

Final Report

Indonesia

Dissemination of Global Advocacy Paper MDGs 3, 5, 6



Background:

Dissemination activity of Global Advocacy Paper on MDGs 3, 5, and 6 attainment is run by Our Voice, Indonesia AIDS Coalition, IPPI, PKBI Jogja and Bali+. The dissemination is conducted in four cities of Indonesia, i.e. Jakarta, Denpasar [Bali], Jogja, and Pontianak. The project design of dissemination was discussed with conducting parties and the final decision is that Bali+ will be responsible for carrying out dissemination in Jogja, PKBI Jogja will be responsible for dissemination in Denpasar [Bali] and Pontianak and the rest are responsible for dissemination in Jakarta.

The dissemination design process was taken in mid-December and dissemination activities in the field were undertaken in January and February by selected persons; Gama – Pontianak, Sulis – Bali, Putu Utami – Jogja, and Hartoyo, Aditya, Baby Rivona, Oldri were taking dissemination activities in Jakarta. The dissemination locations are considered inadequate considering that Indonesia has more than 33 provinces in five large islands. However, the result of dissemination can at least give a broad picture to determine follow-up frameworks in the future.

The dissemination is intended to civil society organizations, government (both national and regional levels) and some international development partner agencies including the UN.

Organizational Type	Locations	Organizations
NGO	Jakarta	IPPI
		Our Voice
		Indonesia AIDS Coalition
		Yayasan STIGMA
		MAP
		PKBI Jakarta
		OPSI (National Sexworker Network)
		KUTANG Community

	Jogja	PKBI Jogja
		JOTHI
		Viesta
	Bali	Bali +
		Dua Hati
		YKP
		Gay Dewata
		Paramacitta
		OPSI
		GWL-Ina
	Pontianak	Pontianak +
		OPSI
		JOTHI
Government	National	Health Ministry
		NAC
	Regional	Health Department
		Women Empowerment Department
		KPAP
International Development Agencies	Jakarta	UN Women

Two methods were used in the dissemination, they are; focus group discussion intended to representatives from civil society organizations and in-depth interview with representatives from government and international development agencies. The previous dissemination was taken via relevant mailing lists in Indonesia.

Previously prepared question tools were also used in order to sharpen the results and adjust it to Indonesian context.

The Results:

1. Indonesia is in the verge of failure to reach MDGs 5 and 6. This has been the concern of the President when giving speech in Ministerial Coordination Meeting 2010 in Bali and said that there are still major obstacle for Indonesia to reach MDGs target on forest conservation, maternal mortality rate and HIV & AIDS issues. **(Interview Government)**
2. Several improvement measures are being undertaken by Indonesian government, particularly since the enactment of Presidential Act No. 1 and 3 in 2010 on fair development programs and acceleration of reaching MDGs targets, but there are some significant obstacles in reaching the MDGs targets. **(Health Minister Interview)**
3. On gender equality, Indonesia has imposed a positive affirmation policy regarding parliamentary election, which sets 30% quota for MP women candidates. Unfortunately, this effort has not yet seemed to improve the position of women in parliament because in 2009-2014 terms only 18% of MP are women. **(NGO FGD – Jogja)**
4. The protection for women against violence has been a major concern since the ratification of CEDAW in 1984 and authorization of law on violence against women on 1999 and the establishment of National Commission of Anti-Violence against Women. In 2010 there was a significant progress marked with the inclusion of violent acts against HIV-infected women issues in 16-day anti-violence campaign coordinated by National Commission of Anti-Violence against Women and, also, the inclusion AIDS & women issues in 2010 annual report of National Commission of Anti-Violence against Women to President. **(FGD NGO – Jakarta)**
5. Regarding the anti-violence against women campaign, IPPI and Indonesia AIDS Coalition became the 2010-2015 official partners of anti-violence acts against women from the National Commission of Anti-Violence against Women. In the early 2011, there was a workshop with a purpose to arrange an advocacy agenda with National Women Commission and its partners throughout Indonesia. **(FGD NGO – Jakarta)**
6. Although MDGs targets are not mutually exclusive, the current responses are still taken separately. There is no single consistent program yet from the government or civil society to carry out the three targets simultaneously. Particularly for HIV & AIDS issues, women-related issues have not yet been concerned from most of stakeholders in these responses, even though there is a slight progress. **(FGD NGO – Jakarta)**
7. Free primary and secondary education still cannot be implemented in Indonesia. There was a case in which a schoolchild had attempted to suicide because he was embarrassed due to the inability to pay the school fee. **(FGD NGO – Jakarta, Bali, Pontianak)**

8. A comprehensive sex education cannot be implemented in Indonesia because of a strong pressure from cultural and religious aspects. It must be noted that in 2010, Minister of Education said about the importance of sex education in Indonesian school curriculum and this should be a primary concern for civil society to start undertaking this commitment in order to get implemented. **(FGD NGO Jakarta)**
9. According to Basic Health Research conducted by Health Ministry, only 15% of Indonesian population above 15 years of age who have comprehensive information on HIV & AIDS. **(Basic Health Research – MoH, 2010)**
10. There is a polemic regarding the minimum marital age in Indonesia, because there is no agreement on this issues especially from religious perspective. Below is a famous example of the case.

Issue: Cleric jailed for marrying underage-girl

Nov. 25, p. 2 The Semarang District Court on Wednesday sentenced wealthy Muslim cleric Pudjiono Cahyo Widiyanto, 45, for marrying a 12-year-old girl.

The defendant, popularly known as Syech Puji, was also ordered to pay a Rp 60 million (US\$6,680) fine or face an extension of another four months in jail.

The verdict was two years lighter than the prosecutors' demand. The panel of judges, presided over by Hari Mulyanto, said in its verdict that the defendant was guilty of violating paragraph 81 in article two of the 2003 Children Protection Law. "Based on medical records and testimonies by expert witnesses we conclude that the defendant has been proven guilty of cheating and lying to victim Lutfiana Ulfa so that she would have sex with him," Hari said.

Source: Jakarta Post

11. Indonesia still faces a major challenge on maternal mortality issue due to the unavailability of safe abortion access. The Indonesian Health Law limits abortion access to rape victims and high-risk pregnancy only, with several strict rules such as an approval from religious organization. Female adolescence, female sex worker, and other women outside those categories cannot

access safe abortion service. This is a kind of irony, according to civil society, because at one side we have to admit that maternal mortality rate is still high and we cannot reach the MDGs target, but on the other hand the Indonesian government seems to ignore and avoid making a non-populist policy based on cultural and religious perspectives of the mainstream thus violating the rights of those who want to have safe abortion service. This is a political imagery policy – FGD Jakarta. **(FGD NGO – Jogja, Jakarta)**

12. There are some obstacles in accessing SRH services in Indonesia. The main one is the Health Law stating that SRH services can only be accessed by married couple thus hindering the access for unmarried but sexually active women. The access into this service is further obstructed due to a strict norms and religious values in Indonesia so as it is a taboo thing to talk about sex – FGD Jakarta. **(Indonesia SRH Report, UNGASS Forum, 2010)**
13. A limited observation by IPPI has shown that in the past two years there have been many forced sterilization on HIV-infected women across the country. This is, according to IPPI's limited analysis, due to the lack of a good socialization about vertical transmission to healthcare workers in the community. **(Interview IPPI)**
14. National AIDS program has not yet accommodated women in relation to the need of special intervention. This is due to the "High Cost Low Impact" principle when concerning on specific intervention for women. This always becomes a challenge when discussing with epidemiologists who always emphasize on quantity. **(UNAIDS Women Operational Workshop)**
15. Indonesian HIV-infected women still face many challenges in complying their rights to get ARV access. The distribution of ARV in Indonesia is still far from sufficient, particularly for first-line ARV. In some cases, women often have to move into second-line ARV or postpone their pregnancy.

"At first, I used ARV-type Nevirapine. Since there are some side effects, I was suggested to switch into eferivenz. Because I want to have children, the doctor suggested me to switch into second-line type ARV due to the harmful impact of eferivens to the fetus. Finally, in order to have children, I switched." – In-depth interview, Jakarta.

Conclusion:

The concern of women in relation to the three MDGs targets (3,5,6) is still immense in Indonesia. Women have not yet become subjects to specific interventions in AIDS alleviation responses in Indonesia. Although in some commitments and policies there are some affirmative actions for weomen, there are many challenges in their implementations.

The conditions of social, morality, dan religious perspective often make sexual issues to become taboo, particularly for adolescence. This eventually makes women, and female adolescence in particular, hindered from access to SRH information and services. The high maternal mortality rate, mainly because of lethal unsafe abortion practices, has not forced the government to provide safe abortion services. The main reason for this unfortunate condition is that the government does not want to create polemics in the society. So, instead of creating a policy that can save many lives of Indonesian women, the government tends to establish a populist policy.

Recommendations:

1. The Indonesian government needs to take strategic measures to create a non-populist policy (and will generate polemics from fundamentalist groups) in order to save many lives of Indonesian women.
2. The commitment from Ministry of Education in World's AIDS Day must be consistently maintained so that SRH materials can be integrated into the curriculum.
3. The need for government to provide information to those who cannot access non-formal education.
4. Every CSO must start to pay attention to gender aspects in its organization and in every work program of the organization.
5. CSO must work together more intensely in voicing the needs of women amidst mainstream patriarchal culture in Indonesia.
6. Strategic campaign using the ICT must be intensified in giving information on SRH&R considering that Indonesian population are the largest users of social networking media.
7. Campaign that involves intersectional issues must be prioritized rather than separating that into fragmented issues.

8. UN agencies and international development partners need to have more sensitive views in addressing Indonesian women's issues and to provide real supports for women's movement in Indonesia.

Follow-ups:

1. Indonesia AIDS Coalition and its partners in Jakarta (IPPI, OPSI, and other CSOs) will work together in lobbying and initiating political approach to the stakeholders to accommodate women's issues proportionally.
2. The lobby will also be carried out to KPAN so as women's issues and UNAIDS Operational Plan can be accommodated in AIDS alleviation program scheme and to uncover the possibility to advocate improvements for National Action Plan and Strategies in alleviating AIDS.
3. Political commitment of the ministry of education will be constantly expressed so that in the future, a comprehensive sex education can be integrated in the curriculum of national education.
4. Creating a national campaign by using important momentums such as National AIDS Convention – Jogja, ASEAN Summit – Bali, Pacific Conference on Reproductive and Sexual Health and Rights – Jogja.
5. Creating an ICT-based campaign to disseminate information regarding gender, maternal mortality and HIV/AIDS to the Indonesian society.

The implementing organization background:

1. Our Voice
An LGBT-based community organization voicing for LGBT freedom from stigma and discrimination and emphasizing equal rights with other members of society. OurVoice is based in Jakarta.
2. IPPI (Indonesia Positive Women Network)
An Indonesian national network whose members are HIV-infected women and HIV-affected (PLHIV spouse) women. The organization is Jakarta-based.
3. Indonesia AIDS Coalition
An organization whose members are from key population groups with various background including PLHIV, PLHIV women, IDU, and gay. The organization is Jakarta-based.

4. PKBI Jogja

An organization focusing on reproductive health issues in Indonesia. The organization is Jogja-based.

5. Bali+

An organization that provides psychosocial supports to PLHIV. The organization is based in Denpasar, Bali.