



## Media Briefing

### **POSTPONE THE DISCUSSION OF ALL DISCRIMINATORY DRAFT BILLS: THE GOVERNMENT HAS TO FOCUS TO PROTECT THE VULNERABLE GROUPS DURING COVID-19 PANDEMIC**

The information of The People's Representative Council (DPR) Plenary Session in 2 April 2020 that conducted openly shocked civil society. This is related to the report that the draft of the criminal code (RKUHP) will be passed soon. Although until this time, the order of People's Representative Council (DPR) related to the follow up of President decree about *carry over* are still uncertain for the society. The report about the plan of the DPR to pass the draft of the Criminal Code only in a week in this covid-19 emergency adding a bad record to the DPR and the government.

The 'rush behaviour' that the government and the DPR doing now shows the opportunistic mentality during this Covid-19 Pandemic. This step is clearly not showing a good will from the DPR and the Government to prioritise the healthcare of the society.

Not only the substantive of the Criminal Code will be neglected if it passes during the pandemic, but there are another several draft bills that still become a polemic, such as the draft of Family Resilience Bill, and the draft of Omnibus Law. There is a big possibility that those draft bills will contain terms that are not relevant with the context of civil society in the future. Besides, those draft bills still contain problems from the articles insides that are supposed to be discussed deeper and more comprehensively.

In this pandemic situation, women are more vulnerable to become a victim of domestic violence; women also carried double burden as a worker and a household maintainer; women medical practitioners also become a front guard of covid-19 countermeasures without adequate protection; the livelihood oh transgender women also affected because of this pandemic; the solution of women mental health problem also not be founded yet.

### **CoronaVirus and the Impact of Women Medical Practitioners**

According to the WHO in 2019, the number of women who become medical practitioners globally are 70% from the total amount of all medical practitioners. In Southeast Asia, the majority of medical practitioners are women. Female nurses are 79% while from the total number of all Doctors in Southeast Asia, 61% of that are women. In Indonesia 71% or 259.326 Doctors are women (PPNI, 2017). This fact proves that women are becoming a front guard who are more at risk of being infected by the virus. Because of that, the Government should put a concern of the fulfilment of specific needs of the women medical practitioners. Not only the personal protective equipment, the specific needs like menstrual hygiene and psychological support for women medical practitioners are also important.

One of the obstacles for front line women medical practitioners in the countermeasures of covid-19 is the scarcity of personal protective equipment and the price of personal protective equipment that is drastically higher. This situation causes some women medical practitioners give their treatment without personal protective equipment that is not according to the standard. The other impact is the women medical practitioners only can give their treatment online, not by physical service. One of the examples is the IPPF Clinic that gives



specific treatment for reproductive health like contraception treatments, STDs and HIV-AIDS treatments, teenager counseling, gynecology treatments, SGBV treatments and other reproductive health counseling.

The other impact of the scarcity of the personal protective equipment and the focus on covid-19 treatment is the access to reach other health treatments are becoming difficult. For example, the treatment of reproductive health is decreasing. In several clinics and a public health center, the client is difficult to access VCT-HIV treatment, and also hard to get comprehensive information about HIV-AIDS. The other treatment that also decreases is the PMTCT (Prevention Mother To Child Transmission) treatment. This case happened because several clinics and public health centres no longer give this treatment so the prevention of HIV from mother to her child is very slow to be identified. Without this pandemic, they are already marginalized, with this pandemic situation, the treatment for them is decreasing.

Health access for pregnant women is also difficult. This is because pregnant women only go to the treatment when it is an emergency. This also impacted the counseling based unplanned pregnancy treatment. The more gestational age but she is not getting the comprehensive counseling, it will affect her physics, physiological, and social condition. Moreover, the scarcity of personal protective equipment is becoming a reason that the government programme of reproductive health is stopped. For example in this time, the family planning programme that was conducted by the National Population and Family Planning Board (BKKBN) and IPPF in terms of a permanent contraceptive programme cannot be implemented. So men and women within productive ages can not access free contraceptive treatment.

Therefore, The government together with DPR need to set the regulation in terms of the price of personal protective equipment and prioritizing it for medical practitioners. IPPF now already reduces the time of the treatment and divides working hours and days on a daily basis and also maximizes online treatment. But we can not make sure that the government is doing the same things in terms of reproductive health treatment. So the accessible treatments for reproductive health are required.

### **Dual Roles and Women Leadership in Pandemic Period**

According to National Commission on the Elimination of Violence against Women statment on 26 March 2020, Large Scale Social Restriction (PSBB) Policy add quilted burden for a women. Work and study from home scheme overcharging women to take a role as a teacher, caretaker of another family member while doing a production and domestic job. Besides adding a work load, social roles that are embedded in women make them more vulnerable to be infected with covid-19. For example, grocery shopping activities make women more contagious from other people.

Moreover, the caretaker and protector role makes women prioritizing their families rather than their own health, this case has an impact on how women respond to the diseases symptoms for themselves and their families. According to this phenomenon in the pandemic period, the National and local government should invoke gender equality between men and women, particularly in the domestic area.

The importance of gender equality also has to be strongly considered in the countermeasure of this covid-19 pandemic. Even Though the majority of medical practitioners are women, in the context of this covid-19 countermeasure, the women leadership are minimal. Minister of health, Indonesian government spokesperson for the covid-19 countermeasure, Head of covid-19 task force, The head of PSBB stipulation team, even the head of government crisis centre is a representation of a male leadership. This has a direct impact on all the policy that the government made for this pandemic countermeasure. For example in the government decree about PSBB, Ministry of health decree on PSBB, even the government order on PSBB in several provinces in Indonesia especially Jakarta, there is no single policy that

takes gender equality as a consideration. We have to ensure there is women leadership in this pandemic countermeasure situation.

### **PSBB without Financial Security**

In this time period, social distancing instruction that strictly pushed by the government has not been carried out together with the effort from the government to give financial security to the citizens. The PSBB has limited the space of the people directly or indirectly. Studies and works now very limited to the online work or study only. The limitation of this space impacts the income of the citizen, especially lower middle income citizens. Several public markets already change their approach into online sales, for example in Tanah Abang public market. But there are still a lot of merchants that do not change their sales online because they don't have the knowledge and capability about e-commerce, for example the street vendors who cannot access e-commerce. Detik.com reported that street vendors in Menteng Atas public market admitted that their income drastically decreased since the instruction of self quarantine was established.

Besides that, the economic pressure worsened with the fact that a thousand women labourers had suffered from Termination of Employment during this Covid-19 pandemic. Meanwhile the economic pressure increases day by day during this pandemic. As we know, 'panic buying' also happened these days by the society. There are a lot of people who stockpile staples that make the prices of the goods like rice and sugars increase significantly. This situation makes the lower middle income citizens who lost their job hard to fulfill their livelihood. The absence of financial security from the government to the lower middle income citizens prove that the government failed this Covid-19 countermeasure.

In a Health Quarantines bill Number 6, 2018 Article 78 explains that the government has to ensure the acts of the health quarantine are funded by national or local government budget. PSBB is a part of the health quarantine act and the government has the responsibility to provide the budget. Instruction of PSBB has to be followed with the fulfilment of basic needs for the vulnerable group in every city. The scheme of financial security to the citizen must be clear, under the law and, based on the people's needs, and effective distribution. Not the uncertain acts with a lot of gimmick that the government did. PSBB without incentive and secure financial solutions can not have a positive impact. Punitive threat also can not be done if the government does not have a mitigation and effective solution.

### **Coronavirus and a wellbeing of LGBTI persons**

Following the economic impairment due to the Covid-19 Pandemic, the condition of the marginalized group worsened. LGBTI people as one of the marginalized communities receive more severe impact than any other groups during this pandemic, especially transgender women. This situation happened regarding the fact that most of transgender women working in the street. Physical distancing as a preventive effort to suppress the spread of the COVID-19 has dramatically reduced the income of most transgender women communities. According to the rapid assessment conducted by Sanggar SWARA, there are more than 640 transgender in Jabodetabek area who lost their jobs, leaving them unable to support themselves, including for daily meals. On several occasions when distribution of basic food staples took place, many of them could not access it as they do not have their ID cards, or simply because of their gender identity.

Besides, the stigma against gender identity, sexual orientation, and expression minority increased during this pandemic. In 4 April 2020, Mira, Transgender women from Jakarta burnt to death in this pandemic period. And transphobia still becomes the major cause for that case.

LGBTI persons frequently become a blacksheep of any disasters that happened in this country, including this pandemic so it is hard for them to access support. Stigma and

discrimination are institutionalized in the government effort to criminalize and re-pathologize LGBTI persons through the draft of the Criminal Code and the draft of Family Resilience bill. Therefore, the precautionary and non-discrimination principle that Yasona Laoly mentioned in a work meeting between Commission III of People's Representative Council and Law and Human Rights Ministry on 1 April 2020 has to be implemented especially related to the vulnerable group like LGBTI people.

### **Social Distancing and Domestic Violence**

The government instruction to "Stay at Home" becomes a polemic to women and children. The uncertain act of the government towards this pandemic created fears among the citizens to see the futures. Especially for the people who have economic and psychological pressure in their household.

UN Secretary General, Antonio Guterres mentioned that the increases of the social and economic pressure during this Covid-19 pandemic also increased the number of domestic violence towards women and children. This statement was also justified by Lily Puspasari, Program Management Specialist for UN Women Indonesia. In her interview, she stated that in normal conditions, 1 (one) from 3 (three) women in the world experienced violence. WHO also stated that 1 (one) from 5 (five) women experience raped and attempted raped at least once in their entire life. This number will be increased multiple times in the social distancing period at home with the perpetrator.

Throughout 2019, National Commission on the Elimination of Violence against Women (KOMNAS Perempuan) recorded 11.105 cases on domestic violence in Indonesia. It has confirmed that this case will be increased during this 'social distancing' and social and economic pressure. LBH APIK recorded 59 cases of violence, rape, sexual violence, and pornographic online that happened from 16 March 2020 until 30 March 2020. 17 cases of that are domestic violence cases. According to LBH APIK, this number increased 3 times rather than before the instruction of social distancing. These numbers are the highest number that ever recorded by LBH APIK in 2 weeks of time. This number is a proof that domestic violence needs a specific concern from the government during this pandemic period.

### **Coronavirus and Women Mental Health issue**

Indonesia is the only country in Southeast Asia that the number of suicides cases are dominated by women. There are 4,9 cases per 100.000 citizens. Suicide cases mostly happened to the housewives. This is happened because the traumatic experience like domestic violence, sexual violence, economic and social pressures.

The instruction of social distancing during this Covid-19 pandemic are increasing the risk of violence towards women, weakening the economic situation of a woman, and affirming the woman as a subordinate, or has a lower position than a man. Women also have multiple roles as a caretaker of a household, this thing is indirectly putting a woman in a pressured and traumatic condition. WHO even emphasizes that depression, anxiety, and other somatic symptoms that happened to women it's mainly because of their gender roles, stressor, and a traumatic experience.

In the middle of this situation, the Government should take an intervention to prevent the risk of mental health issues towards women. The Government has to ensure the availability and accessibility of the medicines and the treatment of mental health. The government also has to provide the treatment to anticipated the increased number of patients that will be accessing mental health treatment because people who suffered from depression and anxiety during the Covid-19 pandemic must be increased. Other than that, Covid-19

prevention treatment also has to approach mental health treatment facilities. Providing disinfectant, mask, and hand sanitizer and other protection in the mental health treatment facilities that registered or not.

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These six aspects most likely will change many aspects of women and the marginalized group in terms of their livelihood. So hopefully the government and The People's Representative Council (DPR) can look after the changing condition of the society. Because of this condition, it could have been creating new habits that will affect the implementation of bills in the future indirectly. Base on those situation above, We, the Pekad Coalition (Coalition of People who Care of the Marginalized Group that victimized by Covid-19) demands the the national and local government in terms of Covid-19 countermeasure to:

1. **Discontinue all of the discussion about the problematic draft bills, especially the draft of Criminal Code, the draft of Omnibus Law, and the draft of Family Resilience bill.**
2. **Take a strategic role on a Covid-19 Pandemic response with considering gender equality and non-discrimination aspect towards gender minority, including providing a space for leadership towards marginalized group.**
3. **Providing financial security to the lower middle income citizens , especially those who do not have health care insurance and instability incomes. Altogether anticipating mass termination of employment towards labourers in Indonesia.**
4. **Providing an accessible Domestic violence counseling treatment including counseling and a temporary safe house, also urge the importance of gender equality starting from home and the neighborhood during and after the Covid-19 pandemic.**
5. **Ensure the availability of personal protective equipment for women medical practitioners and ensure the accessibility of mental health treatment and Covid-19 prevention in mental health treatment facilities.**

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