of lost dignity thereby losing wisdom in viewing the gap in social-economic status in society.

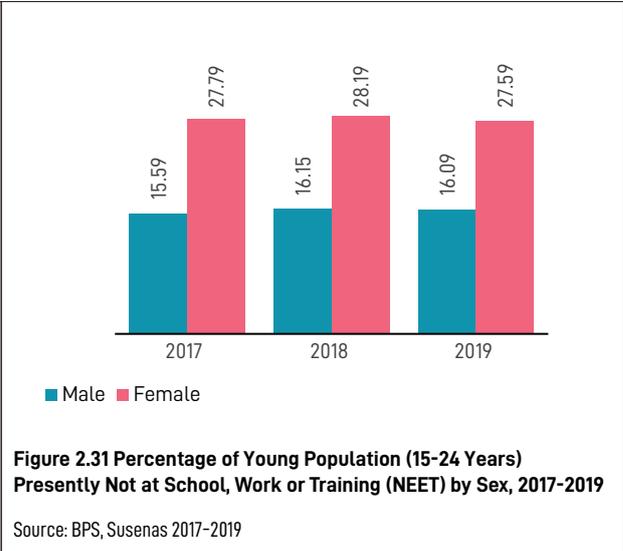
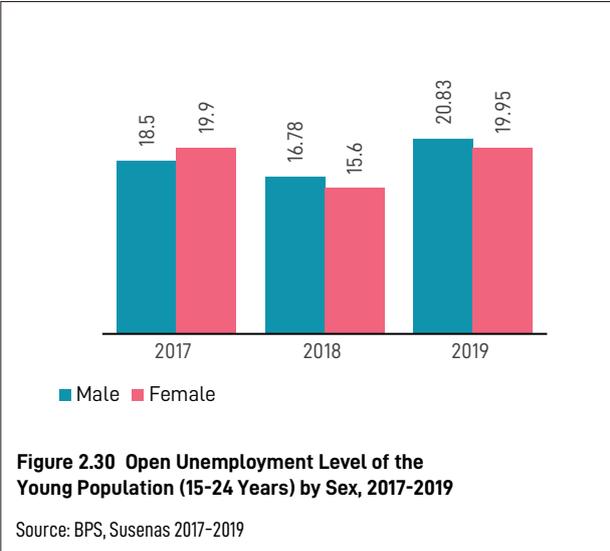
TPT of the young (15-24 years) is apparently far higher or around 4 times the TPT rate of the population at national level. In 2019 the TPT figure among adolescent boys is around 21 per cent and TPT girls around 20 per cent (Figure 2.30). Meantime, in the same year TPT of the respective population group of men and women are the same at 5.24 per cent (Figure 2.26).

The fears regarding the young are not limited to the size of TPT but also the proportion of youths who are *not in employment, education or training* (NEET). They are frustrated for not having anything to do. There are 2 major NEET categories, namely a. Those of the unemployed who are not at school or participating in training and b. Those who are not part of the labour force (passive population) who are not at school or participating in training.

Figure 2.31 shows the trends of the young population categorized as NEET in the 2017-2019 period. The proportion of young people categorized as NEET does not fluctuate significantly for men or women. If such indicator is itemized by sex, it is apparent that the proportion of women categorized as NEET is higher than that of men. Because of the domestic role as home maker, women have a greater chance of being included in NEET (RI Manpower Ministry 2020). For women in general the home is already regarded as a place of work, study and train since they are young, so there was not much effort done to seek activities outside the home.

2.4.2.3 Summary on performance and achievement of agenda 2030

Gender issues that occurs in employment can have a bad influence on both men and women but usually more damaging to women. The unfair treatment take place in recruitment, at work and when they retire. Just because women want to take part in helping her family to a better welfare, such discrimination are accepted. It will influence the value of the indicator that asses the current condition of women, which under as that of men, thus affecting the achievement of SDG goals.



Sectors of development such as electricity/gas, construction, and transportation many women occupy the position as white collar worker, causing a better average hourly wage/salary at national level than men, in other sectors women receive lower wage than men. In 2020, at times of covid-19 pandemic, average wage/salary of men dropped by around Rp220 rupiah but show increase slightly for the women, around Rp330. Even so, the average wage/salary of women is consistently lower than that of men in the period of 2016-2020.

In the period 2015-2019 TPT decreased meaning labor absorption occurs at the time, but the arrival of the Covid-19 pandemic, number of TPT increase. Unemployment increase come upon to more of men than women. The under-employed distribution by gender is not so different than that of TPT. The data shows improvement until 2019 but worsen in 2020.

Data Disaggregation by Gender, shows a higher proportion of women NEET than of men. The fact that women has the domestic role as a housekeeper, women have a greater chance to be considered as NEET. Generally, the house has been considered as a place to work, study and train for women from a young age, thus no many of look for activities outside home.

Covid-19 pandemic largely affected the average hourly wages/salaries of workers. Fluctuations in the number do not exceed Rp2500 average salary per hour. A couple of other indicators, TPT and TSP, for the last few years show improvement until 2019. The Covid-19 pandemic, made in worse in 2020, to an even more insufficient position than in 2015. This means that the achievement already reached by SDGs are suppressed by the pandemic. The achievement in 2019 have gone backward to the initial position at the start of SDGs.

2.5 GOAL 10. REDUCING INEQUALITY IN AND BETWEEN COUNTRIES

2.5.1 Target Selection, Scope of SDGs Indicator, Categorization and Size

Several targets to achieve Objective 10 can be analyzed from the gender perspective, namely;

- a. Target 10.1: For the year 2030, progressively achieve and maintain growth of income of the population who are under 40% of the population at a level higher than the national average
- b. Target 10.2: For the year 2030, empowering and increasing social, economic and political inclusion for all, irrespective of age, sex, disability, race, tribe, origin, religion or economic capacity or other status.
- c. Target 10.3: ensure equal opportunity and reduce inequalities of outcome, including through eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and actions in this regard.
- d. Target 10.4: adopt policies especially fiscal, wage, and social protection policies and progressively achieve greater equality

Indicators used to evaluate such target achievement, are as follows:

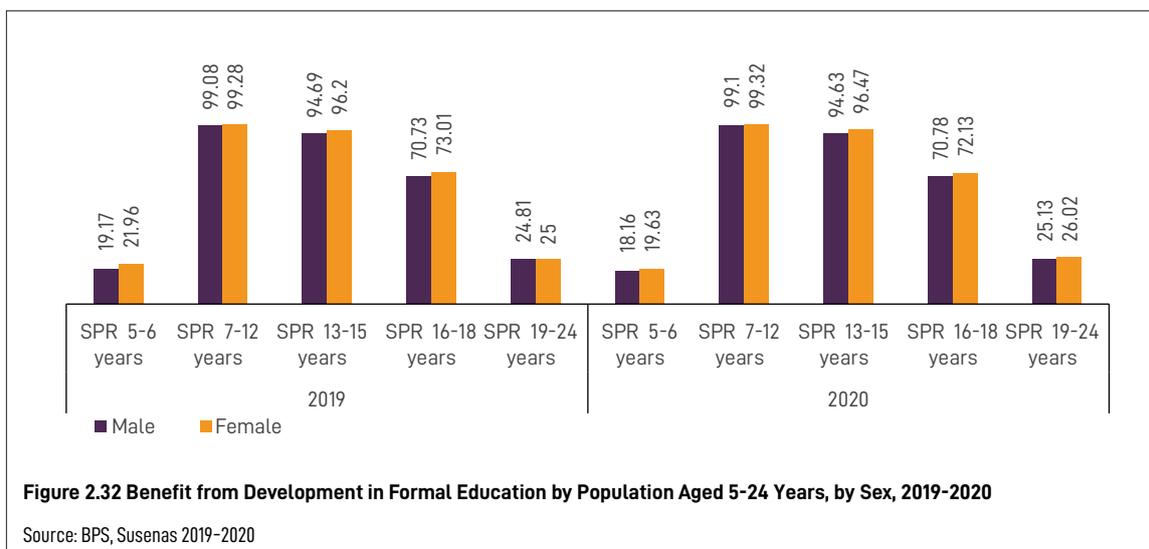
1. Indicator 10.1.1.(a) Percentage of population living below the national poverty line, by sex
2. Indicator: 10.2.1* Proportion of population living below 50 per cent of the median income, by sex
3. Indicator 10.3.1.(a): Freedom Index by sex
4. Indicator 10.4.1.(b): Proportion of labour participation in Social Security Program by sex.

2.5.2 Analysis

2.5.2.1 Gender Inequality in the social, economic fields

The Gender Inequality discussed here is the broadening of what has already been presented in previous chapters. The beneficiaries of the results of development has been outlined by the comparison between female human development compared to males or IPG, the





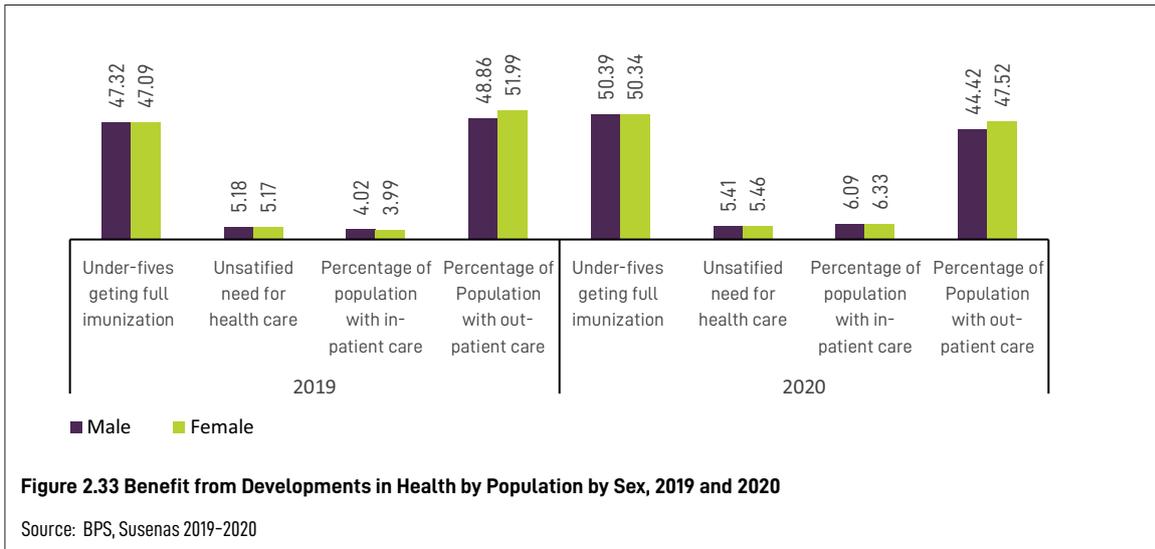
results of which show that the results of female development is lower than that of males. Human development in the social field encompass educational, health and population administration services, as well as development in the economic field as seen during the Covid-19 pandemic.

Development in the field of basic education is deemed as one MDGs objective that has been achieved, and it has even been predicted before 2015 (Lisbet, 2013). Two out of three 3 MDG targets namely Net Participation Rate (APM) Elementary School and Rate of Literacy among Population aged 15-24 years, for women and men has nearly reached 100 per cent and are deemed achieved. At this time the Indicator related to other basic education, namely School Participation Rate (APS) for children aged 7-12 years could be managed hence children could still go to school (see Figure 2.32).

It must be stated here that irrespective of where they go to school, at each APS (School Participation Rate or SPR) for related age group, women are always higher than that of men. This applies to all age groups from 5-6 years to 19-24 years, both in 2019 as well as in 2020. There appears to be a consistent pattern on the smaller participation of males in education. For Pre-

school Education (Paud), Basic and Middle-level education there is almost no school that specifically admit only boys as well as only girls, hence the expectation is that APS would be equal among boys and girls. While it is understandable if more girls participate in higher education or university due to the many study programs in the field of health that is more attractive to girls than boys. The stereotype prevailing in society, as already mentioned, places girls more suitable to the field of health. This phenomenon need to be carefully studied as to its cause, and occupy the attention of stakeholders in the field of education.

In line with health services, Figure 2.33 shows that it there is no difference in the services provided to men and women with regard to immunizations, services to the population who require them and in-patient care, both in 2019 and 2020. Only in terms of out-patient care that there are differences whereas the number of male patients is lower than females. Comparisons such as this are also found in some small-scale studies that take samples of out-patient participants at random. (NK Novi Antari, 2019; Karina, et. al., 2020; Napirah, M.R, 2016). As previously stated, the gender issue that more women express health complaints and feelings

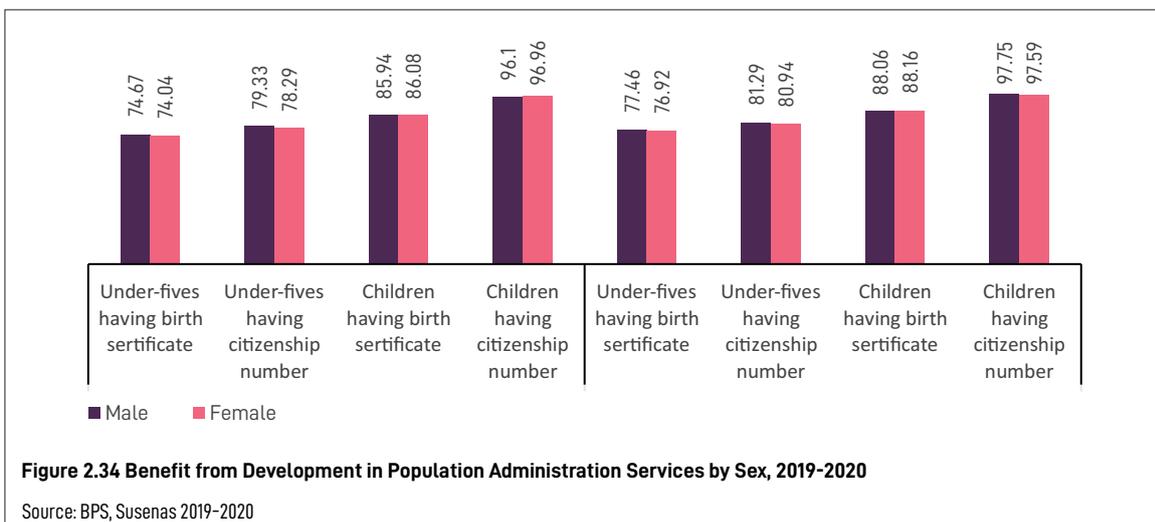


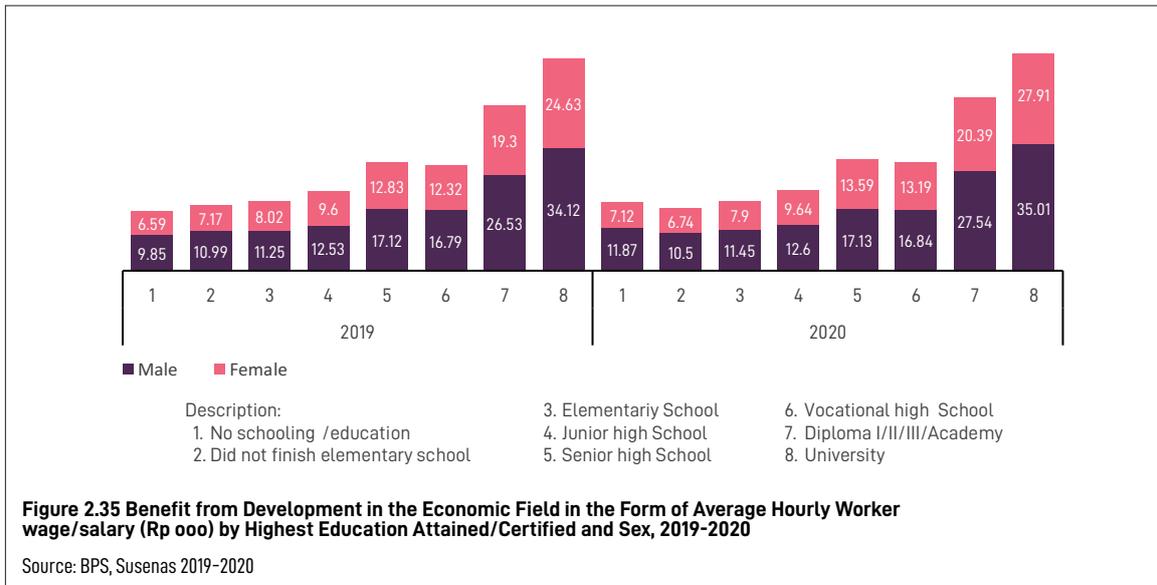
of pain. Fewer men become ill and feel that they require the assistance of health services as they feel that they feel stronger and deem that they do not yet require out-patient care.

In connection with government obligations to satisfy the rights of the residents, to have birth certificates and Citizenship Numbers (NIK), Figure 2.34 shows under five children and population that have birth certificates and citizenship numbers. Both in 2019 as well as 2020 there was no significant difference (1.04 point at the highest) in the benefits enjoyed by men and women from the results of population administrative development. During the Covid-19 pandemic there was some appreciable improvement in population administrative

services.

As a fact of the existence of gender inequality in the economic field, the hourly wage/salary itemized by completed education which constitute information that is interesting to assess. Figure 2.35 shows that with the same educational attainment, women receive less wage/salary. The difference in terms of nominal increases the higher the education attained. In 2019, men who do not have educational receive wage/salaries at least one and one-half times that of women with the same education. Such disparity increased in 2020 to one one-thirds. While men with higher education receive around 1.39 times that of women in 2019 and decreased to 1.25 times in 2020.





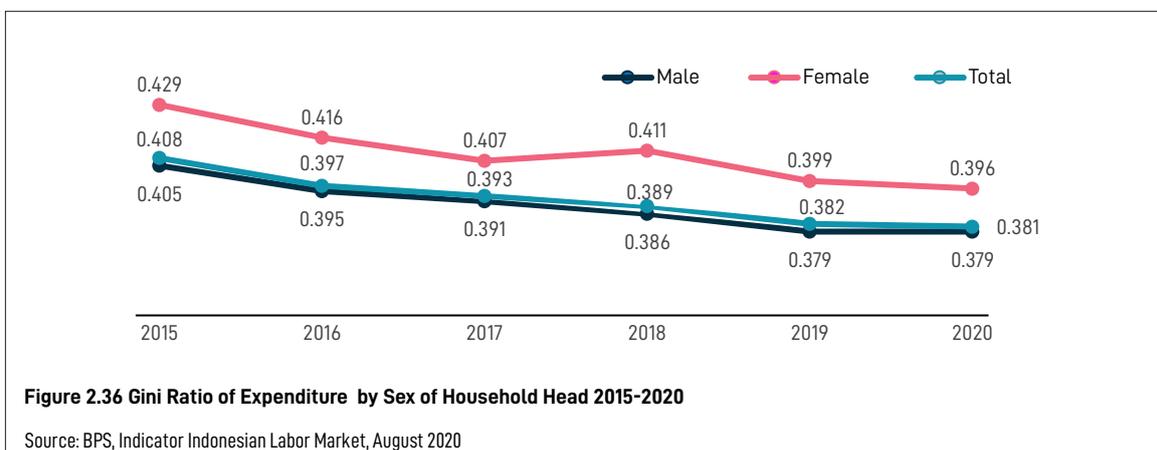
As cited previously, in its entirety there was some decrease in the wage/salary of men and some increase in the wage/salary of women. However, following disaggregation by certificates, there was no clear pattern between certificates and reduction of hourly wage/salary received by both men or women. The highest drop in wage/salary during the Covid-19 pandemic were experienced by males who do not have education and those who do. While among women, those having certificates of completion for elementary schools and junior high-schools or equivalent experienced the highest wage/salary drops.

2.5.2.2 SDGs Indicator Trends

It has been discussed above that the female population is slightly poorer than that of men; the difference is small, not more than 1 percent but

consistently occurs over time. The percentage of poor RTP is also greater than RTL. The trend for both population groups increased from 2015 to 2019. In 2020 an increase of poor people occurred: the percentage of poor men increase as the COVID-19 pandemic began to spread to Indonesia in early 2020. The social distance recommended by the government has begun to have an impact on people's economic lives.

Susenas results show consistent pattern that RTP is a bit poorer than RTL. There is an increase in the number of poor households RTL in the Covid-19 pandemic but not in RTP, It safe to say that pandemics bring the level of poverty of RTL and RTP closer, Even though RTP condition is more stable, but unsteady, RTL's Gini ratio is closer to the national figure.



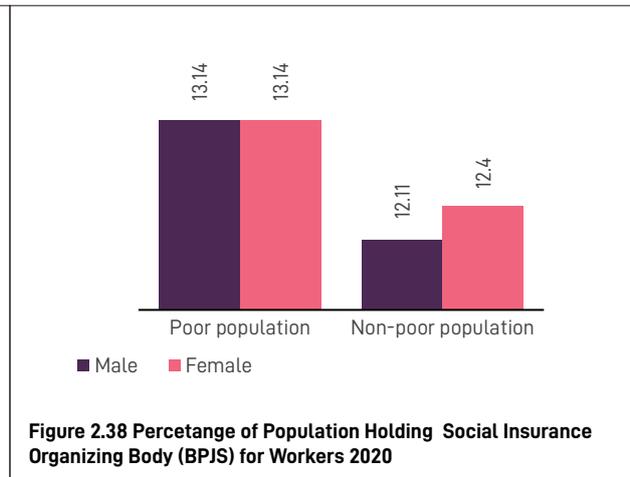
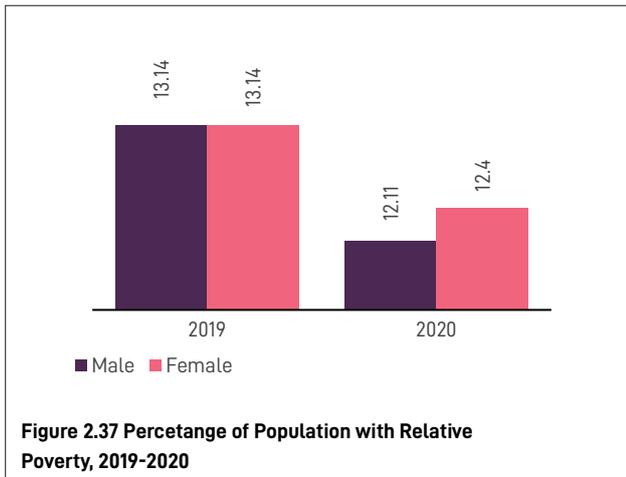


Figure 2.37 reveal the relative poverty trends or the percentage of households living below 50% (from Median Expenditure or 50% BMP). In the period 2019-2020 there was a slight decrease of households under 50% BMP both RTL and RTP. This means that there is an improvement in household conditions from the stand point of relative poverty even though it is only about 1 percent. RTL's relative poverty rate is in line with the progress of poverty figures at national standard. The improvement of the household economic condition for both RTL and RTP. Both have different impact: The decreased of relative poverty of RTL followed by the decreased of RTP poverty but not RTP.

Not all working residents are protected by BPJS for workers. The poor who have BPJS only about 2.42 percent of the poor are insured by BPJS for workers which does not differ much between men and women (about 0.13 points). It is quite possible that the poor worked as informal workers, while, about 13.32 percent of the population are insured by BPJS for workers. There is a difference of about 2.13 percent (Figure 10.2.7) of poor worker and non-poor women that hold of BPJS for work than non-poor men. These percentages lead us to believe that women are more aware of the possibility of industrial relation that might worsen in the future.

2.5.2.3 Summary on performance and achievement of agenda 2030

Gender inequality in economic development is still very real. While in the social sector, especially in health services, extraordinary efforts have been made resulting in equality of health services to women and men, including a variety of special services for men or women, i.e., immunization, hospitalization and outpatient. The prevalence is consistent throughout 2019-2020. In other field, equal benefits also arise in administration of population development for both men and women. Development in education are more favorable to women, mainly in higher education. Therefore, it is necessary for stakeholders of educational development to be vigilant in policies making in order to prevent or at least reduce inequality.

Disaggregation of the average hourly wage/salary by highest education attained and sex shows that at any level of education the average wage/salary of women is always lower. Nominally, the highest difference in wages was in the highest education attained, but relatively the women that never went to school has the highest percentage of salaries.

Gender inequality, especially in economic sector, still occur in this country. As mentioned above,

inequality in this form concerns with physical development such as transportation facilities and social facilities in urban and rural areas. Compared to inequality in physical development, gender inequality is often invisible but the impact is very detrimental to men or women. Gender inequality has been practiced for centuries, so it is difficult to eliminate it in the near future in 2030.

2.6 GOAL 16. STRENGTHENING AN INCLUSIVE AND PEACEFUL SOCIETY FOR SUSTAINABLE DEVELOPMENT, PROVIDING ACCESS TO JUSTICE FOR ALL, AND DEVELOPING INSTITUTIONS THAT ARE EFFECTIVE, ACCOUNTABLE, AND INCLUSIVE AT ALL LEVELS

2.6.1 Selection of Target, scope of SDG Indicators, disaggregation and Size

Targets related to Objective 16 SDGs are selected based on gender indicators that are used to measure the level of target achievement. Target selection will also be adjusted to gender indicator that similar to the one discussed, namely

- a. Indicator 16.1.3: Proportion of population suffering from (i) physical violence, (ii) psychological violence or (iii) sexual violence in the last 12 months.
- b. Indicator 6.1.3 a: Proportion of the population who became victims of physical assault/crimes in the last 12 months.

Other information that are presented, among other things, human trafficking, anti-corruption behavior index (ACBI), women role in public decision making, birth certificate ownership, and reported human right violations.

2.6.2 Analysis

2.6.2.1 Gender Issues in the Field of Law

In law abiding countries, it is the right of every male and female citizens to receive guarantees

of protection and fairness in all fields. Under existing law, the state regulates the life of its citizens so that they could live in peace and in fairness. Citizens who violate the law will be punished. The legal process should always be regard and consider the needs and aspirations and interests for the sake of the sense of justice of women and men (KPPPA, 2016).

In addition to legal sanctions, there is another form of punishment that could befall members of the community, namely social sanctions for violating the prevailing cultural laws such as custom, propriety and values or norms that are deemed good and proper. Such customs that are deemed good and proper are not entirely fair to men or women. As it is related to status, roles and relations between men and women, such inequalities are referred to gender inequality. The forms of gender inequality are marginalization, subordination, stereotyping, multiple-roles already discussed previously as well as violence, particularly domestic violence by the husband or members of the family. Such culture of inequality is common in society for centuries without being addressed by the law until the enactment of Law on Eradication of Domestic Violence (PKDRT) No 23/2004. This law was the first to criminalize violence, particularly physical, psychological, sexual and economic by family members against wife/husband, child, parent and other family members.

Another legal product that is generally concerned with the protection from violence for women and children is the Law on Eradication of Human Trafficking Crimes (TPPO) No 21/2007. This law sets forth sanctions against perpetrators of violence that befall the population, including women and girls, outside the ordinary household. In addition, it also sets forth the rights of victims to medical and social rehabilitation, repatriation as well as reunions that must be conducted by the state, particularly for victims who have suffered physical,

psychological, and social ordeals due to human trafficking practices.

Violence could befall men as well as women. However, violence particularly Domestic Violence (KDRT) against women is for more frequent. The existence of treatment or act of violence by men against women is because men regard themselves to be stronger and have power over women. Meanwhile women are deemed weak, soft, submissive and accepting hence they become objects of authoritarian acts. The powerlessness of women is often taken advantage of by other members of the family, sometimes the father commits violence, including incest (*Komnas Perempuan, 2021*). Whereas violence against men, KRPA Report (2018) shows that such violence are committed against men particularly in public transports.

Since KDRT is generally deemed to be in the personal domain and is embarrassing, therefore data on KDRT has not been fully revealed for public consumption. Therefore, data on KDRT in particular and data on violence in general recorded based on public complaints are merely the tip of the iceberg, namely not describing what really happened.

Based on cases of violence against women (KtP) throughout 2020 as many as 299,911 cases that have been recorded, 8,234 cases are from Service Institutions, *Komnas Perempuan (2021)*, through surveys using questionnaires. The pattern and type of KtP are the same as those of KtP in the previous years. Disaggregation by location of incident is as follows:

a. In the personal or private domain, namely KDRT and Personal Relations, namely as many as 79 per cent or 6,480 cases, comprising:

1. KtP against wife 3,221 cases (49 per cent),
2. KtP during dating 1,309 cases (20 per cent),
3. KtP against girls 954 cases (14 per cent), and the remainder.

4. KtP by ex-husband, ex-boyfriend, and employer of domestic helper.

b. In the community/public domain 21 per cent (1,731 cases), the most prominent KtP being sexual violence namely 962 cases (55 per cent) comprising:

1. Sexual misconduct as intended in the Criminal Code/KUHP (166 cases),
2. Rape (229 cases),
3. Sexual harassment (181 cases),
4. Sexual intercourse 5 cases, and the remainder
5. Attempted rape and other sexual violence.

c. In the state domain with state actors, there are 23 cases reported (0.1 per cent), comprising:

1. Women faced with the law (6 cases),
2. Evictions, 2 cases,
3. Discriminatory policies 2 cases,
4. Detainee and near-detainee 10 cases, as well as
5. Public official perpetrator (1 case), and the remainder
6. others.

During the Covid-19 pandemic, throughout 2020 and in extreme cases, among others: the increase of KtP in the form of:

a. violation/marital dispensation (marriage of child) three-fold of the pre-pandemic conditions, namely 23,126 cases in 2019, increased by 64,211 cases in 2020.

b. Cyber-based gender violence (KBGS) committed online or abbreviated KBGS reported directly to reported to *Komnas Perempuan*, namely from 241 cases in 2019 increased to 940 cases in 2020. The same was reported to the Services Institution (*Lembaga Layanan*), in 2019 there were 126 cases, in 2020 it increased to 510 cases.

c. Incestuous violence reported is still high, namely 215 cases throughout 2020, (822 cases for 2019). The most perpetrators are biological fathers, namely 165 persons. During the



pandemic incest is thought to have declined in connection with the number of people staying at home due to social restrictions from leaving home.

The results of SPHPN 2016 data processing (BPS, 2016) showed the order of the most common types of violence in KDRT, during the lifetime of women are:

- a. Economic violence or household dereliction (24.1 per cent),
- b. Emotional/psychological violence (22.2 per cent),
- c. Physical violence (15.6 per cent), and
- d. Sexual violence (10.9 per cent).

The form of physical violence suffered by women during their lifetime varies such as being kicked, dragged, or pummeled (were experienced by 52.9 per cent of women), choked or intentionally burned (were experienced by 50.7 per cent of women) and threatened with or actual use of fire arms, sharp objects, or weapons (were experienced by 40.5 per cent of women). Moreover, 20.6 per cent of women who suffered physical violence of being beaten or kicked in the stomach during pregnancy. Whereas the type of reasons why husbands/partners commit violence is financial issues, jealousy of husband/partner, husband/partner being drunk, and disputes with the family of husband or wife.

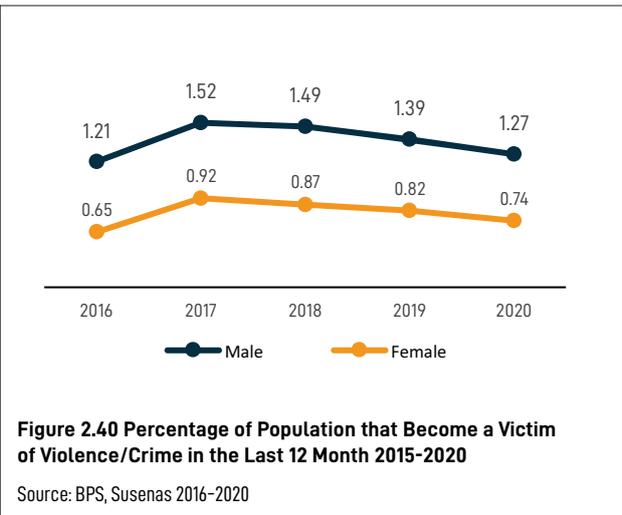
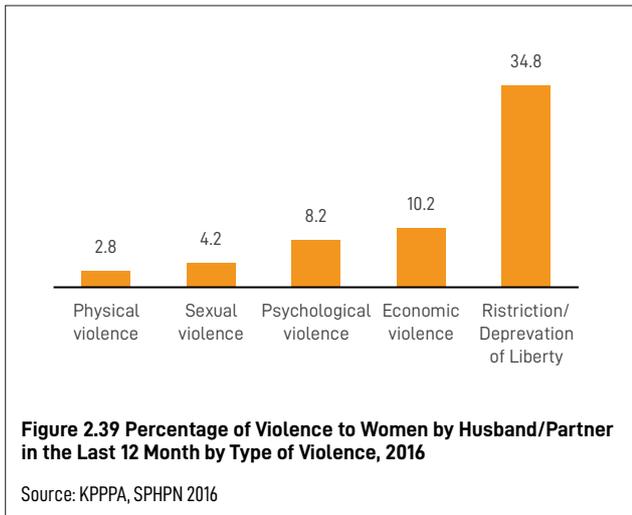
TPPO is an international criminal organization and is a form of severe crime against human rights. Migrant Care (in BPHN, 2011) reported that victims of TPPO usually enter illegally through middlemen. Every year at least 450.000 Indonesian nationals (70 per cent are women) are sent-off as overseas workers. Out of such number, around 46 per cent of them are strongly

suspected of being "victims of TPPO". Generally, TPPO activities are committed through several stages, namely recruitment, sometimes by fraudulent means and abduction, transfer, exploitation and laundering of profits to legalize the revenues of TPPO perpetrators. In various sectors, such activities are common in human trafficking practices (KKP, 2017).

2.6.2.2 Tren Indikator SDGs

KtP data collected through "KtP-specific" survey has not had a long history, hence data trends cannot as yet be presented. This report presents data from the first survey on violence, namely the SPHPN conducted in 2016. There are 5 types of data on violence collected in the survey, 4 of them are related to law, while violence in the form of behavioral limitation is not yet regarded as a crime.

In the last 12 months SPHPN has shown that the order of the types of violence is physical, sexual, psychological, economic and behavioral limitation (Figure 2.39). In this survey many of the types of action regarded as violence are deemed by the majority of respondents as not being violence at all such as pinching the leg and ear of younger siblings. The definition of violence/crime collected in the *Susenas* may not be as concise as that of SPHPN but is more focused on actions specified under the Indonesian Criminal Code (KUHP) which include violence/crime in public space.

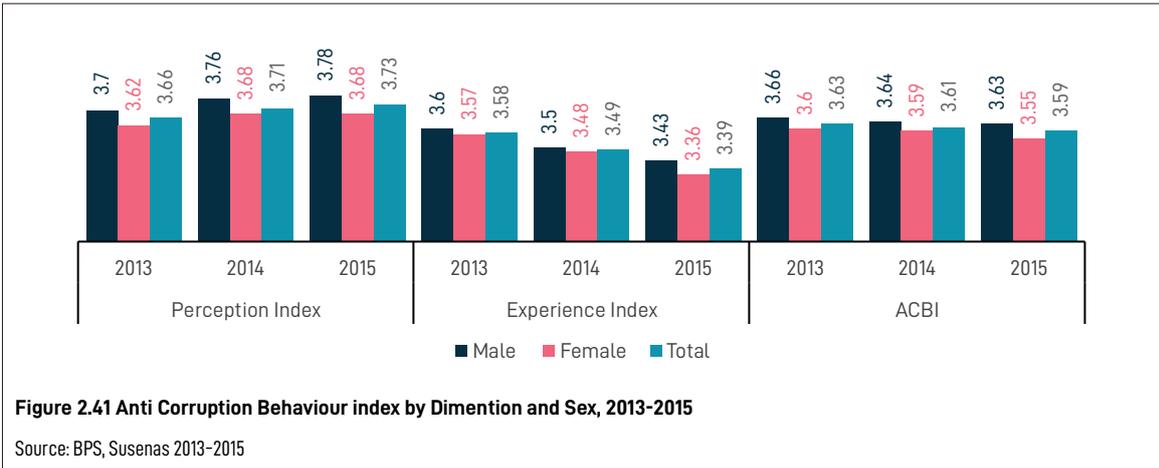


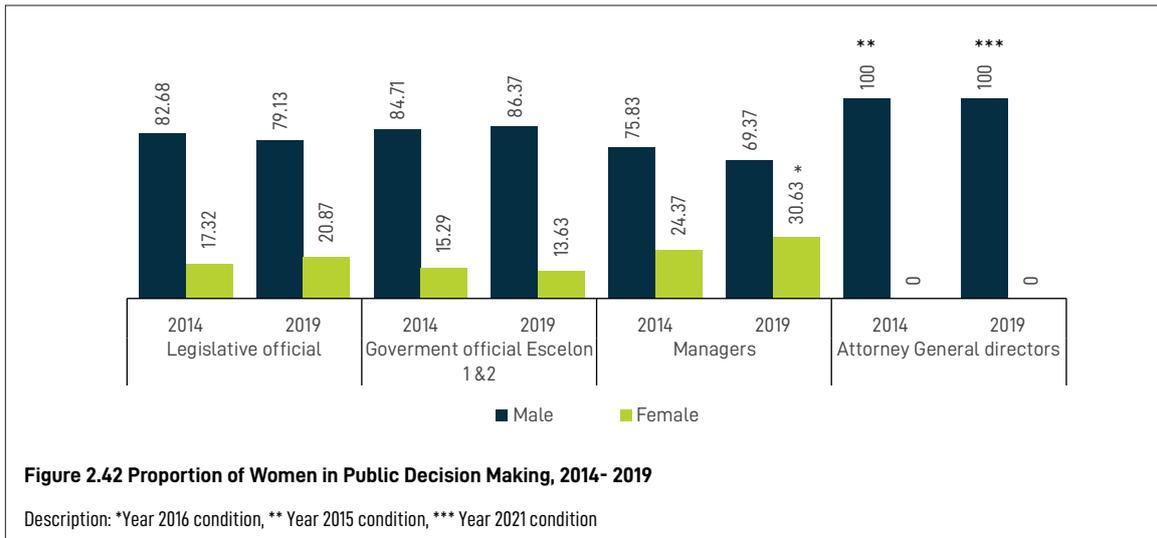
The trends regarding violence/crime suffered by victims in the last month in 2016-2020 is presented in Figure 2.40. It is apparent that in relative terms women are less often the victim of violence/crime. It makes sense that women spend more time at home while men spend more time outside home. In the year of 2020 the risk of non-poor population is twice as much as that poor population for being the victim of crime. The risk is similar for men or women of non-poor group (See Attachment Table 16.1). Such figure shows indications that at the beginning of the Covid-19 pandemic there had been a slight drop in the percentage violence/crime, both against men as well as women. PSBB regulation might be the cause of the decrease.

Data on violence against young women and men aged 18-24 years in the form of sexual violence

before the victim reached 18 years are collected through the Survey on Violence against Children (SkTA) 2013. The indicator values reported are nearly identical for the two population groups of young people, namely 6.4 per cent for men and 6.3 per cent for women.

Anti-Corruption Behavior Indicator (IPAK or Anti-Corruption Behavior Index or ACBI) comprises two dimensions, namely the perception and experience indexes. Both in terms of perception as well as experience in witnessing corruption, the index for women is lower than that of men. IPAK at the national level is between 33.63 and 3.90 in the last three years, while in 2013-2015 around 3.6. Gender Disaggregation shows that both perception and experience indexes, as well as IPAK/ACBI for women are lower than those of men in 2013-2015.



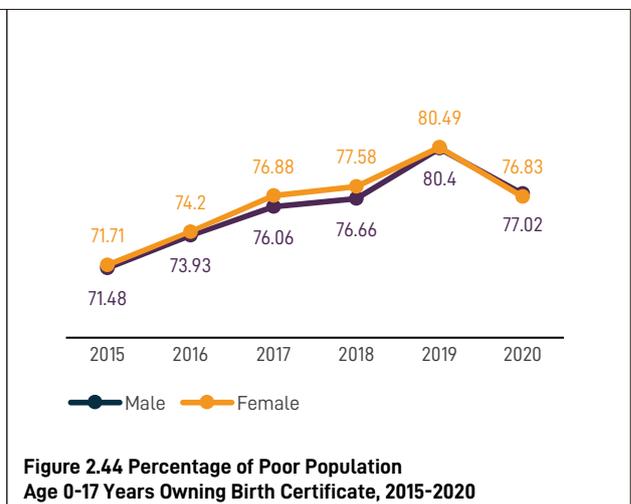
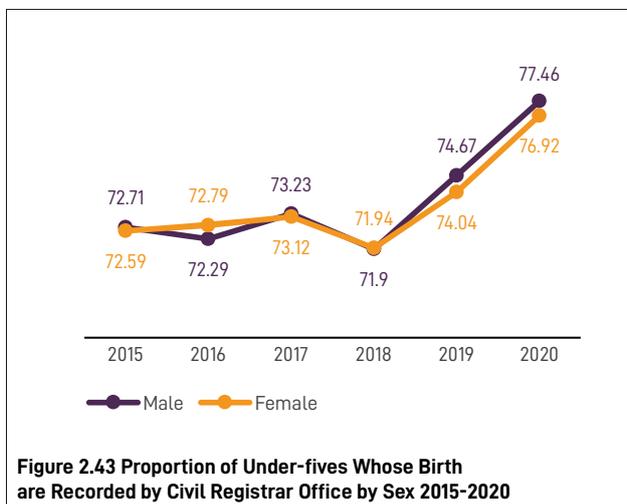


Descriptions that public domain and position of leader belong to men is reflected in the number of men who occupy executive, legislative and judicial institutions. Figure 2.42 presents the composition of DPR, echelons 1 and 2, managers and heads at the office of the Attorney General. There is no "most" balanced composition between men and women, but the highest proportion of women is at the position of manager (30.63 per cent), then member of DPR (20.87) and structural official (13.63 per cent), the Attorney General's Office there is no female Attorney General.

There is a drop in the holding of birth certificates for poor people from 2019 to 2020. This is understandable since during the Covid-19 pandemic which has had an effect on the

economy of the people, hence arrangements for birth certificates are not deemed a priority, while there are more pressing needs for food. The social distancing protocol also limited people from making the arrangements for children who do not yet have birth certificates. According to BPS (Social Demographic Impact of Covid-19, 2020 survey results) as many as 82.5 per cent of the population was beginning to avoid travel on public transports.

In connection with Human Rights Violations, Komnas Perempuan handles reported cases of human rights violations against women. Throughout 2015-2017 this institution handled an average of 95 per cent of the between 250,000 and 350,000 cases per year that come in.



2.6.2.3 Summary of Progress and distances to travel to the 2030 agenda

Gender issues in law relate to the status and condition of women who are weaker than men. The treatment or harsh actions from men toward women are as a result of men see themselves are the stronger and more powerful. Meanwhile, women are considered weak, gentle, obedient and submissive so they become object of injudicious actions.

In the Covid-19 pandemic, throughout 2020, there were quite a lot of extreme cases, i.e., increasing KTP in the form of: violations of marriage age limits and cyber gender-based violence (KBGS), the number of child marriage increase 3 times larger the pre-pandemic conditions, from 23,126 cases in 2019 to 64,211 cases in 2020. At the same time, KBGS risen from 241 to 940 cases. There is virtue behind the Covid-19 pandemic, a decrease in the number of incest 822 to 165 cases. PSBB encourages all family members to be at home so that the chances of incest become small. The alarming thing is that the perpetrators of incest are the most by biological fathers.

Violence/crime that occurred in the period 2016-2020 against residents aged 18-24 years in the last 12 months shows that the prevalence of violence /crimes against men is higher than in women. This is related to the habits of women who live more at home compared to the habits of men who often go outdoors.

Two sources of violence data from Komnas Perempuan and from BPS show different trends. Two of the three types of violence contained in Catahu show an increasing trend in 2019-2020. Meanwhile, Susenas data trends in the same year showed a very small decline. The two data trends may support the conclusion that the target of lowering violence cannot be reached by 2030.

2.7 GOAL 17: STRENGTHENING THE MEANS OF IMPLEMENTATION AND REVI-TALIZATION OF GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT

Target 17.8: Full operation of Science and Technology Banks, Mechanism for Capacity Building of Technology and innovation for Under Developed Nations in 2017 and Increase Use of Empowering Technology, Particularly Information and Communications Technology.

For such purpose indicators that are used to measure this target is indicator 17.8.1m, namely the percentage of internet users. Since the indicator for internet use is closely related to other IT information, namely the use of computers and cellular telephone technology. The following are disaggregation of IT indicator by sex and area type (urban and rural). The comparison of underdevelopment of the female and rural populations could be scrutinized.

2.7.1 Principle "No one left behind"

The principle is already reflected in SDGs indicators, both in connection with the human factor who are involved in target achievement activities as well as in the form of output from the activities produced. Achievement in the resolution of villages that are left behind have been identified with a reduction of nearly 30 per cent in 4 years. In 2015, 122 districts in Indonesia (out of 416 districts) classified as backward districts has already been reduced to only 62 districts in 2018. In addition to achievement in freeing areas we still need evaluate the liberation of population segments deemed to be left behind. Illustration on underdevelopment of women from men has already been discussed above. The following are indicators that can find and recognize who are left behind in SDGs.



I. Rural area population particularly DTPK behind in terms of enjoying:

- a. Development in transportation facilities and infrastructures
- b. Development in economic development
- c. Development in social facilities

ii. Compared to urban residents, rural residents suffer from more underdevelopment in various indicators such as:

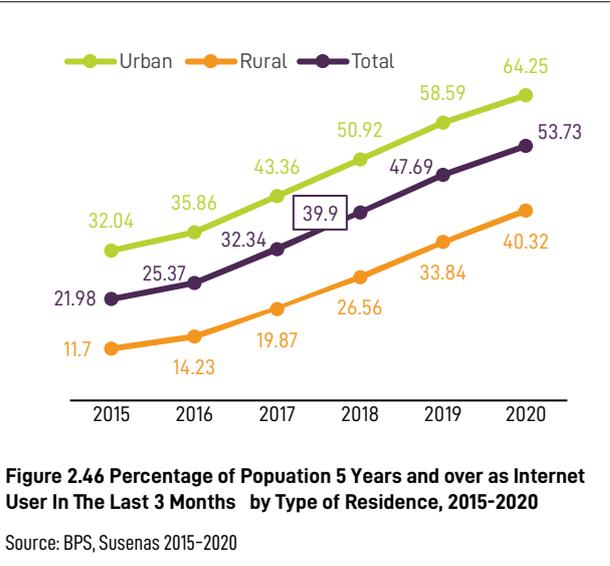
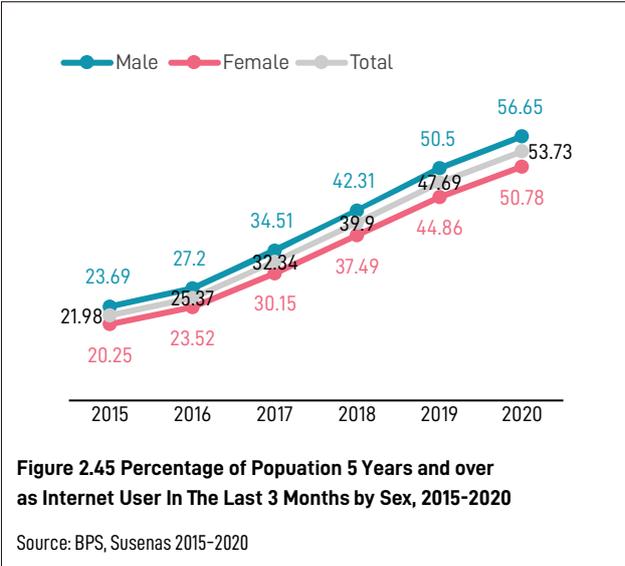
- a. Poverty (nearly twice that of urban areas),
- b. Expected food pattern score (4.2 per cent lower than urban),
- c. Childbirth in health service (13.71 per cent lower than urban),
- d. Unemployment levels (3.89 per cent higher than urban),
- e. Relative poverty (twice or more)
- f. Holding of birth certificate of children (lower at 7.7 per cent than urban).

During the Covid-19 pandemic the social distancing protocol caused many face-to-face/off line activities to be replaced by online activities. Limited access to the internet caused many activities and the number of participants such as in health service and education/training to drastically drop.

2.7.2 Trend of SDGs indicator 17.8.1: Percentage of Internet Users

Figure 2.45 and Figure 2.46 show the trends for internet use itemized by sex and area. During the Covid-19 pandemic, when the economic indicator trend generally drops, the prevalence of internet use continue to rise. This is related to the increased intensity of development activity online communications. The two figures also show that the different prevalence of internet use between the male and female populations is less significant than between the urban and rural populations. The *gender gap* is 3.44 per cent in 2015 and increase to 5.87 per cent in 2020. Meanwhile the *urban/rural* gap is larger, namely 20.34 per cent in 2015 and increased to 23.93 per cent in 2020.

At household basis, in the year of 2020, there are more RTL used internet than RTP. The kind difference in percentage of internet usage also happened among poor and non-poor group. The difference is higher among the poors than among the non-poors (See Attachment Table 17.1)



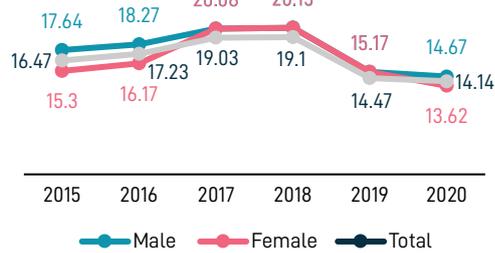


Figure 2.47 Percentage of Population 5 Years and over as Computer User In The Last 3 Months by Sex 2015-2020

Source: BPS, Susenas 2015-2020

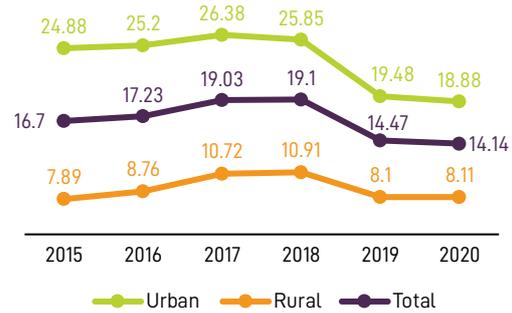


Figure 2.48 Percentage of Population 5 Years and over as Computer User In The Last 3 Months by Type of Residence, 2015-2020

Source: BPS, Susenas 2015-2020

Communications via internet can use equipment, among other things, computers or cellular telephone. The populations who have telephones is closely related to ownership of telephone units since they can use such equipment freely. Since the price of computers is for more expensive than cellular telephone sets then it can be concluded that if the prevalence of cellular telephone use is higher than that of computers. The prevalence of use of the two equipment are presented in Figure 2.47/2.48 and Figure 2.49/2.50.

Figure 2.47 and Figure 2.48 also show that in relation to the prevalence of computer use, the trend patterns in 2015-2020 between the disaggregation according to sex and according to area. Such prevalence trend patterns show an

increase in 2015-2018 and a drop in 2018-2020. The *gender gap* in computer use dropped 2.34 per cent in 2015 to 1.05 per cent in 2020, while the *urban/rural* gap dropped from 16.99 per cent in 2015 to 10.77 per cent in 2020.

The prevalence trend patterns for cellular telephone use in 2015-2020 differs from that of computer use. The prevalence of cellular telephone use increased in 2015-2019 then dropped in 2019-2020. The gender gap dropped in 2015 to 2020; the numbers are, consecutively from 13.03 per cent in 2015 to 10.61 per cent in 2020, while the urban-rural gap dropped 18.88 per cent to 15.22 per cent. The illustration derived from prevalence of internet use and possession of cellular in 2020 is that there was an increase in

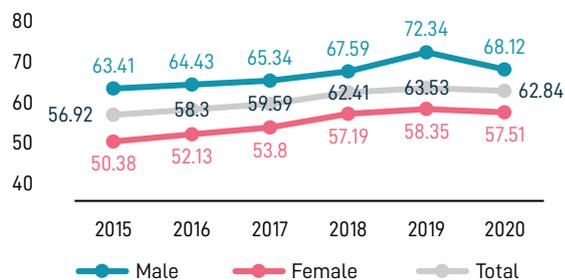


Figure 2.49 Percentage of Population 5 Years and over who control Cellular Telephone In The Last 3 Months by Sex, 2015-2020

Source: BPS, Susenas 2015-2020

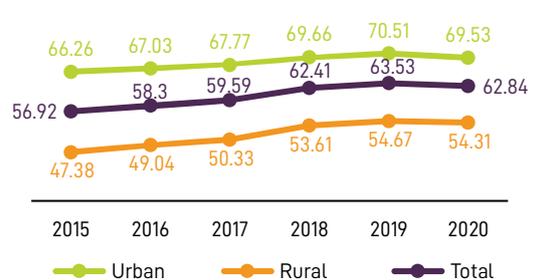


Figure 2.50 Percentage of Population 5 Years and over who control Cellular Telephone In The Last 3 Months by Type of Residence, 2015-2020

Source: BPS, Susenas 2015-2020

the intensity of development activity communications, such as teaching, consultations with health services and meetings, through online means during the Covid-19 pandemic that are not connected with the drop in cellular telephone possession. Gender gap on the cellular phone use, as mentioned, is only slight but this technology development has had affect on women. KBGS/KBGO is continuously increasing and should be eradicated or at least reduced.

At household level, RTL use more cellular phone than RTP. Among the non-poor households the prevalence of cellular phone use for RTL is twice as much as that of RTP. Meanwhile among the poor households the difference is only one and half fold (See Attachment Table 17.2)

2.7.3 Summary on performance and achievement of agenda 2030

Internet use is related to the use of computers and the mastery of mobile phone and its uses. When compared, the benefit of the 3 communication devices, the use of mobile phone is the highest. There is no significant difference in the percentage of its number used by men

versus women, but the number of uses by urban residents compared to rural areas differ significantly. Increase in internet use is very rapid, more than doubled; from 21.98 to 53.73 in the 2015-2020 period. With the rapid increase in internet use, as the only determining indicator, it can be said that the target of 17.8 can be reported successfully achieved.

The principle of SDGs that emphasizes that *no one left behind* is reflected in the indicators used to measure the achievement of SDGs targets. Many backward rural and district regions have been dealt with but many of the people in rural area are still behind in benefiting from the development of transportation infrastructure and facilities, economic and social facilities. The people living in rural areas are still left behind in many respects such as: poverty, eating pattern, childbirth in health facilities, unemployment rate, relative poverty, attainment of birth certificates and internet use. During the Covid-19 pandemic, social distancing compromise cause them to be even more left behind due to the change from face-to-face activities to online activities.

3

CHALLENGES AND BASIC PRINCIPLES

In general, in every effort at development in Indonesia, such as MDGs and TPB/SDGs the main challenges are:

1. Condition of environment and population

It was not easy to implement and reach the objectives of certain national programs as they are spread out on 17 thousand islands and around 68 active volcanoes. In addition, it is not easy to target and approach 255 million people of various tribal, religious and linguistic affiliations.

2. Social-economic and facility gap

There is generally a gap in the social-economic conditions of the various segments of the population, both between the regions as well as between groups of the population. Such difference in conditions have an impact on the way development is viewed and acted upon. Therefore, development activities implementation could succeed in an area or with regard to a group of people but not successful in others.

3. The gap between the quality of central and regional governments

Regional autonomy has been carried out since 2000 but there are still gaps in the quality of planning, activity implementation, monitoring and evaluation of development between the central and regional governments.

In particular, this report discusses TPB/SDGs achievements measured by indicators related to at risk groups, Covid-19 pandemic and gender issues with the following challenges:

1. Data Availability

The principle of "*no one left behind*" means that monitoring and evaluation must be conducted on at risk groups and whether they enjoyed the fruits of development. Therefore disaggregated data according to various population characteristics both those at risk or not in order to conduct comparisons.

2.Overcoming the Covid-19 Pandemic

Despite already being over one year that the pandemic has ravaged Indonesia, handling has not been fruitful. There are even newer and deadlier variants arising in various countries, such as the Alpha variant in Britain, the Beta variant in South Africa, the Delta variant from India and Gamma from Brazil. Three new variants, namely Alpha, Beta and Delta has reportedly entered Indonesia. There was adequate participation in development activities throughout the Covid-19 pandemic that are carried out online by the few who have IT mastery.

3.Resistance to women's progress

There are many men who regard that progress for women is not a priority since any benefit women gain would be to the detriment of men, moreover

since according to the marriage law, the duty of a wife is only to assist the husband as the principal breadwinner. Challenges often come from women themselves who feel that their priority is to manage the household, hence career development and promotion are not important. Erroneous care patterns on gender relations and customs witnessed on a day-to-day basis by the community caused women to regard that the gender gap to be quite common and should be obeyed.



4

MAIN STRATEGY AND POLICY IMPLICATIONS

Categorization based on the pillars of development in formulating strategies to achieve SDGs, namely social, economic and legal/management pillars. This is done in view of the Goals of development which lies interconnected within one single pillar thereby avoiding any duplication in discussion. In connection with the Covid-19 pandemic, which has hindered, the achievement of SDG Goals, particularly those related to the rate of economic growth, identification of the roles of men and women in activities that mitigate the effects of Covid-19 pandemic in the social-economic fabric of society will be revealed.

4.1 SOCIAL PILLAR

Goals 1, 2 and 3 are interconnected with the focus of food resiliency, distribution of food to the community, affordability of food to the community as well as distribution of family food and nutrition.

In connection therewith, the level of women households playing the role of family food manager beginning from purchases, part of the production itself, storage and processing. The role of distributing food, and the nutrition contained within, is not entirely the responsibility of women. Men have significant influence in financing food so that in within the community in general they have priority in family food and nutrition distribution. Such chain of family food management is important to take note of since the selection of type and distribution of food have significant influence on adequacy of family nutrition which has significant indirect consequences on MMR and early death. Due to the limited resources and funds men and women could increase their roles through appropriate effective and strategies.

Although the target for reducing poverty, improving food and nutrition, reducing AKI and early death was not successfully achieved in 2020,

programs that already exist prior to Covid-19 need to be continued, and new programs related to social security need to be multiplied and improved so that they would be properly targeted and, in addition to various economic recovery that still be intensified. Strategies with gender approaches may be applied in the following strategies:

Proposed Strategies

Goal 1: Improve ability of the female population both as individuals as well as household head in the field of economics in developing sustainable living through the strengthening of social assets, improvement of business and work capacity, as well as improving and expanding access of women to capital.

Goal 2: Improvement of the quality of food and nutrition consumption of the community.

Goal 3: Accelerate nutrition improvement of the community and increase promotions for health and community empowerment.

Policy Implications

A. Increasing the role of women in the field of economics

Poverty is the main and first focus in SDGs of which achievement will have significance in reaching the Goal of food and nutrition as well as community empowerment. The lowering of poverty levels is expected to improve food and nutrition affordability for the as well as being able to participate in community empowerment programs to improve family living.

According to the Minister for PPPA, the potential and role of women in the economic sector is great, particularly in Micro, Small- and Medium-scale Businesses (UMKM). UMKM enactors which number approximately 64 million (or more than 90 per cent of the total businesses in Indonesia) around 50 per cent of them are managed by women. Therefore, improving the quality of (UMKM) business enactors would mean that around 32 million female UMKM managers, hopefully, would also improve in terms of quality.

In addition, in connection with the economic resilience of women, through one of the its priority program the "Three Ends", namely "End the unfair economic access for women", KPPPA has developed home industry activities (IR) that are friendly to women and child protection. Such programs began in 2016 at 14 districts and increased to 21 in 2017. Due to the success of development of the IR program in several districts, the women's economic resilience programs that are women and child protection friendly such as this need to be developed more massively in all districts.

Although at a smaller scale, in a condition of crisis, such as the Covid-19 pandemic, women's activities are not as weak as those of men. Where employment terminations are on the rise in the formal sector, women who stop work in the formal sector, as do men, shift their activities to unpaid family work. It is important to note that many women who previously do not work, due to termination of the husband's employment, voluntarily seek work to meet family needs. This also supports quantitative TPAK data of women that increases and TPAK of men that declined in the 2019-2020 period.

B. Acceleration of improvement in the quality of community food and nutrition consumed

Distribution of food and nutrition that is inconsistent with the needs of the respective members of the household as a consequence of the traditions that they observe which caused pregnant mothers and growing children to be denied adequate priority. This is exacerbated by the as yet resolved Covid-19 pandemic which to this day still causes the reduction of income.

In order to eradicate hunger and guarantee access for all foods that are safe, nutritious, and adequate throughout the year, the institution of food and nutrition need to be strengthened. This is expected to be able to support activities that encompass the aspect of food availability (increasing food



production, domestically-sourced protein), affordability of food (ensuring balanced food distribution) and utilization of food by taking into account food safety.

Members of the community be they men or women could contribute to improvement in food and nutrition directly by optimizing existing resources in the community. Utilization of their yard for planting or livestock, poultry/fish and management of income to acquire the best food and nutrition, as well as family food distribution as required.

C. Increasing health promotion and community empowerment

To guard the lives of children until they become independent is needed very much. This is the duty of parents, the community and the state. In addition to intensifying implementation of programs in the nine-point agenda (Nawacita), character education needs to be strengthened; this is expected to be able to avoid bad behavior, including behavior that is unhealthy. Children and youth that are healthy and strong is the pre-requisite for achieving the Goals of human resource development and mastery over science and technology as the first pillar of the 2045 golden generation.

Curative efforts related to health services, management, advocacy, partnership and increasing the capacity for controlling PTM has been conducted to reduce early death. In view of the preventive capacity through the 4 factors of high risk, promotional and preventive efforts through community empowerment which is an important alternative solution. The role of parents in reducing the PTM risk factors need to be increased. In this matter the role of women as person responsible for family food and nutrition becomes more strategic. Men and women can contribute so that they can help their children to avoid cardiovascular disease, diabetes mellitus, cancer, and chronic obstructive respiratory

disease by providing a healthy diet.

The lack of socialization/education to men as a result of gender issues must be corrective. Fathers as role models for male children need to receive explanations on the dangers of unhealthy behavior and could hand down such knowledge to their children and their children's children. Husbands and wives need to receive socialization on nutritional requirements for pregnant mothers and growing children under five years old. Particularly the wives need to acquire knowledge on how to increase the effectiveness of limited income in terms of nutrition.

4.2 ECONOMIC PILLAR

Goals 8, 10 and 17 have their focus on those related to sustainable economic growth and decent employment for all, and equal distribution. Goal 8 is also closely related to Goal 1 in view of the fact that economic growth will generally create employment, absorb manpower which will ultimately reduce unemployment and poverty. Therefore, the strategies already proposed for Goal 1 are no longer proposed in Goal 8.

Strategies proposed

Goal 8: a. Capital intensification and manpower education, and increasing participation of women in the labor force.

Goal 10: Development of processing chain activities that are value added in character to support the development of the agro industry-based local economy and superior commodities.

Goal 17: Increasing Indonesia's role at the global level.

Policy Implications

A. Capital intensification and increasing labor participation

As specified earlier poor and low-education women have low understanding of banking issues, hence credit assistance to the poor community is

not adequately utilized. The same with Micro, small and medium businesses (UMKM) managers, particularly micro businesses that often have funding shortfall to be specifically set aside for business capital requirements. UMKM management that require capital often must borrow rent seekers who offer exorbitantly high interests rates. This is done so that women could have capital to do business.

B. Manpower education

Manpower or UMKM managers require knowledge related to the ins and outs of business activities at the place of work and prospects for development in the future. In the meantime UMKM manager often become complacent with producing goods but find it difficult to market their products. For this, knowledge on networking and IT is needed. Accompaniment or facilitation is a form of effective education since the teaching materials are directly practiced.

C. Development of processing chain that is value added in character to support the development of the local economy and agro industry-based superior commodities.

This strategy is implemented in the form of training to the community by including men and women to improve the local economy by selecting products that are specific to the area. For example, this training could begin with material on how to select superior seedlings in the intervention area, how to select plants with the proper fertilizer, how to select post-harvest activities. In some areas pre-harvest activities are usually conducted by men and post-harvest by women.

D. Increasing Indonesia's role at the global level

By increasing role in various global partnerships internet usage could therefore be increased.

4.3. GOVERNANCE PILLAR

The Legal and Management Pillar in this report only

comprises Goal 16 "Empowering the Community that is Inclusive and Peaceful for Sustainable Development, Providing Fair Access for All, and Build Institutions that are Effective, Accountable, and Inclusive at All Levels"

Strategies proposed

Respect the rights of all social-cultural, minority, customary community, religious groups. This strategy can be implemented by a movement, socialization or discussion that are integrated with the topic related to Goal 16, such as violence and corruption connected to criminal acts as well as regarding the rights of children to receive recognition from the state. The focus of the movement, socialization or discussion is knowledge, behaviour and practices on mutual respect of the collective rights.

Out of the two things that are related to criminal acts, handling of corruption has been overcome by several K/L particularly KPK, meanwhile in terms of the law, violence, specifically domestic violence (KDRT) is still something that is regarded as new. Since KDRT, specifically against women, is the main discourse. The facts identified in the results of the 2016 SPHPN, among other things:

a. KDRT is still regarded as a domestic affair hence other people need not know, only if women can no longer bear the suffering they experience would they speak out or report such KDRT to the authorities.

b. KDRT is a private offense hence without anyone reporting it the state cannot process it. Therefore, it is difficult for the authorities to help them.

c. The impact of inter-generational violence could be seen from 3 things/indicators that can be used, namely the mother of respondent has been hit by her partner, the mother of the respondent couple has been hit by her partner, and the respondent partner often hits members of her family during the childhood, so that the chain of



inter-generational violence needs to be cut.

d. The revelation of erroneous patterns of care on violence, gender relations and Zero violence, such as i) a wife must obey her husband even though it is contrary to the wife's wishes, ii) it is important for men to show his wife who is in charge, and iii) a parent hitting a child on grounds of discipline and teaching the child.

Policy Implications

Therefore the movement, socialization or discussion under the theme of respecting the rights of all groups including husbands toward the

wife is required. This activity can be integrated with the topic of UU-PKDRT. The target are all groups in all levels of the community are not only victims in view of this knowledge could save many girls and boys in the from violence and being perpetrator future. The local authorities, particularly at the village level as well as religious and public figures should be invited.

5

PREREQUISITES FOR SUCCESS ON HOW TO IMPLEMENT POLICY STRATEGIES TO ACHIEVE SDGS GOALS.

The basic requirement for a policy to be implemented is the presence of a strong legal basis. Indonesia's commitment to implementing the SDGs global consensus already has the support of Presidential Regulation No, 59/2017 regarding SDGs. Due to the availability of this legal basis another thing that needs to be promptly realized is as follows:

To secure the development policy, programs and activities in the country that is broad and varied in its population requires sincerity and coordination of all parties with regard to the importance of SDGs, both for central as well as regional officials, the governments, and private enterprise, K/L Regional Government and Universities, as well as stakeholders, public and religious figures. The spirit of gender mainstreaming remains secure by the inclusion of men and women.

The person in charge of programs and activities as well as from what institution must be clearly stated. It must be likewise clear how much funding there is and from what source. Also important is the creation of institutional elements based on equality among institutions, including networking in the institutional format compiled.

In the implementation of programs and activities, a sense of ownership must be developed by involving all participants and stakeholders in the activities as early and as deep as possible. Programs and activities conducted during the Covid-19 pandemic, needs to be minimized in terms of face-to-face sessions by adhering to health procedures. It at all possible online activities could be carried out briefly and effectively.

Each implementation of programs and activities need to be monitored and evaluated periodically before a final evaluation is conducted. This is important in terms of anticipating any deviations so that they could be corrected and any obstacles could be overcome. Plans for monitoring and evaluation encompass, among other things, predictions of various obstacles and their mitigation. Then something that is often

overlooked in the implementation of activities in the field is documentation. Such documentation needs to cover, at the very least, what type of activity, what and who are their target group (disaggregation of the male and female population), who will implement the activities (men or women), where and how long would the activities be implemented.



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ATTACHMENT

Attachment Table 2.1 Percentage of Households Using PAM* as a Source of Drinking Water By Sex of Krt, 2020

Sex of Krt	Poor	Nonpoor	Total
Male	8.61	9.65	9.57
Female	8.54	11.69	11.44
Total	8.60	9.97	9.87

Source: BPS, Susenas 2020

Note: * PAM (Perusahaan Air Minum or Pipe Water Company, central and regional company)

Attachment Table 3.1 Percentage of Population with Health Complaints by Sex 2020

Sex	Poor	Nonpoor	Total
Male	26.67	29.57	29.29
Female	28.88	33.06	32.65
Total	27.79	31.30	30.96

Source: BPS, Susenas 2020

Attachment Table 3.2 Percentage of Population with Morbidity by Sex, 2020

Sex	Poor	Nonpoor	Total
Male	13.69	14.11	14.07
Female	14.30	15.31	15.21
Total	14.00	14.71	14.64

Source: BPS, Susenas 2020

Attachment Table 3.3 Percentage of Deliveries by Poverty Status, Deliverers and Place of Deliveries, 2020

Deliveries Indicator	Poor	Nonpoor	Total
% Deliveries by trained health Personnel	88.07	96.20	95.13
% Deliveries by gynaecologist	17.79	38.83	36.05
% Deliveries by midwives	66.86	54.85	56.44
% Deliveries at Health Facilities	76.79	89.57	87.88
% Deliveries at home	22.33	09.90	11.55

Source: BPS, Susenas 2020

Attachment Table 3.4 Prevalence of Pregnant and Non-pregnant Women with Undernourish Chronic Energy (KEK) by Province, 2018

Province	KEK (LILA <23,5 cm)	
	Pregnant Women	Nonpregnant Women
Aceh	11.3	11.8
Sumatera Utara	14.8	10.8
Sumatera Barat	16.7	14.3
Riau	12.9	11.4
Jambi	15.9	10.8
Sumatera Selatan	17.2	12.8
Benkulu	12.1	12.8
Lampung	13.6	10.8
Bangka Belitung	13.7	12.8
Kepulauan Riau	18.3	13.1
DKI Jakarta	13.2	11.2
Jawa Barat	14.1	12.5
Jawa Tengah	20.0	18.2
D.I. Yogyakarta	24.1	19.1
Jawa Timur	19.6	13.9
Banten	18.6	12.2
Bali	13.8	11.6
Nusa Tenggara Barat	21.5	21.0
Nusa Tenggara Timur	36.8	32.5
Kalimantan Barat	13.9	14.1
Kalimantan Tengah	18.2	16.1
Kalimantan Selatan	19.5	14.4
Kalimantan Timur	11.5	12.4
Kalimantan Utara	1.7	14.4
Sulawesi Utara	14.8	11.0
Sulawesi Tengah	22.7	16.5
Sulawesi Selatan	16.9	17.7
Sulawesi Tenggara	28.0	20.5
Gorontalo	8.8	16.0
Sulawesi Barat	17.5	15.4
Maluku	30.7	21.4
Maluku Utara	29.9	19.4
Papua Barat	23.2	20.8
Papua	25.8	18.1
Indonesia	17.3	14.5

Source: Kemenkes RI, Riskesdas, 2018

LILA= Upper arm Circumference

Attachment Table 3.5 Percentage of Youths First Time Marriage Under 15 Years of Age by Province and Sex, 2020

Province	Male	Female	Total
Aceh	0.25	1.63	1.18
Sumatera Utara	0.26	1.15	0.82
Sumatera Barat	0.00	1.77	1.14
Riau	0.39	1.61	1.16
Jambi	0.20	3.97	2.63
Sumatera Selatan	0.84	4.26	2.97
Benkulu	0.07	4.21	2.61
Lampung	0.23	1.97	1.44
Bangka Belitung	1.37	5.87	4.15
Kepulauan Riau	0.23	2.69	1.80
DKI Jakarta	0.27	1.84	1.30
Jawa Barat	0.14	2.90	1.87
Jawa Tengah	0.08	1.73	1.15
D.I. Yogyakarta	0.24	0.89	0.65
Jawa Timur	0.27	3.46	2.31
Banten	0.00	2.57	1.65
Bali	0.13	1.46	0.96
Nusa Tenggara Barat	0.28	5.27	3.39
Nusa Tenggara Timur	1.00	2.61	2.01
Kalimantan Barat	0.78	7.22	4.85
Kalimantan Tengah	0.78	6.88	4.67
Kalimantan Selatan	0.92	5.80	4.01
Kalimantan Timur	0.24	4.54	2.97
Kalimantan Utara	0.47	5.35	3.57
Sulawesi Utara	0.78	4.37	2.97
Sulawesi Tengah	0.51	6.79	4.40
Sulawesi Selatan	0.81	5.19	3.53
Sulawesi Tenggara	0.48	6.00	4.00
Gorontalo	0.00	6.60	3.84
Sulawesi Barat	1.39	8.25	5.60
Maluku	0.50	3.42	2.29
Maluku Utara	1.04	5.64	3.81
Papua Barat	1.77	5.16	3.89
Papua	1.63	7.90	5.41
Indonesia	0.34	3.22	2.16

Source: BPS, Statistik Pemuda Tahun 2020

Attachment Table 3.6 Percentage of Population Age < 15 Years Smoking by Sex and Poverty Status, 2020

Sex	Poor	Nonpoor	Total
Male	0.52	0.35	0.37
Female	0.01	0.08	0.07
Total	0.27	0.21	0.22

Source: BPS, Susenas 2020

Attachment Table 3.7 Percentage of Population Age ≥ 15 Years Smoking by Sex and Poverty Status, 2020

Sex	Poor	Nonpoor	Total
Male	52.29	56.76	56.39
Female	01.01	01.08	01.08
Total	25.82	28.97	28.69

Source: BPS, Susenas 2020

Attachment Table 16.1 Percentage of Population experiencing Violence/Crime by Sex, 2020

Jenis Kelamin	Miskin	Tidak Miskin	Total
Laki-laki	0.69	1.33	1.27
Perempuan	0.36	0.78	0.74
Total	0.52	1.06	1.01

Source: BPS, Susenas 2020

Attachment Table 17.1 Percentage of Households Using Internet by Sex of Krt, 2020

Sex of Krt	Poor	Nonpoor	Total
Male	18.92	50.74	48.26
Female	7.78	29.93	28.20
Total	17.15	47.45	45.09

Source: BPS, Susenas 2020

Attachment Table 17.2 Percentage of Households with Control of/Owning Celluler Telephone By Sex of KRt, 2020

Sex of Krt	Poor	Nonpoor	Total
Male	48.85	76.47	74.32
Female	25.32	51.82	49.75
Total	45.12	72.58	70.44

Source: BPS, Susenas 2020



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