Indonesia

POLICY SCORECARD

To what extent are Indonesia's national policies that focus on engaging men and boys gender-transformative?

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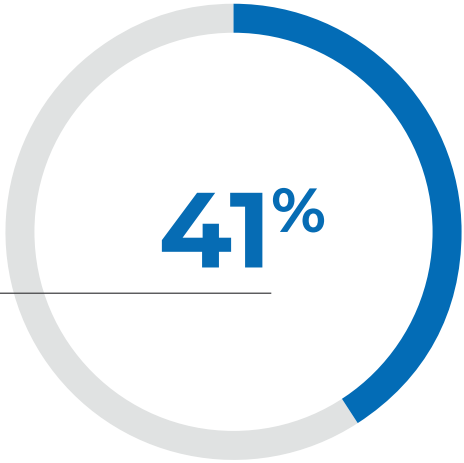
A review of Indonesia's **National Policy:**

Government Regulation Number 61 of 2014 on Reproductive Health

At a glance

Public policy and programming in Indonesia have long focused on encouraging men to use contraceptives, and to be involved in family planning and (their wives') maternal health. However, at present, there is still no national strategy or program aimed at eliminating GBV that integrates a strategic focus on engaging men and boys. Although the Regulation is implemented through various programs, they have weak or non-existent information, education and communication components on gender-transformation. These issues are reflected in the policy's overall score of 41%.

Policy's Score



This is part of a series of policy reviews developed in partnership between MenEngage Global Alliance and FemJust.

Find out more about the methodology used to review this policy – and how you can use it to hold law-makers and policy implementing institutions accountable from national to global levels – at menengage.org/advocacy.

The policy was reviewed independently against a methodological framework that assesses the policy against a range of criteria. Qualitative and quantitative data were collected from interviews, document reviews, and survey responses.

Interviews and respondents included feminist, LGBTIQ and youth activists, and people from government and UN officials, and academia. Find out more about the methodology and detailed results for Indonesia and other countries assessed at menengage.org/advocacy.

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THIS IS A REVIEW OF THE POLICY:	**The Government Regulation No. 61/2014 on Reproductive Health**
DATES OF THE POLICY:	**2009 - 2014**
SCOPE:	**National policy of Indonesia**
POLICY DEVELOPED BY:	**The Ministry of Health** (collaborating closely with feminist women's health groups and the Ministry of State Secretariat).

How has this policy been analysed?

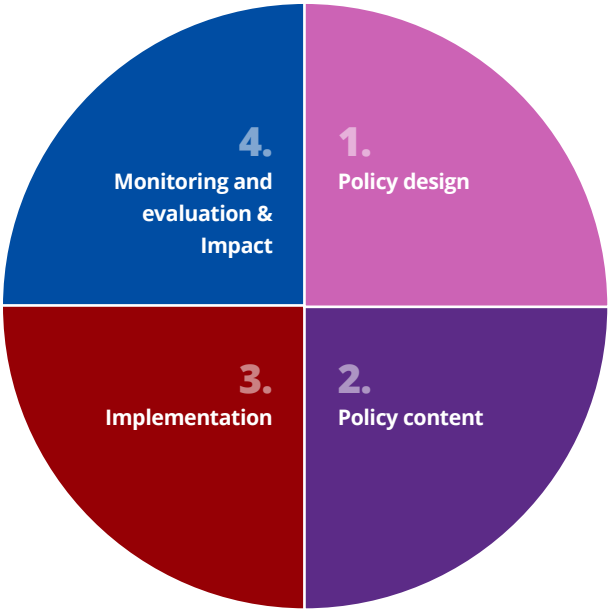
The policy was analysed based on its alignment to the following frameworks through all phases of the policy process:

1. **Intersectional Feminist analysis**

2. **Human rights-based approach**

3. **The socio-ecological model**

The policy's approach towards engaging men and boys through a feminist policy process is assessed across four areas:



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What makes a policy gender-transformative?

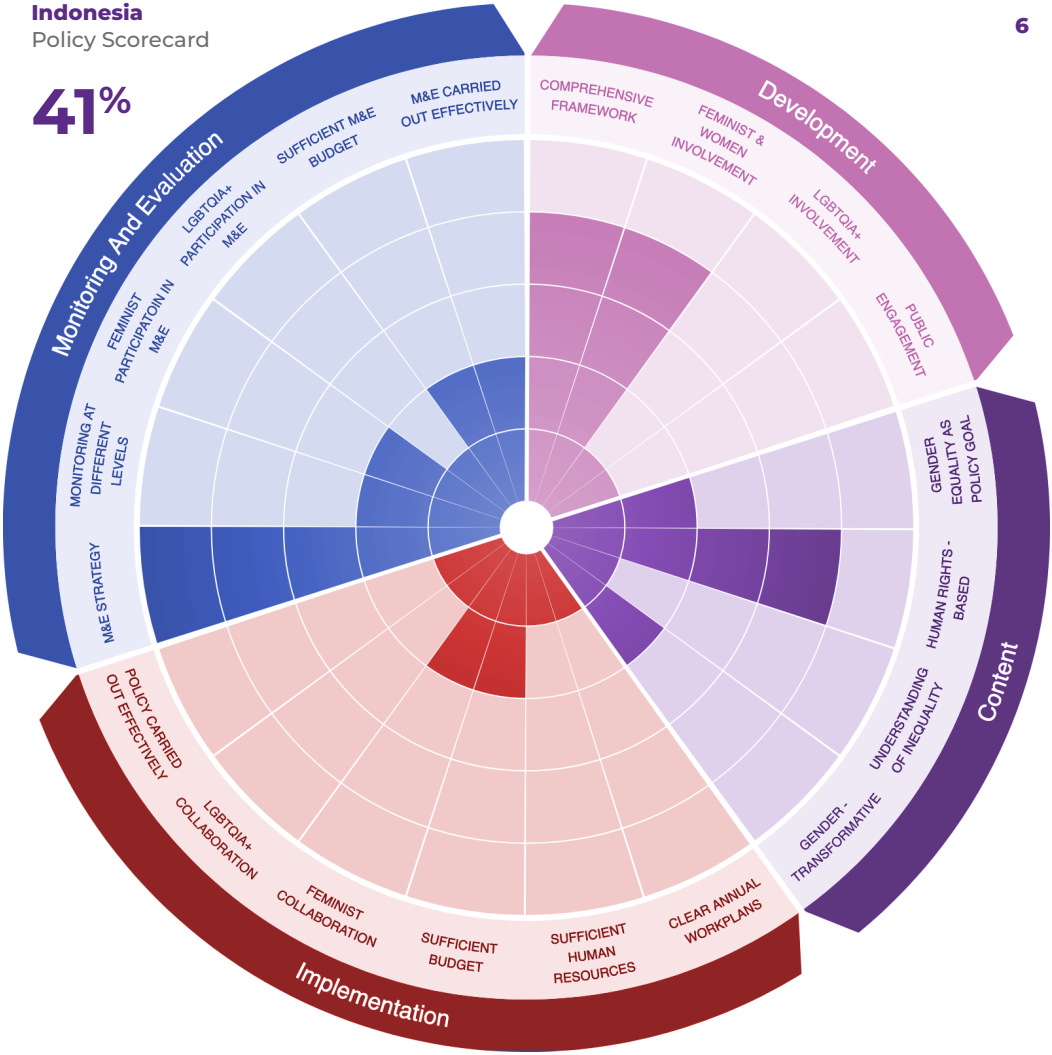
A gender-transformative policy aims to: dismantle harmful and oppressive social and gender norms, create new norms that affirm people of all gender identities and expressions, and redistribute gendered and other intersecting forms of power and privilege. It also puts into practice the human rights principles of participation, empowerment, accountability, transparency, and centering the most affected and the most marginalized, among others.

It appropriately conceptualizes and analyzes the problem in focus - for example, gender inequality or gender-based violence or adverse sexual and reproductive health outcomes. **This includes identifying the power imbalances created by gender norms and stereotypes, and how these intersect with other forms of oppression.** It does not perpetuate existing gender norms and stereotypes in its framing, assumptions or strategies.

It recognizes the leadership of feminist and queer movements and meaningfully engages them at all stages of the policy process, from design to implementation to evaluation. At its heart, a gender-transformative policy is **accountable to all those who have been historically oppressed by patriarchal norms**, discrimination and violence, including girls, women, trans, non-binary and queer people.

When a gender-transformative policy engages men and boys, it does so in service of the mission of achieving a gender just society, social and political institutions, and policy framework. **Specific strategies call on and enable them to recognize and dismantle patriarchal power and privilege utilizing an intersectional feminist approach.** Strategies to engage men and boys do not operate in a silo, rather form part of a comprehensive strategic framework to achieve gender transformation and equality.

41%



This chart shows how strong the policy is in terms of intersectional feminist thinking and practice, across 20 scoring criteria. The criteria are grouped into four areas, offering a quick visual guide to how well the policy was developed, implemented and monitored, as well as the strength of its content. The scores reflect a thorough assessment of evidence and interviews, against a standardised scoring framework.

Find out more at www.menengage.org/advocacy

Highlights

- The policy recognizes women as rights-holders, and applies human rights principles of equality and participation. However, important principles of transparency and accountability are weak or lacking.
- The government worked closely with feminist and women's health organizations to draft and finalize the policy.

Lowlights

- The policy development process did not widely engage stakeholders, leaving out various - sectors of government and civil society, and the general public. Due to criminalization and discrimination against LGBTQI people, the government did not engage them in policy design, implementation or monitoring and evaluation.
- The policy emphasizes behavior change to improve health outcomes, rather than transforming gender and social norms to improve the overall status of women. Rather than locate reproductive health issues within a larger context of gender inequality and seek to address that context, the policy operates within a heteronormative patriarchal framework, focusing on marital relationships, and targeting husbands in their role as the primary decisionmakers within the family.
- While there is sufficient budget for implementation of programs on maternal health and family planning, there is insufficient to no budget related to the other aspects covered in the policy, including safe abortion services, adolescent sexual and reproductive health, and assisted reproduction.
- Government officials and staff responsible for planning, implementation and oversight do not have sufficient understanding of and expertise on the gender-transformative approach and its application.

Indonesia has long had one of the highest maternal mortality rates in south-east Asia and reducing this has been a priority for the government. Yet, due to the sensitivities surrounding access to abortion, and assisted reproduction, it took a long time for the Ministry of Health to initiate the process of drafting the regulations.

In 2010, Turkey's President and former Prime Minister, Recep Tayyip Erdoğan, publicly declared that he did not believe in the equality of women and men. Early on, the Justice and Development Party to which he belongs rejected the concept of gender equality in favor of their interpretation of gender justice based on 'the complementarity of gender roles'. In recent times they have further rejected the notion of gender itself, joining the 'gender ideology' movement sweeping across many parts of the world.

“The policy clearly indicates that it is necessary to engage men and boys, but it does not stress [the] masculinity transformation component”

FEMINIST ACTIVIST

In what landscape did the policy emerge?

Public policy and programming in Indonesia have long focused on encouraging men to use contraceptives, and to be involved in family planning and (their wives') maternal health. In 1996, the government launched the Mother Friendly Movement to promote community action in eliminating maternal mortality. Among other strategies, it called on husbands to be more actively involved in birth preparedness. Following this movement, in early 2000, a national campaign called *Suami* SIAGA (Alert Husband) was launched to encourage husbands to support their wives' during pregnancy, childbirth and after birth.

The Alert Husband program is considered successful in that it contributed to improving maternal health, particularly through male accompaniment at antenatal care visits. However, it operated very much within the heteronormative patriarchal culture, focusing on marital relationships, and targeting husbands in their role as the primary decision makers within the family. While successful from a public health perspective, it fell short in terms of contributing to gender-transformation.

Public and political discourse related to engaging men and boys for gender equality appear to be less evolved. Activists and CSOs raised the subject of engaging men and boys during the early 2000s in the context of addressing and eliminating GBV. In 2004, the law regarding 'elimination of violence in (the) household' was enacted, which included provisions for counseling of perpetrators as a means to changing harmful behavior, and for engaging men in efforts to eliminate GBV. However, at present, there is still no national strategy or program aimed at eliminating GBV that integrates a strategic focus on engaging men and boys.

In 2009, Law Number 36 concerning Health was enacted, and to clarify its provisions Government Regulation Number 61 of 2014 on Reproductive Health was developed. At the time that the Regulation was being developed, the importance of engaging men and boys for gender equality was gaining wider attention from the government and the society at large. In this environment, elements of engaging men to support women's reproductive health could be included in the Regulation, thus expanding the policy framework and the national discourse surrounding engagement of men and boys for gender equality.

CSOs have been working on the engagement of men and boys towards gender equality through education campaigns directed at men, advocacy with the government, training the police and health workers, and providing direct services such as counseling for perpetrators of domestic violence. This includes Aliansi Laki-laki Baru, Pulih Foundation, Rifka Annisa, Women's Crisis Center Cahaya Perempuan Bengkulu, LSM Rumah Perempuan, Sanggar Suara Perempuan Soe, and Rutgers WPF Indonesia.

How was the policy design process carried out?

Law Number 36 of 2009 concerning Health expanded the conditions under which access to abortion was permitted, as well as assisted reproduction. To clarify these provisions, feminist women's health groups advocated for the timely development of a government regulation on reproductive health; however, due to the sensitivities surrounding these subjects, it took a long time for the Ministry of Health to initiate the process of developing the Regulation. The catalyst for the development of the Regulation was a change in leadership at the Ministry, when a feminist was appointed as the Minister. The new Minister was motivated to develop the Regulation. Her team consulted and collaborated closely with feminist women's health groups and the Ministry of State Secretariat to draft and finalize it. Five years after the Health Law was enacted, Government Regulation 61 of 2014 on Reproductive Health was published.

The Ministry of Health consulted with feminist women's health groups because they were the main advocates and experts on the subject, and the Ministry of State Secretariat because they are responsible for publishing government regulations. A strategic decision was made to not consult widely with different sectors of the government and civil society (including groups working to engage men and boys), due to the concern that actors opposed to abortion would hold up the development of the Regulation. In order to mitigate the risk of backlash from such actors, attempts were made to incorporate some of their known views. For example, following the guidance of a *fatwa* issued by the Indonesian Council of Ulama that states that life begins after 40 days from conception, the Regulation set the limit on the gestational age for the termination of pregnancy resulting from rape at no more than 40 days from the first day of the last menstruation.[1] Nevertheless, a truly participatory process, which is a basic tenet of human rights-based policymaking, was not followed.

1. There are also other religious leaders/councils that follow different beliefs than those contained in this *fatwa.*

How are masculinities addressed in the content of the policy?

Indonesia has long had one of the highest maternal mortality rates in south-east Asia and reducing this has been a priority for the government. In line with this commitment, the Regulation has a major focus on maternal health, in addition to abortion and assisted reproduction. Together, these three subjects constitute the three substantive sections of the Regulation. Further, the section on maternal health includes provisions on: adolescent reproductive health services; pre-pregnancy, pregnancy, delivery, and postnatal health services; and pregnancy control, contraception and sexual health.

Gender equality is only mentioned once in the Regulation, in discussing adolescent reproductive health services: "Provision of Adolescent Reproductive Health Service shall be adjusted to the period and stages of adolescent development and paying attention to justice and gender equality, considering moral, religious values, mental development, and based on laws and regulations." (Translated from Indonesian) However, this is an important provision, paving the path to integrate a gender perspective in education, information and the provision of clinical services to adolescents. This optimism is tempered, however, by concerns surrounding the caveats included, which may allow oppressive social norms to be sustained.

The Regulation requires 'permission' of the husband for a woman to access abortion services in case of medical emergency. In case the husband is unavailable, the permission must be given by 'the concerned family.' Such permission is required in addition to the approval of the pregnant woman. Third party authorization requirements such as this one impose barriers to access abortion services and undermine the autonomy and rights of pregnant women. Such requirements usually predate the discourse around male engagement in reproductive health and gender equality, and are very much at odds with feminist and gender-transformative approaches towards male engagement.

Further, the provisions on sexual health demonstrate homophobia:

> "(1) Every woman has the right to lead a healthy sexual life safely, without coercion and discrimination, without fear, shame, and guilt.
> (2) Healthy sexual life as referred to in paragraph (1) includes sexual life which is:
> (...) b. free from dysfunction and impaired sexual orientation;
> (...) e. in accordance with ethics and morality."
> (Translated from Indonesian)

Explanation for (b): "Providing communication, information, and education including prevention and handling of sexual violence and sexual deviant behavior. [...] Sexual deviant behaviors include sodomy, homosexuality/lesbianism, pedophilia, exhibitionism, incest/sexual relations, corpses (necrophilia), and animals (zoophilia)." (Translated from Indonesian)

Within the scope of the Regulation, the role of men in supporting women's reproductive health is restricted to 'legal partners'. Premarital sexual relationships are discouraged in the Regulation, and no role is conceived for intimate partners outside marriage. Men's roles are discussed in relation to maternal health and contraception. Article 10 pertaining to maternal health states that the role of the legal partner includes:

> "a. supporting mothers in family planning;
> b. being active in contraceptive use;
> c. paying attention to the health of pregnant women;
> d. ensuring safe delivery by health workers in health service facilities;
> e. helping after the baby was born;
> f. actively nurturing and educating children;
> g. not doing domestic violence; and
> h. preventing sexually transmitted infections, including HIV and AIDS."
> (Translated from Indonesian)

Articles 22 and 23 pertaining to contraception stipulate that men should support their wives' choice of contraceptive method, and should themselves use male contraceptive methods.

In its approach to engaging men and boys, the Regulation takes a light touch. It largely focuses on changing men's behavior (for example, using contraceptives, nurturing children, not perpetrating violence), and not on transforming harmful social norms and unequal power relations that are at the root of gendered behaviors. This is also reflected in both implementation and monitoring efforts. The Regulation also lacks a focus on actively empowering women, girls and non-binary people.

How well has the policy been implemented?

The Regulation is implemented through several programs, primarily of the Ministry of Health and the National Population and Family Planning Agency. These include: Program Perencanaan Persalinan dan Pencegahan Komplikasi/ P4K (birth preparedness and complication readiness programme) to engage husbands as well as mobilize communities to support women during pregnancy, childbirth, and after birth; a program to encourage men to use contraception; a program providing pre-marriage counseling to couples, including on reproductive health; pregnancy classes for couples; and sexual education in schools. Unfortunately, these programs have weak or non-existent components of information, education and communications on gender-transformation.

A few challenges facing the implementation of the Regulation are:

FIRST: Potentially as a consequence of limited consultation in developing the Regulation, the Ministry of Health does not have widespread support in implementing it. For example, the Ministry of Women's Empowerment and Child Protection expressed resistance towards implementing the Regulation because they were of the view that abortion is not permitted for rape survivors as it interferes with child rights. Accordingly, there is not a whole-of-government effort to implement the Regulation.

SECOND: Policies and programs in Indonesia are designed at the national level and implemented by provincial and district governments. This can sometimes pose a challenge because if a governor or regent does not accord priority to an issue or a program, they may not allocate a sufficient budget for its implementation or adequately invest in training for their workers.

THIRD: Many policy makers and government officials have a limited understanding of how gender and social norms influence and underpin individual behaviors, and why it is important to engage men and boys in ways that transform the existing power imbalances and oppressive norms. Consequently, they also lack the commitment and the capacity to engage men and boys with a gender-transformative approach and strategies, and this is reflected in Indonesia's policies and program implementation.

For these reasons, the Ministry of Women's Empowerment and Child Protection together with the United Nations Population Fund (UNFPA) developed a National Framework for Engaging Men in Eliminating Gender-Based Violence and Fulfilling Sexual and Reproductive Health and Rights in 2017, and is working on developing standard operating procedures this year to help translate the framework to practice. The aim of these documents is to educate and support all sectors of the government to integrate in their mandates the engagement of men and boys, at all levels ranging from national to local.

The development of the National Framework was driven by the National Reference Group - a multi-stakeholder platform that includes government ministries, UN agencies, and CSOs. The platform monitors policies and programs run by government and civil society that engage men and boys in ending GBV and advancing sexual and reproductive health and rights. It offers advice and advocates for a gender-transformative approach and strategies.

How are the policy targets and activities being funded?
Key informants shared that there is sufficient funding for maternal health and family planning services and programs, given the government's commitment to reducing maternal mortality; these are the elements of the Regulation that include a focus on male engagement. On the other hand, funding for adolescent sexual and reproductive health is inadequate, and there is no budget for safe abortion services and assisted fertility in public health budgets.

Has the policy been monitored & evaluated?

Indonesia has a well-functioning reporting system within the State machinery. The government develops indicators at the national level and district governments are required to monitor and report against these. However, key informants shared that the government's program monitoring efforts are focused on quantitative indicators, i.e., tracking the number of people reached through specific programs and accessing specific services, rather than measuring the qualitative impact of programs at the individual, family, community, and policy levels. For instance, in preparing its national progress report on the Sustainable Development Goals, Indonesia struggled with indicators such as 5.6.1[2] on women's decision making because they do not collect such data.

The Regulation itself does not include any provisions on monitoring and evaluating implementation efforts but the various programs implementing it practice monitoring and reporting. Indicators related to maternal health and contraceptive prevalence rates are closely followed up due to the priority accorded to lowering maternal mortality rates. However, the engagement of men and boys for women's health, which requires focus on qualitative data and impact measurement, is not adequately monitored and evaluated. Key informants also shared that the public health system does not employ participatory methodologies, which are valuable for monitoring and evaluation of public policy and programs, and even more so for qualitative indicators.

CSOs are advocating to the government of Indonesia to measure the qualitative impact of its programs. UNFPA has piloted programs that demonstrate impact measurement from the individual to the community levels, and is advocating to the government to adopt and scale up these methods.

2. Indicator 5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

A closer look at the other case studies

As part of this initiative, we carried out a review of other national policies, including:

Costa Rica	Política nacional para la atención y la prevención de la violencia contra las mujeres de todas las edades Costa Rica 2017-2032 (National Policy for the Attention and Prevention of Violence against Women)
Czech Republic	Government Strategy for Equality of Women and Men in the Czech Republic for 2014 – 2020
Indonesia	Government Regulation Number 61 of 2014 on Reproductive Health
Mexico	Estrategia Nacional para la Prevención del Embarazo en Adolescentes (National Strategy for the Prevention of Teen Pregnancy)
Rwanda	National Policy against Gender-Based Violence, 2011
Sri Lanka	Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (SGBV) in Sri Lanka 2016-2020
Trinidad and Tobago	National Policy on Gender and Development: A Green Paper, 2018
Turkey	National Action Plan on Combating Violence against Women (2016-2020)

Cross-Cutting Themes Across All Score Cards

Some key themes surface from the country scorecards:

Almost universally, **gender inequality** is not fully understood, particularly how patriarchal norms lead to social control of sexuality, sexual behavior, bodies and gender identities, and how this results in oppression and violence against not only women but also queer and trans men, intersex and nonbinary people.

Oftentimes there is a disconnect between a policy's stated intentions and the **implementation** on the ground, which may be poor, or even nonexistent. There is even an instance where a robust policy has been adopted but the government through its actions is actively undermining gender equality and the rights of women and LGBTQI people.

LGBTQI groups and organizations are largely absent from the processes of design, implementation, monitoring and evaluation of policies focused on gender equality, gender-based violence and sexual and reproductive health.

Across the board, **human and financial resources** are insufficient for the effective implementation of the policies assessed. Often national budgets lack the systems and/or the transparency required in order to track the funds allocated towards the implementation of specific policies.

Nearly all the policies include **gender-transformative strategies** to engage men and boys, with a focus on changing the knowledge, attitudes and behavior of men and boys; challenging oppressive social norms and stereotypes; adoption of gender-transformative programs and policies by social institutions; and strengthening the legal and policy framework in favor of gender equality.

A large majority of the policies have adequate accountability mechanisms in the form of **monitoring and evaluation** strategies; however, these are not followed through with sufficient funds or action. Moreover, indicators intended to monitor progress are often quantitative and focused on outputs or outcomes, rather than processes or impact.

Would you like to carry out this methodological analysis for a national - regional - global policy?

The Policy Analysis Toolkit serves as tools which aim to support the efforts of MenEngage Alliance's members and other advocates to advance gender-transformative policies and programs.

The Policy Analysis Toolkit, as an accompaniment resource to the policy case studies and score cards, can further be utilized and adapted to analyze other national, regional and global policies.

The process and resources to replicate these efforts can be accessed at menengage.org/advocacy.

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