

POLICY BRIEF

Mainstreaming Women's SRHR into Climate Change Policy

What is the interlinkage between Climate Change and Sexual and Reproductive Health and Rights?

Indonesia's national policy on CC (climate change) has not yet addressed women's SRHR (sexual and reproductive health and rights). However, some initiatives to integrate gender in climate change policy are evident such as 1) policy paper on gender mainstreaming in climate change adaptation published by Ministry of National Development Planning/National Development Planning Agency (BAPPENAS) in 2012; 2) National Action Plan on Climate Change Adaptation published by Ministry of National Development Planning/ National Development Planning Agency (BAPPENAS) 2014; 3) Gender and climate change socialization efforts conducted by Ministry of Environment on 25 March 2014; and just recently draft by BPNP (National Disaster Management Agency) on gender mainstreaming strategy for emergencies. BPNP plans to put a national system in place for GBV prevention under the national IDP's protection system.

JP (Jurnal Perempuan) highlights the need to recognise women's leadership and participation in the decision making process towards building climate resilient communities. This is significant as the existing institutional imbalances undermine women's perspectives and needs, thus making them invisible in climate change discussions and actions. This study takes place in Central Java. *JP* found that women's reproductive health is highly depended on the access to food security. With the arrival of global warming and climate change, frequent drought and flood in Rembang had intensified women's burden in accessing water. Harvests are failed and the burdens of mothers are becoming heavier. This policy brief also addresses the need of CSE (comprehensive sexual education) in curriculum and other ways to reduce unwanted pregnancies and violence, particularly during times of emergency/disaster.

What is Climate Change?

Climate change is felt directly by farmers and fishermen of Indonesia who rely on natural conditions. The Intergovernmental Panel on Climate Change (IPCC) has informed us that climate change has been intensified by human activity. Climate change also results in temperature increase that is attributed to the rise of greenhouse gas (GHG) emissions (Spratt & Sutton, 2008) and is causing severe instabilities in the earth's biosphere. The effects include higher global temperatures, an increase in frequency and intensity of extreme weather events and related natural disasters, and severe impacts to sustainability of ecosystems (UNFPA; WEDO, 2009). Consequently, Indonesia experienced a more intensification of it—the rainy season tends to be more wet and the dry season tends to be drier. The data from 63 weather stations across Indonesia over the past 40 years points to the effects of the climate change (Slingo, 2010). All data observations from weather stations in Indonesia showed 22% early dry season regularly, 33% faster and 45% slower than normal. Meanwhile, in the rainy season, 36% of the data showed initial observation station regularly, 40% faster, and 24% slower. Indeed the world's climate is changing and has a direct impact on Indonesia and this is according to climate change data from 1991-2003 period and 1961-1990. The trend of global warming has been affecting Indonesia with changes in ground and ocean temperatures, rainfall and extreme climate. The Met Office Hadley Centre (2014) reported that projected temperature increases over Indonesia are generally consistent in the range of 2-2.5°C and for Borneo and Sumatra temperatures raise by 2.5-3°C. The potential risks are affecting economy, living structure, ecosystem and specifically high risks are affecting certain regions (Vatsa, 2004). Extreme climate and natural disasters will give various massive impacts to women's sexual and reproductive health and rights, which need an immediate anticipation for disaster

management. Some aspects of the climate negotiations, particularly in the area of mitigation, are still gender blind (Enarson et al, 2007). In Rembang Central Java, climate change affects access to food and water since women are responsible to all household chores under present tradition. Scarcity of water also affects SRHR in women differently from men because women need more water than men regarding their reproductive health such as during menstruation and delivering babies. Furthermore, women need more water than men because they are constructed as primary givers for their families. This dramatic change causes radical damage to women, such as access to reproductive health in the case of trafficking, land grab, scarcity of natural resources, and prevalence of HIV-AIDS. In Central Java there is a rise of maternal mortality and child-marriage. JP scoping study has concluded that climate change has put greatest burden to women and girls. Therefore, women need to present their voice in climate change policy so that they can voice those concerns.

Why is Women's SRHR important?

Access to sexual rights and reproductive education in Indonesia is very low. SRHR Alliance by Rutgers WPF reported the access to SRHR education in Indonesia is decreasing due to government's changing policy in educational curriculum (WPF Report, 2013). Recent analysis such as the increase of child-bride and child-pregnancy and increasing current evidence conclude that this is influenced by cultural bias and rising religious conservatism (Candraningrum, 2008: 208). Lagging in health infrastructure development has negative influence specifically on health services to women. Remote areas of mountain enclaves and islands present geographical challenges in providing (1) health services and (2) proper basic infrastructure. In 2010 two indicators used for SRHR have slightly improved. Health services and access improved from 68% in 2007 to 76% in 2010, with large variance between provinces. Also starting year 2014 national government has implemented universal health care program. Indonesia continues to face geographical challenges and infrastructure in providing proper health services, also bias gender and discriminating treatment to women, violence against women and young girls. Health Minister Nila Moeloek (Indonesian President's Special Envoy in the UN Women) had said recently that to achieve gender equality and sustainable development, Indonesia must put the health of adolescent girls at the heart of post-2015 development framework.

Health Law No. 36 of 2009 has regulated the rights and obligations for health services, and has provided legal protection and certainty for service providers such as health manpower (Article 21-29) as well as healthcare beneficiaries (Article 56-58). However, the policies have not yet transformed into concrete programs to serve the reproductive needs of adolescents, including providing health services for SRHR. On the contrary, other policies that do not support reproductive and sexual health, such as the Marriage Law No. 1 of 1974 sets the minimum age for marriage at 16 for females and 19 for males. Although Law No. 23 of 2002 on Child Protection recommends that the legal age for both men and women be 18 years, it does not mandate it. Marriage patterns vary between regions and ethnic groups. While rates of early marriage are falling, the Government reports that early marriage is prevalent, especially in rural areas. A 2012 United Nations report drawing on data from 2010 estimated that 14.4% of all Indonesian girls between 15 and 19 years of age were married, divorced or widowed, as compared to 6.1% of boys (UN, 2012).

The current data on child marriage, based on the 2013 Basic Health Research in Indonesia, stated that the number of early marriages (15 to 19 years old) is 23.9 per cent. Child-marriage in Indonesia is the second-highest in ASEAN after Cambodia. Moreover, marriages in the age group of 10 to 14 years old are around five per cent. This is an iceberg phenomenon as many underage (under the age of 18) marriages are not recorded properly. This increases girls risks for pregnancy complications which may lead to maternal mortality, affecting the MMR (Maternal Mortality Rate) in Indonesia which occurs among younger mothers. Thus, the Maternal Mortality Rate in Indonesia is still quite high due to the lack of facilities in accessing reproductive healthcare for women. There is a sharp increase in the Maternal Mortality Rate in Indonesia, reaching up to 359/100,000 live births in 2012 according to

Indonesia's Demographic and Health Survey (SDKI). This shows that Indonesian adolescents are not adequately prepared to face the challenges of reproductive health and the responsibilities that they will face when they enter their reproductive years. It is thus important for the government to immediately issue a policy that provides reproductive healthcare facilities and increase access to reproductive healthcare for women and adolescents.

Besides high rate of MMR, Indonesia is surmounted and challenged by disaster-prone area and there is strong relational evidence between climate change and SRHR, that both men and women are increasingly lost access and control to natural resources and ecosystem; that both men and women are exposed to increasing risks in resource production and livelihood; that both men and women are exposed to increasing risks in housing facilities, infrastructure and healthy environment (Brock & Thislethwaite, 1996). These deteriorating conditions give a rise to gender gap in all living sectors: health, human basic needs, overworked environment, limited participation in development, poverty increase, personal security, autonomy, decision making, even survival (Cutter et al, 2003: 54). Climate change will then demand appropriate response in various stages such as adaptation, mitigation, emergency response and recovery period.

Conclusion

YJP Scoping Study found clear and alarming links between climate change and SRHR status of women. Importantly, the study brings into focus the effects of these dynamics specifically on women, highlighting the low policy-level profile given to women as a population group that is distinctively affected by climate change and suggesting strategies for making both climate change and SRHR, and the impacts upon them, visible in the Indonesia response.

Key Recommendations

1. Informing the interlinkage between SRHR and CC to the public and youth via YJP publication and social media. Public can access *Jurnal Perempuan Edisi 86 SRHR & Perubahan Iklim* as well as Indonesian Feminist Journal 3/August 2015 (*The Remaking of Tradition: Sex, Lies, & Politics*) via www.jurnalperempuan.org & www.indonesianfeministjournal.org
2. Building alliance of research from universities to update the interlinkage of research of CC and SRHR and inform it to national and provincial stakeholders.
3. Integrate women's SRHR into climate change policy and integrate cross sector of disaster management by Disaster Management Agency (BPBN/D) at local, province and national level by equipping women's SRHR into disaster management (prevention, mitigation, rescue, and emergency response) as well developing SRHR & CC alliance (gender focal point) in the legislative commission at the national and provincial level.
4. Encourage a gender sensitive responses of climate change policy by inserting CSE into school curriculum toward addressing the development of priority to address the high rate of MMR, Violence against Women, lack of health and other services; and Family Planning; as well as IMS/HIV-AIDS; and lastly harmful practices (child marriage, FGM).
5. Amend judicial review of Law No 1/1974 on marriage to raise the legal marriage age for females at the Constitutional Court from 16 to 18 (that was rejected just recently). According to Convention on the Rights of the child every person below 18 is considered a child. Publishing *Jurnal Perempuan Edisi 88 Akhiri Pernikahan Anak* dan Video Kampanye #EndChildMarriage.
6. Support and call the Indonesia's commitment in COP21 Paris to decreasing emissions as well as concrete issues regarding peatland restoration and a review of old permits and moratoriums within Jokowi's presidential period.
7. Support and call for Indonesia to ASEAN Commitments: to (i) work effectively and in good faith towards adopting a protocol, legal instrument or agreed outcome with legal force applicable to all by the end of 2015; (ii) take immediate action on ratifying the Doha

Amendments to the second commitment period of the Kyoto Protocol; and (iii) table Nationally Determined Contributions well in advance of COP 21 in Paris in December 2015.

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YJP Yayasan Jurnal Perempuan

Yayasan Jurnal Perempuan is a non-profit organisation which was established in 1995. Jurnal Perempuan (JP) was first being published in 1996 as the sole journal in Indonesia that wrote Gender Study and Discourse on Women. Until 2015, JP has published 85 editions which were being printed into 3000 exemplars per edition. YJP's vision and mission are to empower and establish women's rights. YJP has worked extensively in, research and publication and education & trainings.

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