

INDONESIA

Interlinkages between Women's SRHR & Climate Change: Mainstreaming Policy in Central Java

SCOPING STUDY

Building New Constituencies for Women's
Sexual and Reproductive Health and Rights (SRHR):
Climate Change and SRHR

YAYASAN
YJP
JURNAL
PEREMPUAN



A Scoping Study

Interlinkages between Women's SRHR & Climate Change: Mainstreaming Policy in Central Java, Indonesia

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Yayasan Jurnal Perempuan (YJP)

Asian-Pacific Resource and Research Centre for Women (ARROW)

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Surakarta, 15 May 2015

Yayasan Jurnal Perempuan

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LIST OF ACRONYMS

Bappenas	: Badan Perencanaan Pembangunan Nasional (National Agency on Planning)
BNPB Agency)	: Badan Nasional Penanggulangan Bencana (National Disaster Management Agency)
BPBD	: Badan Penanggulangan Bencana Daerah (Provincial Disaster Management Agency)
BP3AKB	: Badan Pemberdayaan Perlindungan Perempuan dan Anak dan Keluarga Berencana (Empowerment and Protection for Women, Children and Family Planning Board)
CAT Watu Putih	: Cekungan Air Tanah Watu Putih (Water Support Watu Putih)
CC	: Climate Change
CBO	: Community Based Organisation
CEDAW	: Convention on the Elimination of all Forms of Discrimination Against Women
CSO	: Civil Society Organisation
Dasa Wisma	: Perkumpulan 10 Kepala Keluarga (Affiliation of Ten Families in Village)
DPR	: Dewan Perwakilan Rakyat (National Parliament Member)
DPRD I	: Dewan Perwakilan Rakyat Daerah (Provincial Parliament Member)
DPRD II	: Dewan Perwakilan Rakyat Daerah (Regency Parliament Member)
Inpres	: Instruksi Presiden (Presidential Instruction)
KPK2BGA	: Komisi Perlindungan Korban Kekerasan Berbasis Gender dan Anak (Commission for Protection for Women and Children)
MAF	: The MDG Acceleration Framework
MSS	: Minimum Service Standards
PP	: Peraturan Pemerintah (Government Law)
Perpres	: Peraturan Presiden (Presidential Regulation)
Permen	: Peraturan Menteri (Ministerial Regulation)
Permendagri	: Peraturan Menteri Dalam Negeri (Interior Minister Regulation)
Pemprov	: Pemerintah Provinsi (Provincial Government)
Pemda	: Pemerintah Daerah (Regency Government)
PPSG/PSW	: Pusat Penelitian dan Studi Gender/ Pusat Studi Wanita (Gender/Women's Studies Center)
PKK	: Pembinaan Kesejahteraan Keluarga (Education of Family Welfare)
PPT	: Pusat Pelayanan Terpadu (Center for Integrated Service)
Puskesmas	: Pusat Kesehatan Masyarakat (Community Health Center)
Posyandu	: Pos Pelayanan Terpadu (Integrated Service Post)
RT	: Rukun Tetangga (Village Organisation)
RW	: Rukun Warga (Community Organisation)
RSU	: Rumah Sakit Umum (General Hospital)
RPJMN	: Rencana Pembangunan Jangka Menengah Nasional (National Mid-Term Development Plan)
RPJMD	: Rencana Pembangunan Jangka Menengah Daerah (Provincial Mid-Term Development Plan)
SLR	: Sea Level Rise
SOP	: Standard Operating Procedure
SRH	: Sexual and Reproductive Health

SRHR : Sexual and Reproductive Health and Rights
UNFCCC : United Nations Forum for Climate Change Conference
UUD : Undang-Undang Dasar (Basic Laws)

EXECUTIVE SUMMARY

In this study YJP draws on the positive spirit existing throughout the alliance, both in the program in Asian-Pacific countries and in Indonesia. The objectives of this study are to mainstream gender and women's SRHR into climate change policy in Central Java. These objectives are divided into two major aims. First, to establish linkages between climate change and women's SRHR within the provincial and national contexts. Second, to disseminate the findings via Advocacy Brief to multi-stakeholders. Third, to build multi-actor alliances in relation to climate change and women's SRHR with the goal of improving gender mainstreaming and women's SRHR services in Central Java after the research findings are shared to stakeholders. The research methodology applies an eco-feminist approach combined with PAR (Participatory Action Research) techniques. This method involves, *first*, the preparation of research, including three internal workshops of the team with YJP, YLSKAR dan PPSW UKSW, to formulate the guidelines for research implementation, and to develop an action plan for the period July – December 2014, and for 2015. *Second*, document and policy reviews were conducted through a set of internal team workshops attended by related experts. *Third*, field observations and community meetings were conducted to map out the preliminary data about the communities in terms of hazards, risks, capacities and vulnerabilities within the communities in terms of the SRHR and the climate change concept. *Fourth*, in-depth interviews and Focus Group Discussions (FGDs) were carried out at the level of local communities; NGOs and social action groups; universities and research centers; the executive government (Kantor Badan Pemberdayaan Perempuan/The Office of Women's Empowerment, Badan Penanggulangan Bencana Daerah/Local Disaster Management Board, and the Komisi E, Public Welfare/Commission of Public Welfare of the DPRD I; and in non-structural bureaus, including the Komisi Perlindungan Korban Kekerasan Berbasis Gender dan Anak/The Commission for the Protection of Victims of Gender-Based Violence and of Children) in Central Java.

The findings of this research are divided into two interlinkages of the north coast and surrounding mountain areas. Interlinkages of SRHR & CC in the North Coastal Area shows the alarming risks. The risk of hazards have been identified as the rise of sea-level (SLR), abrasion and intrusion. Global warming has led to an increase in the sea-level in the North Coastal Area. SLR and CC has increased abrasion and intrusion in the North Coastal Area of Java. Threat of the rising of sea-water has threatened women's access to fresh water which then influencing their SRHR. Further, the arrival of cement mining has resulted in a shift from a predominantly agricultural-fishery community-based economy to a mining and service based economy. Ecological destruction has therefore dramatically altered the social structure which has direct impact on SRHR. There is an interlinkages between SRHR & CC in the surrounding mountain area. Since the arrival of many legal and illegal mining ventures in the mountain area of Kendeng Watu Putih in Rembang, a female community spokesperson, Sukinah, together with 306.727 local women have been struggling to protect their sources of water-capture. Disputes over the impact of mining in the area have had adverse effect on both the livelihoods of local women and their SRHR. With the increasing threats of climate change, corporate investment and industrial expansion in the area, women are faced with new challenges in the form of migration and trafficking.

The fulfillment of SRHR is at present seriously hindered by climate change. This study found clear and alarming links between climate change and the SRHR status of women, despite only having a few documented studies on which to base our analysis. The impacts of climate change are charted as follows: decreasing crop yields; threats to food security;

increased water stress and drought; increasing fluvial flooding and rainfall; frequent fluvial flooding; an increasing number of tropical cyclones (in certain areas); and rise of sea level affecting livelihood in coastal regions. 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 the effect of climate change on the SRHR of women, visible in the Indonesia response. This project concludes that gender mainstreaming and women's SRHR has not yet been mainstreamed in Central Java, Indonesia, despite that it is recommended in national policy. Man-made and natural disasters have detrimental impacts on women's SRHR. This study concludes that women in Central Java are unprepared for the future risks posed through disaster and climate-change, specifically in terms of access to water. These risks further exacerbate the difficulties they face in accessing SRHR education and health services. Climate change policy in Indonesia does not yet include gender or gender mainstreaming in its strategic program. The project advocacy strategies suggested here are directed to improve policy on Women's Empowerment and Child Protection, and at Disaster Management Agencies at the local, provincial and national levels. In particular, to establish gender responsive policy and budgeting, a specialist gender unit, and Local Health Agencies and community organisations should be able to improve their coordination of women's SRHR in relation to climate-change policy and disaster risks.

INTRODUCTION

Global warming and the melting of the ice in the Arctic is resulting in rising sea levels (IPCC, 1990). The Intergovernmental Panel on Climate Change (IPCC) defines climate change as any change in climate over time, whether due to natural variability or as a result of human activity. Climate change results in temperature increases 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 the sustainability of ecosystems (UNFPA; WEDO, 2009). Climate change is felt directly by farmers and fishermen in Indonesia who rely on natural conditions. In Indonesia, there are two seasons - the rainy season and the dry season. The data from 63 weather stations across Indonesia over the past 40 years points to the fact of climate change (Slingo, 2010). The data showed 22% had a regularly early dry season, 33% had an earlier season and 45% showed season began later than normal. Meanwhile, in the rainy season, 36% of the data showed regular pattern of initial rain, with 40% showing earlier onset, and 24% late. Indeed, as evident in the climate change data for the periods 1961-1990 and 1991-2003 (WMO Standard), the world's climate is changing and has a direct impact on Indonesia.

The trend of global warming has been affecting Indonesia with changes in ground and ocean temperature, rainfall and extreme weather. 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 by 2.5-3°C. The potential risks are to economies, living structures, ecosystems, with greater vulnerability of specific communities in certain regions (Vatsa, 2004). Extreme weather and natural disaster will have significant impacts which require anticipation and planning in preparedness for disaster management. The Hyogo Framework 2005 formulated the anticipation of climate change through disaster risk reduction is to be synergised into the national development planning. Historically, climate policy has been gender-blind and has not addressed the differing ways in which climate change affects men and women. In the lead up to COP 15 in December 2009, civil society organisations and UN agencies increasingly highlighted the gender dimensions of climate change and the need to reflect these in the decisions of the UNFCCC.

Since then, steps have been made to incorporate language and recommendations which reflect the importance of the gender dimension into UNFCCC texts. While the UNFCCC decision texts are becoming gender-aware, there is still more that needs to be done. Some aspects of the climate negotiations, particularly in the area of mitigation, are still gender-blind (Enarson et al, 2007). In addition, it is crucial that the references to gender translate into meaningful action on the ground, from the national to the local level. Climate change exposes, for example, that increasingly limited access to fresh water makes women's burdens heavier. Scarcity of water also affects SRHR for women differently than to men. It has changed the structure of society from one of an agriculture-fishery based economy into an economy oriented around the service industry, mining, and labor. This dramatic change causes radical changes to women's lives, such as through the increasing number of migrant workers, land grabs, monocultural agricultural systems, scarcity of natural resources, and increasing incidence of HIV-AIDS, etc. The impacts of climate change charted above have serious implications in terms of women's universal access to SRHR (education and services).

Access to SRHR education in Indonesia is very low. The SRHR Alliance by Rutgers WPF reported that access to SRHR education in Indonesia is decreasing due to changes in

government policy in relation to the educational curriculum (Rutgers WPF Indonesia Report, 2013). Recent analysis based on increasing evidence concludes that the lack of access to SRHR education is influenced by cultural bias and rising religious conservatism (Candraningrum, 2008: 208). Lagging health infrastructure development has negatively influenced health services to women. Remote areas mountain enclaves and islands present geographical challenges to the provision of health services and adequate basic infrastructure. In 2010, two indicators used for the SRHR slightly improved. Health services and access to those services rose from 68% in 2007 to 76% in 2010, with large variance between provinces. Also, in 2014 the national government began to implement its universal health care program. However, the indicator for teen pregnancy showed 48 out of 1000 young women between the ages of 15 to 19. Indonesia continues to face geographical and infrastructural challenges in providing proper health services. Further problems include gender bias and discrimination against women, and violence against women and girls of low education. The Health Minister, Nila Moeloek (The Indonesian President's Special Envoy to UN Women), recently stated that to achieve gender equality and sustainable development, Indonesia must put the health of adolescent girls at the heart of the post-2015 development framework. She further added that gender equality and women's SRHR is not an insular entity detached from its surroundings, but cuts across various issues in human development, such as poverty reduction, education, health and the environment (<http://www.girlsnotbrides.org/putting-adolescent-girls-health-heart-post-2015-development-framework/>).

According to the CEDAW report (2012), the Government of Indonesia has adopted a number of policies and strategies to combat violence against women, including: the adoption of a national action plan on human rights for the period 2011-2014; minimum service standards on integrated services for women and children victims of violence; and the establishment of more than 400 institutions to handle cases of violence against women at national, provincial and district levels. Most of these institutions are police units for women and children (305 units), followed by Integrated Service Centres (113 units), and crisis centres at hospitals (63 units). There are also 42 women's crisis centres managed by women's groups in more than 20 provinces. However, the government has noted that these services often do not extend to rural areas, and are generally under-resourced.

In Indonesia, one in five people are aged is between 15-24 years old, which represents approximately 63 million youth (33% of Indonesia's total population is productive age). The 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 in relation to health manpower (Article 21-29), as well as for healthcare beneficiaries (Article 56-58). However, the policies have not yet been transformed into concrete programs to serve the reproductive needs of adolescents in terms of providing SRHR services. Furthermore, there exist other policies that do not support reproductive and sexual health, such as the Marriage Law No. 1 of 1974, which 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).

As a result, current policy encourages the phenomenon of early marriage which causes an increase in early pregnancies among young women, at a time when their reproductive

organs are not fully developed. This increases their risk of pregnancy complications which may lead to maternal mortality, affecting the MMR (Maternal Mortality Rate) in Indonesia which is highest among younger mothers. Thus, the Maternal Mortality Rate in Indonesia is still quite high due to the lack of facilities and access to reproductive healthcare for women. There was a sharp increase in the Maternal Mortality Rate in Indonesia in the period 2010-2012, with a rise from 220/100,000 to 359/100,000 live births. This shows that Indonesian adolescents are not adequately prepared to face reproductive health challenges when they enter their reproductive years. It is imperative that the government immediately issue a policy that provides SRHR education, reproductive healthcare facilities and increased access to these for women and adolescents.

Indonesia is a disaster-prone area, and there is strong relational evidence between disaster, climate change and SRHR, that shows that both men and women are increasingly losing access to and control of natural resources in the ecosystem in which they live; they are exposed to increasing risks in terms of resource production and livelihood, access to housing facilities, infrastructure and amenities and a healthy living environment (Brock & Thislethwaite, 1996). These deteriorating conditions give a rise to gender gap in all sectors, which has a direct effect on issues related to health, provision of human basic needs, overuse of land, access to participation in development, increases in rates of poverty and un(der)employment, personal security, levels of autonomy, decision-making, and even survival (Cutter et al, 2003: 54). Climate change demands appropriate response in various stages such as through adaptation, mitigation, emergency response and recovery. Yet in these various stages there is a distinct gender imbalance, that is, climate change response will not be gender-neutral for various reasons. Firstly, men and women each have different life experience and capacity. Each contributes differently to climate change adaptation while both have the same capacity to be agents of change in response to climate change. Secondly, men and women demonstrate different strategic or practical needs, motivations and desires in adapting. And thirdly, these differences will have different impacts which will increase gender imbalances in all aspects of life.

Indonesia has 33 provinces – each province is divided into districts and each district into sub-districts. Since the government's decentralisation, 349 districts and 91 sub-districts are now the key administrative units. Each sub-district has at least one health centre headed by a medical doctor, usually supported by two or three sub-centre clinics, the majority of which are headed by a nurse (Amnesty International, 2010). SRH services are available at the primary care to the secondary level hospital (district hospital) and tertiary care level (provincial hospital). However, the services are not always accessible to everyone, especially unmarried women and girls. Midwives, government staff, and doctors do not provide reproductive health services for unmarried women and girls, including contraception and family planning (Amnesty International, 2010). Although health workers did not directly refer to the law (Population and Family Welfare Law No. 52/2009), they explained that family planning provisions are only intended for married couples. District health officers and other government officials also confirmed that contraception and family planning services are intended solely for married people in accordance with laws and policies. The implication of this is that the SRHR needs of youth are jeopardised, as they are not considered target groups by the government. The establishment of adolescent-friendly services in Indonesia is still in its pilot phase and is not yet implemented throughout the country. Adolescent SRH information and services at national and provincial levels appear to be either inadequate or lacking. There is no quality standard for youth centres, training of peer educators and peer

counsellors, or agreement on minimum substantial content. The primary focus of information and counselling for adolescents tends to emphasise morality and promote abstinence. The content of information, education, and communication materials and counselling are not adequate to address adolescents SRH and young people's sexuality issues (WHO report on Indonesia, 2006). There is only limited initiatives, such as Rutgers WPF that has published the module of *Youth Friendly Services on SRHR* that have been generated to answer the lack of access to information in regards of SRHR fulfilment for young people.

Access to health services is considered adequate, and although there are shortages in the number and distribution of health workers and professionals, services may be further improved. With more than 8,000 public health centres (1 for every 23,000 people), a broad outreach system, and more than 1,250 public and private hospitals, access to health services is available to all people except in remote areas. However, infrastructure quality, functionality, and availability of equipment and SRH commodity supplies are often key problems. The country in general suffers from lack of general practitioners (39 per 100,000 people), specialist doctors (10.5 per 100,000 people), and nurses (158 per 100,000 people) (FPSB Indonesia, 2014), particularly in rural and remote areas (World Bank, 2008). Not only are there too few doctors and specialists, they are also inequitably distributed across Indonesia.

Consideration of linkages between climate change and SRHR is new. To begin, there is immediate need for a comprehensive study to establish preliminary research and provide relevant information. The scoping studies will produce a preliminary report which will issue a policy recommendation on gender mainstreaming and SRHR provisions. The policy recommendation will be proposed to the National Disaster Management Agency (BNPB), the provincial legislative commission, and other related provincial government bodies in Central Java. The Indonesian National Development Plan (RPJMN, 2010-2014) has already adopted the principle of gender mainstreaming. In 2012, the State Ministry of National Planning (BAPPENAS) and related ministries initiated a national discussion about the relationship between climate change and gender equity, inclusive of SRHR. The next RPJMN 2015-2019, which is currently being drafted will be likely to address climate change, gender equality and SRHR. However, the National Disaster Management Agency has not yet adopted a gender mainstreaming policy and there is no gender unit. In establishing the research group, it is necessary to include the relevant key players as early as possible to encourage research—specifically government agencies. Women groups from civil organisations and from regional government have vested interest in the SRHR issue. The Disaster Management Agency or the Climate Change National Commission (BNPB) will provide the knowledge and data on climate change. Academics from reputable local universities will provide the expertise for the scoping study and for public education programs. The provincial legislative commission would have the capacity to endorse the gender mainstreaming policy which emphasises the linkage between climate change and SRHR. The community leaders would promote public education on women's SRHR and climate change to the local people.

JP (*Jurnal Perempuan*) was established in 1995 as an association intended to empower and enforce women's rights through education, research and publishing. The organization guided by the motto of enlightenment and equality, has been circulating *Jurnal Perempuan* as the first Indonesian feminist journal in Indonesian language since 1996. The journal read by students, policy makers, intellectuals, academics, and social movement activists, numbers hundreds of

customers throughout Indonesia. The annual issue in the English language taking the form of the Indonesian Feminist Journal aims to engage the international community in empowering Indonesian women. Mid this year JP has published JP Ed 87 August to address the impact of climate change to women's SRHR. JP believed that global warming has added the degree of women's vulnerability. Central Java was chosen due to recent advocacy works conducted by YLSKAR (Yayasan Lingkar Studi Kesetaraan Aksi & Refleksi) in Salatiga that focused its village-related advocacy in Jepara, Rembang, Solo, Salatiga and Banyumas. YLSKAR found that it is important to cooperate with JP that specialise in gender research and advocacy. In Jurnal Perempuan Ed 86 SRHR and Climate Change published this August, JP and YLSKAR conducted research cooperation to link SRHR and Climate Change.

Objectives

The objectives of this study is to establish the linkages between climate change and women's SRHR in the provincial context and determine if gender mainstreaming and women's SRHR are integrated in Indonesian policies. The findings will be shared to various stakeholders to build multi-actor alliances in the aim of improving gender mainstreaming and women's SRHR services in Central Java.

Methodology

The research method combines an eco-feminist approach with PAR (Participatory Action Research) techniques. The research activities in the first six months of 2014 were focused on the following points. *First*, the preparation of research including three internal workshops of the team with YJP, YLSKAR (Yayasan Lingkar Studi Kesetaraan Aksi dan Refleksi) and PPSG UKSW (Pusat Penelitian dan Studi Gender, Universitas Kristen Satya Wacana) to formulate the guidelines for: the research implementation; the action plan for August – December 2014; the analysis of human resource support needs; the instruments to be used; and the budget. *Second*, document and policy reviews were undertaken through a set of internal team workshops attended by related experts. *Third*, field observations and community meetings were conducted through field visits, live-in visits, and community meetings to map out the local preliminary data in terms of hazards, risks, capacities and community vulnerability in relation to SRHR and climate change. The communities' needs and hopes were also mapped out at this time in terms of the situations they face as residents of the coastal and buffer zones. *Fourth*, in-depth interviews were conducted to deepen the findings in relation to the third point above, and also enabled elaboration in terms of perceptions of future needs and hopes of the individuals interviewed. *Fifth*, Focus Group Discussions (FGDs) among: communities of victims in the coastal and cultivated areas (plateaus); NGOs and social action groups; universities and research centers; government (executive) Kantor Badan Pemberdayaan Perempuan, Badan Penanggulangan Bencana Daerah (BPBD), Komisi E (Public Welfare) DPRD I Central Java, and non-structural bureaus like the Komisi Perlindungan Korban Kekerasan Berbasis Gender dan Anak (KPK2BGA) in Central Java, Forum Masyarakat Peduli Risiko Bencana in Central Java and Central Java (Green Youth Forum). *And last*, monitoring through regular meetings with all program participants and related experts.

The partners in this project and beneficiaries groups are as follows: 1) local women leaders and community health services organisations (PKK, Posyandu, Dasa Wisma) in the target communities of Tegal Dowo in Gunem, Rembang and Bulak Baru, in Kedung, Jepara, who have the capacity to develop participatory mitigation concepts to manage the impacts

of climate change, and the implications for women's SRHR among vulnerable communities; 2) Local Health Agencies and The Women's Empowerment and Child Protection Boards at the local, provincial and national levels which prioritise the development of gender inclusivity and equity in government agencies; 3) Disaster Management Agencies at local, provincial and national levels do not as yet focus on SRHR program due to lack of coordination in providing SRHR protection; 4) the Provincial Legislative Commission—the commission will emphasise gender and SRHR, though not necessarily understand the link with CC as a cross-cutting issue. The focus of SRHR programs is to develop gender as a strategic focus in the legislative commission, and; 5) the establish gender as a focal point in universities to support thematical research and policy advocacy on women's SRHR. All partners mentioned here are potential delivery partners who can develop project ownership and capacity.

UNDERSTANDING THE INTERLINKAGES

Sexual and Reproductive Health and Rights

This study looks at the interlinkages between climate change and SRHR. *Reproductive health* implies that people are able to have a responsible, satisfying and safe sex life, and have the capacity to reproduce and the freedom to decide if, when, and how often, to do so. Implicit in this is the right of men and women to be informed of and have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice, and to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of a healthy infant (WHO). *Reproductive rights* embrace certain human rights that are already recognised in national laws, international human rights documents, and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (ICPD). *Sexual Health* implies a positive approach to human sexuality and the purpose of sexual healthcare is the enhancement of life and personal relations as well as counselling and care related to reproduction and sexually transmitted diseases (adapted, UN). *Sexual Rights* embrace human rights that are recognised in national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence, to the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive healthcare services; to seek, receive, and impart information in relation to sexuality; sexuality education; respect for bodily integrity; choice of partner; decision to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when to have children; and pursue a satisfying, safe and pleasurable sexual life (WHO working definition). The previous SRHR definitions are examined carefully in ARROW's (2014), "Sexual and Reproductive Health and Rights in the Post-2015 Agenda: Taking Their Rightful Place".

The consideration to select a provincial level instead of national level is based on the fact that since 1999 decentralisation has permanently changed resources and political mapping between central government and regional governments. In other words, regional governments increasingly display considerable governing power in many sectors including policy implementation following national laws. As it is observed, the national policies are generally quick to adopt SDG-oriented policies and provincial implementation policy often

lags behind (Basher, 2008: 17). This situation increases the policy gap between national level and regional implementation level (Paripurno et al, 2011: 71). The situation is complicated by increasing bylaws which discriminate against women. The National Commission on Violence Against Women identified 342 discriminating bylaws, usually called Shariah Laws, which are mostly based on conservative interpretations of Islam (CATAHU, Komnas Perempuan, 2014).

A study conducted by BPNP (the Indonesian Disaster Management Agency) notes that Indonesia is sometimes referred to as “Disaster Laboratory” due to the fact that many types of disaster can occur across archipelago, including earthquakes, tsunamis, landslides, floods and volcanic eruptions. The Indonesian Disaster Data and Information (DIBI) database can be accessed to for more historical disaster data and the impacts upon vulnerable elements of the population (or secondary baseline data to see emergency response). The selection of Central Java province was due to several considerations. Firstly, Central Java is a province prone to natural disasters such as earthquakes, volcanic eruptions, floods, landslides, droughts and deteriorating coastlines. It is the most mountainous region in Java with lush soil and abundant rivers (Bemmelen, 1949). It is the most populous area with 32.38 million people (BPS Jawa Tengah, 2014). Secondly, Central Java has experienced rapid urbanisation since the 1980s with the detrimental effects of a high risk of social unrest, increasing religious conservatism and lower education for girls (Heijmans, 2012). The expected impact on the program is to provide ground knowledge on linkages between climate change and SRHR in Central Java province, and to exercise policy change at the provincial level through legislative power and the appropriate offices of regional government. This will address the policy of the Disaster Management Agency, and bylaws at the provincial level.

Since the signing of the Millennium Declaration in 2000, the National Government has remained fully committed to achieving the Millennium Development Goals (MDGs). The MDGs are used in formulating policies, strategies, and development programs. This approach has been outlined in the National Long-Term Development Plan 2005-2025, the National Medium-Term Development Plans, 2005-2009 and 2010-2014, Annual Work Plans and budget documents. Significant progress has been made towards many of the MDGs, including those on poverty and hunger. In contrast to the national statistics on the maternal mortality ratio (MMR), as one significant aspect of SRHR in Central Java, the number of deaths has gradually been reduced from 390 in 1991 to 228 per 100,000 live births in 2007 (*Central Java MDGs Report*). One of the outcomes of the Rio+20 Conference was the agreement by member States including Indonesia to develop a set of Sustainable Development Goals (SDGs), which will build upon the Millennium Development Goals (MDGs) and converge with the post-2015 development agenda. There are also advocacy guidelines for the inclusion of SRHR in the Post-2015 Development Agenda. The National Commission on Violence Against Women This document was prepared by civil society members who attended the 47th Conference on Population and Development (CPD) in which Indonesia took part. This conference has reported that women are the most affected group in regard to their SRHR in the face of climate change.

However, the Government and its partners recognise that accelerated efforts will be needed to achieve the target of 102 by 2015. The MDG Acceleration Framework (MAF) is being applied to accelerate progress towards the MMR target in Central Java. With around 15 percent of the country’s total population, the large numbers of maternal deaths in Central Java contribute significantly to the country’s high MMR (WPF Report, 2013). Although lower than the national average, provincial data shows that MMR in Central Java has stagnated in the period 2005 to 2014. At the current rate, the province is likely to miss the 2015 MDG target if additional efforts are not put in place. Central Java prioritises four interventions on

MMR (SRHR-addressed): 1) Improve access to quality basic need (PONED) and Comprehensive Emergency Obstetric Neonatal Care (PONEK) Services; 2) Improve access to qualified primary health care at the community level (e.g. Community Village Health Policlinics (PKDs)); 3) Strengthen qualified referral systems; and 4) Increase access to qualified family planning (FP) and reproductive health services.

Despite government efforts to increase the number of skilled birth attendants and promote family planning, at least 10,000 women die of childbirth related causes every year in Indonesia (*World Bank Report*, February 2010). The Indonesian Maternal Health Assessment puts Maternal Mortality rate at 228 deaths per 100,000 live births, compared to UN WHO, which refers to India 450 and Malaysia 62, and Netherlands 6 mothers. Women's economic status, level of education and age of first marriage affect maternal health and birth outcome. According to Kartika Vera Giantari (Central Java Gender Support-Service) in interview in September 2014, "Pregnant mothers are often too late in identifying danger signals during pregnancy and in making decisions, because women often have to wait for their husbands or parents to make decisions". She added that scarcity and access of water also put pregnant women in great danger. In this case, it is necessary to link climate change and SRHR so as to reduce MMR.

Climate Change

Given existing gender inequalities and development gaps, climate change ultimately places a greater burden on women. Men and women are affected by climate change in different ways, because the societal and cultural roles and responsibilities placed on them by families and communities are very different. For examples, where women are the primary food producers and providers of water and cooking fuel for their families, they have greater responsibility for family and community welfare. Women's economic contribution, which is central to development, is also central to tackling climate change. Women are powerful agents of change and are taking action at global, national and community levels. The role of women in the institutions, mechanisms, funds and processes that address and govern the impacts of climate change is critical to ensuring an equitable response (Met Dept. Report, 2010).

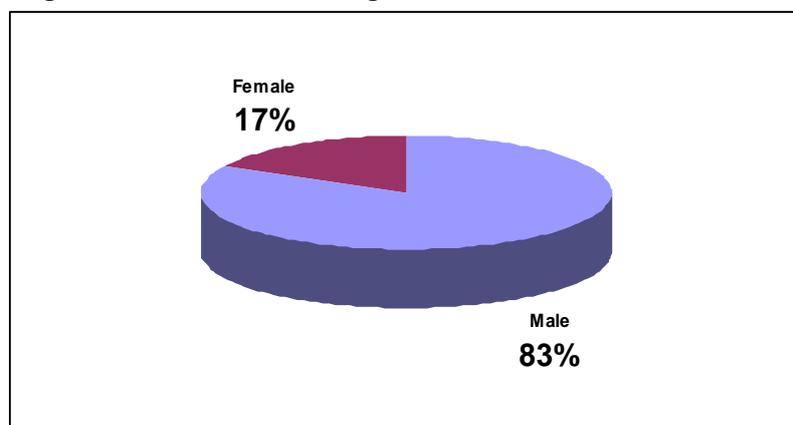
A government study in 2007 concluded that a delay in the onset of the rainy season beyond 20 days during the El Niño years had disrupted production significantly; a one-month delay translated to an estimated 11 per cent decline in the yield of wet season rice in Java and Bali (an area that, together with Central and West Java, provides approximately 55 per cent of the national rice yield). The same study also noted that in average temperatures during the dry season, rice yields decreased by 10 per cent. This is sobering for Indonesia, where the temperature is predicted to rise 1–2.5°C by 2050 and 1–3.5°C by 2100). The 2007 government study further confirmed that delays in rainfall onset meant that rice was planted later and thus the "hungry season", or *paceklik*, at the end of the dry season also lengthened. The study was unequivocal that month-long delays in the monsoon onset will be more frequent by 2050 (Naylor et al, 2007).

Study and advocacy are exposed to the potential risks of conflicts of interest in the management of natural resources (Benson et al, 2007). Local governments, communities, and companies have different perspectives in viewing natural resources. Women and girls are the most prone victims in these conflicts. Open-information sharing is one of the risks of this research. From July 2014 to the present there has been an ongoing dispute between PT Semen Indonesia and the Governor of Central Java Ganjar Pranowo and hundreds of women farmers of Kendeng in Watu Putih, Rembang represented by their spokesperson, Sukinah

(Women Leader in Watu Putih Village) in relation to the problem of land-grab in the area and local farmers refusal of cement-mining. The arrival of mining has threatened the ecosystem, people's livelihoods and women's access to water. Sukinah and a 200-strong group of local women have led the struggle against the mining to protect their water. (KOMPAS, 18/12/2014).

Another factor that hampers the situation is the decline in female leaders in 2014 – women are not at the negotiating table when it comes to decision-making regarding their health and SRHR. Women's exclusion from planning to decision making has added to the lack of women's voice in presenting that their SRHR. This then becomes invisible. In 2014 Indonesia elected a new parliament and a new President. Although there are no formal barriers to women's political participation, traditionally, the political sphere has been seen as the provenance of men. However, public opinion polls provide some evidence that beliefs relating to gender equality in political life are increasing. Over 60% of respondents to a 2006 World Values Survey believed that men made better political leaders than women, although a Pew survey from 2007 found that when given the option to rate men and women equally, 52% did so, with 43% still saying that men performed better. With the aim of increasing women's political participation, the Government of Indonesia adopted Law No. 2 of 2011 on political parties, establishing quotas for women in political party structures at the national and regional levels; and Law No. 8/2012, on general elections, in which provision is made for a 30% quota for women candidates on the electoral lists of political parties for the general elections of regional legislative bodies. However, it is unclear how these laws operate in light of a 2008 Constitutional Court decision to strike down the quota system established for elections to the House of Representatives. As of 2012 the UN Convention Eliminating all forms of Discrimination against Women (CEDAW) reported that participation of women in political and public life remained low, including in the House of Representatives (17.86%); the House of Regional Representatives (27%); the provincial houses of representatives (13%), the Supreme Court (4 of 49 judges) and the Constitutional Court (one of nine judges). There is increasing uncertainty which may hamper continuity of process and decision making in public offices. There has been a decrease in number and quality of women representatives from 18% in 2009-2014 to 17% in 2014-2019 (Dhewy, 2014: 130-147) which then affects general attitudes toward gender-friendly policy making (see chart below). Furthermore, there is increasing conservatism in religious laws with an increasing number of by-laws which discriminate against women.

Percentage of Selected Female Legislative Candidates in the 2014 Election



Source: National General Election Commission, 2014.

Decreases in women's leadership as well as rise of fundamentalism are further aggravated by climate change. Global warming and the melting of north-pole has increased the Sea Level one meter per annum since 1990 (IPCC 1990). Marfai and King (2008) used GIS inundation techniques to assess the impact of 1.2m and 1.8m SLR changes for the Semarang coastal area, which is located on the northern part of Central Java Province. Semarang has a total area of about 373km² and a population of approximately 1.5 million, which makes it the fifth largest city in Indonesia. It is one of the most important harbours of the Central Java region and the city of Semarang plans to develop and become the centre of national development. From a simulation model for sea water inundation with a scenario where sea level rises to 12cm in 2030 also followed by a storm wave 3 meters high, and increases in the La Nina phenomena as much as 10-20cm and highest tide (perigeespring-highest tide) reaching a maximum of 1-3m, it is estimated that the northern coast of Java would be significantly flooded. Therefore the projections presented by Marfai and King (2008) have important implications for planning and adaptation in the region. Climate change has affected people of the north coast of Central Java through high abrasion and intrusion. Rising sea levels and changes in sea water temperature, salinity, wind speed and direction, strength of upwelling, mixing layer thickness and predator response to climate change have the potential to substantially alter fish breeding habitats and food supply for fish and ultimately the abundance of fish populations in Java Sea waters with associated effects on coastal economies (Cruz *et al.* 2007). This material and livelihood loss has shifted the structure and culture of coastal people in Rembang from an agriculture-fishery to industry-service based economy. This has serious impact to women's SRHR in Central Java such as the increase of maternal mortality and early-marriage. Central Java and West Java has surpassed East Java since 2015 for the previous problems.

Based on previous findings, our focus of study in Central Java covers two regions representing different contours, landscapes, and climate situations. In the first, in the north coastal-area of Bulak Baru village in the district of Kedung, Jepara Regency our aim is to study linkages between SRHR and CC in relation to the livelihoods of women. In the second, in the highlands surrounding Mt. Kendeng Karst in Cekungan Air Tanah, Watu Putih (CAT Watu Putih), in Rembang Regency to study the linkage between women's SRHR and CC. This study focuses on the livelihood of women in rural areas in both regions. The research involves implementing participatory action research methods including observation, region-mapping, focus group discussions and interviews, and setting action plans for field and future research. Government departments and agencies, specifically BNPB, PPT Province (Province Gender Support-Service), PPSG-UKSW (Pusat Penelitian dan Studi Gender, Universitas Kristen Satya Wacana), YLSKAR (Yayasan Lingkar StudiKesetaraan Aksi dan Refleksi), and communities in both areas are engaged in the research.

A key limitation of the study is the funding amount which does not meet the scope of the project. This requires us to focus on prioritising the main activities that directly impact the project goal. The project's success is dependent on maximising stakeholder contributions (meeting accommodation, meeting place, etc), especially for policy advocacy and promotion of green life-style family management models in relation to health, water, food, waste, sanitation, and organic farming. The challenge is to build the organisational capacity of local PKK, Posyandu and Dasa Wisma in scaling up education, implementing a green life-style and promoting disaster preparedness. Strengthening of these is part of policy advocacy for mainstreaming women's SRHR and incorporating a gender perspective into disaster

management. Why? First, disasters occur in the project areas, with high risk of flood and landslide during the wet season (Dwyer et al, 2004). The researchers will use this momentum to observe community capacity in disaster mitigation. Second, increases in conflict over natural resources amongst community, government, and private companies (cement factory) will affect the project outcomes since the community focuses on the conflict. The scoping results and field findings will be the used as references in the project's implementation. Therefore, it is strategic to reproduce the scoping study results as modules or guidelines for community knowledge development.

Policies on Climate Change & SRHR

The findings of this study will be narrated into interlinkages between SRHR and climate change in the following tables (see Appendices 1-8) under the context of Central Java Province (exemplified in Matrix 1 to 6). Existing policies in Indonesia that support previous issues are as follows: 1) Law No 24/2007 on Disaster Management Implementation; 2) Permendagri No 46/2007 on manual of management and organisation of local disaster management agency; 3) Law No 24/2007 chapters 48 and 55 on disaster management in which protection of vulnerable community groups is the main priority in disaster management. The vulnerable community groups include pregnant women, infants, children, the disabled, and the elderly; 4) Kepres (Inpres No. 9/2000) on gender in the planning, development, implementation, monitoring, and evaluation of government programs; 5) Permen PP No 2/2008 on protection of women and children must be included in district and provincial budget planning; 6) Permen No. 6/2009 on sex and age data collection, analysis, and usage must be in implemented in district and provincial level governmental activities, programs, and policies. The previous six policies are analysed into the Matrix 7 (see Appendices).

The year 2004 is considered as a very important year for women in Indonesia. After 8 years of advocacy by women activists and scholars, Indonesia enacted Law No. 23/2004 on the Elimination of Domestic Violence, which provides legal protection to survivors, offers integrated recovery programs, and establishes measures to prevent future violence (in *Jurnal Perempuan Ed 84 Tradisi dan Adat*). The law explicitly states that any physical, psychological, and sexual violence as well as economic abandonment within the domestic realm is considered criminal. Also, the law provides protection from marital rape. Under the law, perpetrators could be charged with a minimum of five years in jail (or a fine of 15 million rupiah). Furthermore, the law also enumerates the responsibilities of governments and other stakeholders, healthcare personnel, and social workers in providing integrated recovery support to survivors.

Unfortunately, however, the Law 23/2004 is not properly implemented. Many law enforcement officials are still unfamiliar with domestic violence issues since information on domestic violence is not widely discussed in the news media, in academic articles, or in human right documents. Indeed, domestic violence against women in Indonesia is underreported and the real number may be very high. The reason female survivors are reluctant to report their case is because this often jeopardises her position in the household, as she is economically dependent on her husband. Also, a woman is not supposed to speak of her husband's faults, as this against socio-cultural norms. Many women have limited information and understanding of the services available to them. Although sexual violence occurs repeatedly and continuously, and thus increases in numbers, not many people understand and consider this as an issue of public concern, including the government. Sexual violence is often regarded as a personal issue rather than a public one. In the Penal Code, sexual assault

is considered an offense against decency. This shallow interpretation does not only reduce the degree with which rape is seen as a crime, but also creates the wrong opinion that sexual violence is related to women's morality, and thus, tends to blame the victims. Sexual violence also affects LGBT groups. Indonesia does not have any specific law or regulation on sexual orientation. None of the existing laws mention that homosexuality is prohibited or permitted, including the Penal Code. The Law No. 39/1999 on Human Rights stipulates that every person is to be treated equally and that no person should be discriminated against on any grounds. However, there have been many cases in which homosexuals were attacked by conservative groups, especially Muslim extremists. Police protection is non-existent. Basically, if you are of a minority sexual orientation, you may be subject to violence daily.

Discrimination in access to sexual and reproductive health services still exists in Indonesia, especially for the unmarried population. In Central Java unmarried people have great difficulty accessing SRH services. Young and unmarried women have difficulties in accessing contraceptive services as the Law (No. 52/2009) stipulates that contraceptive use is only for married couples. It also does not clearly state what SRH services are available for the LGBT community. Given the fact that SRHR is not yet fully understood by many policy makers, grievance redress mechanisms are not available. When homosexual or transgender citizens face discrimination or violence, they resolve the problem without legal help. Although the Health Law states that health services are provided to all citizens, transgender people are often refused health services. In hospitals where women and men have separate wards, arguments as to which rooms transgender people will be placed in are very common (findings from General Hospital Moewardi Surakarta Central Java). Since there is no grievance mechanism, they can only bring the issue to the media, which does not bring any real solution. This situation has led gay and lesbian groups to setup their crisis centres to address their respective problems. In Surakarta, they founded IWASO and TALITAKUM as support groups for the LGBT.

Abortion is only legal in cases where medical emergencies detected in early pregnancy threaten either the life of the mother or the child; or in the case of pregnancy resulting from rape. Law No. 36 of 2009 on Health provides counselling services related to the decision to abort and guarantees women's rights to be free from violence in the form of forced abortions. However, even for those women legally entitled to abortion, these services are only available within the first six weeks of pregnancy; and, with the exception of rape victims, married women must seek the approval of their husbands. Women's groups in Rembang, Banyumas and Surakarta also reported that there appears to be reluctance amongst some health workers to provide women and girls with access to safe abortion services, on the grounds of moral or religious convictions. Regarding contraception, women have the right to use contraception, and to access information about reproductive health and family planning. However, under Articles 72 and 78 of the Health Law, access to sexual and reproductive health services may only be provided to "legal partners", which implies that in practice only married couples can access family planning services, and reflects the social stigma experienced by women and girls who have sex outside marriage (or are believed to have done so) (interviewed conducted in Surakarta). Additionally, some methods of contraception require a husband's consent.

Indonesia has run a national family planning program to reduce the fertility rate since the 1990s, which includes contraceptives and irreversible contraceptive methods, although the rate of male participation remains low. Knowledge of modern methods of contraception among married women in Indonesia top 98%, according to the 2012 Demographic and Health

Survey (DHS Central Java). Usage rates are also quite high: more than 80% of ever-married women had used a modern method of contraception at some point, and more than 54% were doing so at the time of the 2014 DHS. Among women who were not using contraception, nearly half discontinued use for either fertility or health-related reasons. Overall, just 9.7% of women reported an unmet need for family planning, either from a desire to increase the period of time between births, or a desire to limit their overall number of children. This suggests that married women do not face obstacles in the form of social or religious customs in regard to accessing contraception. Family planning is often regarded as the women's responsibility and there is limited participation by men in these talks to focus more on the importance of contraceptives and condom use, prevention to mother to child transmission of HIV, antenatal care, benefits of partner support in reproductive health and how to involve men in these issues. Women in Central Java who work are entitled to three months of paid maternity leave (though and in several workplaces, they are not entitled at all or are ousted from the jobs) (Interview with Women of Rembang in December 2014). Those entitled to maternity leave receive 100% of their wages during their leave, which is paid in full by their employer. In addition, pregnant and nursing women receive special protection against dangerous work, and cannot be discriminated against or fired without cause unrelated to their pregnancy. However, it is reported that many companies get around these requirements by hiring women as day labourers rather than as full-time employees, which means they are not entitled to maternity leave; and workers found to be pregnant are often requested to resign by their companies and to re-apply once they have given birth. Domestic workers, a high proportion of whom are women, are excluded from the protections afforded to other workers by the Manpower Act of 2003, including on minimum wage, overtime pay, the number of hours worked per day, a weekly day of rest and social security. Due to this vulnerability, it is reported that domestic workers are especially vulnerable to psychological, physical, sexual, and economic violence (Ibu Emma, FGD, provincial government).

Impact of Climate Change on Women's SRHR in Central Java

To reiterate, the risks of climate change have been identified as the rise in sea-level, abrasion and intrusion. Global warming has exacerbated the rise in sea-level in the North Coastal-Area (IPCC Report in 1990 on Sea Level Rise-SLR). SLR and CC have led to increased abrasion and intrusion on the North Coastal-Area of Java (Bikman, 2006: 67). The threat of incrementally rising sea-water has heightened the burden on women in accessing fresh water which then influences their SRHR. Mining has changed the nature of the economy, causing ecological destruction and dramatically altering the societal structure which then impacts directly into women's SRHR.

Previous risks are associated *firstly*, with the reduction of sea-resources such as sea-biota. This has made it difficult to determine when to fish and when not to fish since it is becoming difficult to predict the weather—in local language it is called *pranoto mongso (seasonal calender)*. The major income for coastal people is fisheries, and this is being altered dramatically. The SLR has contributed to the destruction of sea-biota and the port where fishermen deck their boats. Women in north coastal-area of Central Java are then unable to earn a sustainable living through the fisheries and many decide to work as migrant workers (Irwanto, 2001; Raymond, 2001; Zulfahry, 2005). Indonesia provides a striking example of the feminisation of migration, as estimates suggest that up to 90% of country's migrant workers are women (IRIN, 2010). In Indonesia, Central Java is ranked fourth nationally in sending women migrant workers abroad (Zulfahary, 2005: 59). LRC KJHAM, an NGO based in

Semarang, has reported that the North-Coast of Central Java has become a target for the migrant-worker market that specifically targets women and girls. It reported that most women migrant workers are sent to Malaysia, Arab Saudi and South Korea. The North-Coast is also becoming a transit sending-area heavily burdened by trafficking cases (interview with KJHAM in December 2014).

Second, the absence of awareness and the poor capacity of local government, including women, in understanding the impact of climate change in relation to coping mechanism strategies. This further deteriorates women's SRHR. Public education, campaigning and advocacy that link CC and SRHR are urgently needed. The number of trafficking cases in Central Java is relatively high and it is acknowledged by several researchers that there is a close relationship between trafficking practices and child prostitution. Climate change has altered the ecological structure which then alters societal structures—as indicated in the soaring number of trafficking cases. Further, there are reported to be an estimated 8,495 adult sex workers and 3,177 prostituted-girls in Central Java (Brock and Susan, 1996; Raymond: 2001; Irwanto et al., 2001).

Third, the local community is uprooted from their own local-knowledge with the arrival of modern-schooling. Local knowledge and capacities are not being used in mitigating disaster risks. There is little evidence of the mapping of disaster from a gender perspective. *Fourth*, coordination at all levels of governance is extremely weak in reducing risks of climate change in relation to SRHR. *Fifth*, there is no coping-mechanism policy paper integrating CC & SRHR from the perspective of women. Universities shall be involved in policy-decision making in mitigating climate change and disaster risks. Research on ecology, gender and sustainable development has been initiated by PPSG-UKSW.

Action urgently needed involves *first*, a coping mechanism policy paper in the framework of CC-SRHR at the regional, provincial, regency and village levels. *Second*, encouraging local-initiatives to build community-learning centres to mitigate CC-SRHR. Local Government shall take the following actions to mainstream gender into policy of CC-SRHR by (1) increasing knowledge of mainstreaming disaster in the governance policy; (2) following up on research from universities and incorporating it into the programs of governance; (3) including SRHR-CC into the framework of Community Based Disaster and Risk Management (CBDRM); (4) building commitment between regencies (Kendal, Semarang, Demak, Pati and Rembang) to share responsibilities in raising awareness on the linkage between CC and SRHR; (5) altering approaches to development by involving the voices and perspectives of women. In the future there is enormous prospect for universities to build research alliances of with other universities as well as to cooperate to reduce disaster risks. The introduction of linkage between CC and SRHR into the curriculum is also seen as an imperative innovation for the future by the Director of Women's Studies at the PPSG-UKSW (interview, Arianti Ina Restiani Hunga, December 2014).

There exists the potential for villagers to identify resources of water, vegetation and livelihood that connect directly to their SRHR. Women are starting to assess how long they take to get water before, after and during drought or flood. They are planning to be trained to mitigate preparedness in coping with climate change and extreme weather. NGOs and other CSO organisations need to focus on alleviating and reducing the risk of disaster due to climate change. It is hoped that they will build networks on issues of CC-SRHR. The potential strategic focus of these stakeholders will feed into policy-making and policy execution at the governmental level.

With the increasing threat from climate change and corporate interests, women are further faced by the new challenge of migration since they cannot live on their land anymore. Despite the positive introduction of Law No. 21 of 2007 on the eradication of the crime of trafficking in persons, trafficking and prostitution remain serious threats for girls and women in Central Java, as Indonesia remains a major source country and to a much lesser extent a destination and transit country for sex trafficking and forced labour. Although the Government has recently created the first database for tracking trafficking convictions to improve the centralised collection of data on prosecutions and victim protection from local governments, exact numbers of women and children trafficked within the country and abroad are not yet available. During the FGD with the provincial government, it was found that while Indonesian National Police investigators used the 2007 anti-trafficking law to prepare cases for prosecution, some prosecutors and judges were still reluctant to use the law. Moreover, it reported that law enforcement officials complained about the difficulty of coordinating among police, prosecutors, witnesses, and courts to obtain successful convictions; and provincial government funding of victim protection services varied greatly.

One of the focus areas of this study is Mt. Kendeng, Cekungan Air Tanah, in Watu Putih, Rembang (CAT Watu Putih) in the ring of the Karst Mountains in northern Central Java between Grobogan in Central Java and Bojonegoro in East Java. The area is rich in natural springs, has 52 caves and 129 underground rivers, and a diverse variety of flora and fauna (WALHI & www.daulathijau.org). The Daulat Hijau website was established by the local community to address problems related to mining in the area. Since 2008, there has been ongoing resistance, including from the indigenous (*adat*) people of Sukolilo Sedulur Sikep, and now in CAT Watu Putih. Sukinah and hundreds of other mothers are blocking access to the cement mine to protect their livelihoods. The area is renowned for its native bats that produce phosphate fertiliser for the local farmers. The vegetation of North Kendeng supports many bird species. Of the 9,200 bird species in the world, 1,500 species are found in Indonesia, and 45 species are found in Karst Kendeng (*NatGeo*). The cement mine endangers the water sources for 306,727 women and their families in Rembang who are now struggling to protect the water-capture.

Karst is a significant water-capture area and a major water source for four regencies in Central Java, including Pati, Jepara, Rembang, and Blora. Since the arrival of illegal sand-mining and illegal logging, water availability is decreasing. Large rivers in CAT Watu Putih are decreasing in flow to the areas of Sumber Semen, Brubulan-Tahunan, Brubulan-Pasucen, Waru and Kajar. This then impacts directly on women's SRHR in Rembang Regency. In one interview Sukinah explained the primary function of Karst cave was water collection. Without continued proactive legislation to conservation Karst cave, many of these delicate ecosystems will eventually be destroyed and lost forever. It then increased hunger and malnutrition of women and children. During dry-season 2015, water is scarce and harvest is failed. Poor women specifically is found difficult to afford the food compared previously. Karst topography has sustained the lives of local farmers for generations. Sukinah and group of mothers led a non-violent resistance against both PT Semen Indonesia and the governor who legalised the establishment of Cement Mining in CAT Watu Putih. The women's solidarity and protest was a reaction against government intervention in the lives of people living around teak forests in the Kendeng area. Women farmers believe that the only way to make a living is by cultivating the land, therefore they should protect the ecosystem of the Karst Mountains and its abundant springs that collect the water with which they sustain their lives.

Women of CAT Watu Putih have been blockading the Cement-Site since July 2014 and continue their peaceful resistance by erecting blue-tents to guard the Karst-mountain. Farming communities in the mountainous region of CAT Watu Putih depend on this spring water. As the government is not able to provide irrigation water, the flow of water from this mountain is the only water source for agriculture. Women's SRHR is influenced highly by this. During interview with Ming Ming Lukiarti, local ecology activist at an NU-Islam based organisation, she explained that "The lack of access to SRH information – in tandem with the emergence of increased numbers of bars and clubs that accompanied illegal mining activities – has increased the risk of high-risk sexual behavior among adults (and adolescents), placing them at risk of STIs, including HIV infection". The ecological contour has changed as well as the sexual behavior of the local community, specifically as a result of miners from the other regions entering the area. During interview with a local health nurse (Bidan Puskesmas), it was explained that the prevalence of this deadly virus is kept secret by the community. Thus, numbers are not assessed accurately and three cases were found during the study-field-visit (reported by Ming-Ming Lukiarti, October 2014).

Climate Change has altered the face of resource distribution. Local communities are prone to diminished access to the natural sources they had accessed for generations prior to governmental, factory and mining disputes over the land. This affects sources of water, livelihoods, SRHR, and prevalence of HIV/AIDS. Farmers reported that since 2000 there was climate chaos that made them unable to predict the time to plant. The rainy season arrived almost 3 months late. Climate chaos then influences drought and floods, making women's access to water more difficult. Women bear the brunt of climate change. With women and girls travelling further distances to collect water, it increases risks of sexual violence. The general findings on this are: first, climate change has altered the farming sector and other sectors that depend highly on natural resources and abundant water. Second, food security is then highly affected which leads to the rise in price of staple foods. Third, women are migrating more to the urban areas than to rural areas by working as maids or migrant workers abroad. In the worst cases, they are being trafficked as sex workers. Thus limiting women's access to SRHR services due to the status of migration.

Based on the results of the assessment in the community, government agencies, universities and community organisations, the main issues related to gender mainstreaming and climate change and its impact on the reproductive health and rights of women in Central Java are as follows. *First*, there is a dominance of communities, community organizations, professionals, journalists and the media as well as religious figures in understanding risk and gender perspectives and vulnerable groups. This level of awareness (which is inadequate) affects the whole concept of the disaster management cycle at the stages of mitigation, preparedness, emergency response, reconstruction and rehabilitation. Disaster is believed to be a trial, destiny or punishment from God for His people who have done wrong and who are immoral.¹ Disaster is a masculine, and catastrophic affair, and as such is a matter for men to deal with.² Therefore, women as a strategic group are often sidelined and their needs are not addressed. This study considers that masculinity is not a negative influence yet too much policy privileging on this will left women, children and the diffabled sidelined. Communities

¹Compiled from FGD with policy makers on December 23, 2014. This understanding indirectly judges and hurts families of the victims. While from the gender perspective, disaster victims are men and women, including vulnerable groups, and is gender neutral.

²Women play a strategic role in building preparedness and awareness of the inherited risk to children and families in the area. Awareness of women affects the level of family consciousness.

have increasingly lost the ability to adapt to the disaster risks they face and as a result. There is often mass panic in the case of disaster. The community is stuck on pseudo beliefs³ about the catastrophic events that they face. Therefore, the basic standards of disaster response from the government and universities are less often used as a reference or even rejected.⁴ It also affects the apparent awareness system from central to local government. A concrete example is the low awareness of disaster risk from the central and local policy makers⁵ to create a unit/agency for disaster response at the municipal/district level even though it has been mandated in the Act.

Second, the institutional problem of disaster risk management in government and community organisations. Although the Act on managing disaster exists, institutional problems of varied intensity are found at all levels of the disaster management cycle, including availability of units/specialised agencies for disaster risk management in various sectors⁶ and levels of government. The problem of human resources (knowledge and skills) as doers related to implementing disaster management from a gender perspective:⁷ the problem of availability of toolkits for Minimum Service Standards (MSS) including Standard Operating Procedures (SOPs)⁸ at any stage in the the management of disaster from a gender perspective; availability of infrastructure supporting local wisdom⁹ that has not been used so that the concept of mitigation, preparedness, handling of victims and trauma healing, reconstruction and rehabilitation post-disaster will vary according to each institution's perspective of disaster management both in government and in NGOs.

Third, the failure of government policy to integrate a disaster management cycle for women and vulnerable groups. The failure of governments at various levels is in preparedness, and emergency and post-disaster management. The FGD with legislators of DPRD I Central Java, categorised¹⁰ some facts of development programs that have not been effective in touching on the issues of the risk of catastrophic climate change and its impact on women. Ineffective programs for addressing routine problems of climate change such as health issues, water and food in areas of high risk of disaster. Government programs to educate women on the risk of diseases of children due to changing seasons for vulnerable areas is not yet a major program of SKPD. There are no programs to educate women to understand climate and climate change, like women and girls are being excluded in the way

³This apparent awareness is for instance such as the belief that a survivor is a religious person, house or place of worship, that survived a catastrophic landslide due to piety or to being a house of God, and not because of other factors, for example related to knowledge or construction.

⁴ Maps of disaster-prone areas and Concepts of Early Warning System (EWS) can be suggested to be less participatory in that do not involve community participation. Also, less well socialised by the local government.

⁵Not all cities/districts have a unit/agency/office of the Regional Disaster Management Agency (BPBD level II) which is responsible for formulating and implementing strategic development in the area of disaster and gender perspectives including access to the Deconcentration Disaster Relief Fund provided by the government.

⁶Not all working units, departments and ministries have awareness of disaster risk in the integration of good gender perspectives although information has been available in documents such as the RPJMN 2010-2015, which emphasises gender mainstreaming in disaster and mainstreaming in all aspects of development.

⁷Disaster training has been very masculine – about heroism, helping victims, land clearing and SAR and the like. Training is male-dominated with minimal participation from women.

⁸SPM and SOP on the disaster response stage has been sufficient, but it is still very minimal on the other phases of disaster management

⁹Limited facilities and infrastructure for disaster management can be overcome through the strength of the local community, such as in applying a culture of mutual cooperation (*gotong royong*), through a common kitchen culture, barns, medicinal plants, ten homestead from family welfare education (*PKK*) and awareness of the characteristics of community disaster as retold by older generations.

¹⁰Nunik Sriyuningsih, member Central Java provincial parliament.

they taught boys and men in survival guidelines in disaster area. The program will help prepare women to rescue their children and families members and to face problems that emerge due to changing seasons.

In villages vulnerable to annual drought and floods, people live as usual during the drought without a changing attitudes or behaviors that show their preparedness. Government programs also have not attempted to resolve this problem – women, as the first victims of floods and droughts have been given no training. In addition, any maps of areas prone to drought, flood, landslide, or tornado are owned by the local and provincial governments of Central Java. There have been no major policy programs related to SKPD, for example, related to the system of governance and land use in the regions of Dieng, Mount Sumbing area, Mount Muria and Mount Karst,¹¹ in Rembang.¹² Water and sanitation management policy has not become a major program at the level of local government and heads of households in the areas where access to water is limited. Rainwater harvesting programs for housewives, programs to build ponds and other similar efforts, are absent. If there is disaster risk reduction training in vulnerable areas, it is still focused to men. Ironically, pro-capitalist investment policies have been prioritised to make the area into an area of agricultural production and mining excavation¹³ which has direct impact on the availability of water and food for local communities. In Central Java, productive areas for food production and water catchment are decreasing due to poor governance and land use which is not disaster risk aware.

Droughts and floods cause an increase in the number of poor and displaced persons. Problems such as shortage of food, water, possessions and valuable goods, routinely occur chiefly in areas of high disaster risk due to climate change. Commonly, the number of poor people increases at times of extreme rain and extended dry seasons. Factors such as crop failure, lack of access to water and land and property loss are primary factors in increasing poverty. The wealth management sector of villagers, such as supported government programs for livestock management using approaches that complement and draw on the traditional ways of feed processing through new incorporating new technologies, and monitoring the health of caged animals that take into account the risk of local disaster have not been priority programs. Therefore, when a disaster occurs, livestock care (feed, cages and animal health) becomes a major problem. The failure of the integration program is that related SKPD, such as the agriculture and animal husbandry departments, did not deal with disaster risks. The above conditions directly increase migration rates,¹⁴ due to diminished local job opportunities and social livelihood issues. New problems are triggered by economic problems and damage to primary sources of livelihood. In the end, these factors exacerbate

¹¹Women in the mountainous region of Karst refuse the cement factory due to concerns over the possibility of increased scarcity of water, limited food/agricultural production, and the prevalence of diseases such as respiratory diseases as a result of exposure to hazardous chemicals and minerals.

¹²This area is a buffer area for the sustainability and the availability of water in Central Java.

¹³The stone and sand mining industries around Karst, which are managed by small and large companies nationwide. In this case study, it is the objection of local women against cement industry in the Karst area of Mt. Kendeng in Rembang which will have detrimental effects on the necessities of life - water, food, ecological sustainability and public health.

¹⁴Damage to the ecology of the village is the main cause of rural to urban migration or deciding to work abroad as migrant workers. Currently, residents of the village are children, parents (seniors) and men as village guards. While women work as housewives, and in factories and other sectors that require basic skills. This situation changed the relationship of the village and the village structures.

women's SRHR needs, and increase both trafficking and the Maternal Mortality Rate in Central Java.

CONCLUSION

Gender mainstreaming and women's SRHR have not yet been integrated in Indonesia. Although stated as a priority at the national policy level gender mainstreaming lacks dissemination. Man-made and natural disasters have detrimentally affected women's SRHR. Corporate interests in developing cement-mining resulted in flooding in December 2014 in Watu Putih in Rembang. During dry-season in 2015, many harvest are failed such as corns and paddy due to scarcity of water. Increased drought and flood had intensified the burden of women's SRHR. The key to women's reproductive health is food access which depends highly on bio-diversity and climate change. The failure of this, increased women's burden. This study concludes that women in Central Java are unprepared for future disaster. Further, access to SRHR education and health services overall is limited. The gender issue has not yet been incorporated in the strategic program on Climate Change policy.

Women's awareness in terms of disaster preparedness remains low due the lack of understanding of the roles women play in their communities, the non-prioritisation of women in disaster management, and to incomprehensive development and application of policy. In the case of disaster, women in vulnerable areas have not yet become major targets for training. It is suggested that priority programs strategically draw on the strengths of women, for example, by involving housewives in disaster response, by developing disaster response strategies for kindergarten teachers, by organising a special group of women to manage the disaster response plan for pregnant women and infants or by conducting kitchen management training programs that train women to organise menus, source food, and understand the roles of the stakeholders involved in disaster management. Technical preparation of this preparedness should be the priority of local government programs in areas of high disaster risk.

Disaster risk maps and information media are not available to the communities most at risk. The main issue in this section is the availability of a data-base and an integrated information system related to hazards (hazardsmap). Hazard maps are still very exclusively owned by universities or government policy and has not been a reference. As a case-study on recent disaster has shown, despite the high number of tsunami victims in Pangandaran Central Java in 2008, the eruption of Merapi in 2010, floods and landslides in Kudus (2013), and the incidence of landslides in Banjarnegara (December 2014), the public has no access to maps which enable quick emergency response. All government agencies and university departments in the field of disaster claimed to have disaster risk maps of the region. However, they did not admit that they failed to encourage the drafting of operational policies for the reduction of casualties. In some cases, the public in risk areas have rejected the application of the mechanism of an early warning system on their territory because they did not understand it and were not involved in its development. In addition to data management problems, the problem of the promotion of awareness of disaster risk to the community is one of the important issues of government policy.

One of the weaknesses of the public information campaign is that in the print media, and electronic and web-based media, there is a low level of awareness among journalists in relation to linkages between disaster, gender and vulnerable groups. Media coverage on the one hand is able to encourage the government to response to disaster, mobilise community

support and control policies, yet on the other it generally merely perpetuates the current level of public consciousness on the meaning and implications of disaster – the masculinity of disaster, people’s panic, disruption and displacement of victims, and number of casualties.¹⁵ Although the above situation is a result of the reality that news is big business dependent on the ratings of the public, the media have failed to develop a critical awareness that is pro-victim, in particular in relation to the vulnerability of women, children, the elderly, the differently abled and those of minority sexuality in disaster situations. The focus of the news is on catastrophic events (emergency responses) and has not yet focused on mitigation and rehabilitation. There is an urgent need to mainstream gender and women’s SRHR into media policy which can be led by the government through climate-change related policies. If not, the situation will only continue to negatively impact on women’s livelihoods and access to SRHR. Women’s SRHR is the key issue that has been omitted from critical policy formulations. The study concludes that climate change has made women the poorest victims in terms of their SRHR. The rise of religious conservatism and neglect in advocacy undermine the need for effective, reflexive and sustainable interlinkages between SRHR and climate change policy.

¹⁵In the case of landslides in Banjarnegara (December 2014), a pregnant woman, who is the only survivor just felt scared and she was hiding because of being chased by the media for interviews.

RECOMMENDATIONS & ADVOCACY

This project sets the following recommendations. *First*, for community-based health service organisations: Program/Pemberdayaan Kesejahteraan Keluarga (PKK), Pos Pelayanan Terpadu (Posyandu), Dasa Wisma in Tegal Dowo Village, District of Gunem, Rembang Regency and Bulak Baru Village, District of Kedung, Jepara Regency—these women’s organisations should have the capacity to develop participatory mitigation concepts to manage the impacts of climate change, and the effects of the changes on SRHR for women and vulnerable communities. PKK is a non-structural women organisation at the village to national level and yet is a working unit of the government. PKK were established during the New Order era to encourage women to be involved in the development process. PKK focuses on 10 main programs for family welfare (clothing, food, housing, genealogy (SRHR), education, sanitation and public health). Posyandu (Integrated Community Care Center) are women’s organisations formed by village governments for monitoring and serving basic health needs (nutrition, food, weight, common disease, genealogy, family planning, etc). Dasa Wisma is an organisation based on head of household (per 10 households) giving basic services needs, economic and health support for women, children, and the elderly. These three organisations have the capacity and experience in providing and promoting basic needs related to services to families, through the women in the family, under normal and emergency conditions. They have important and strategic roles in integrating SRHR into disaster mitigation and are involved fully in government.

Second, for Health Agency/Department (HA) under the Ministry of Health; the Women’s Empowerment and Child Protection Board at regency/city, provincial and national levels under the Kementerian Pemberdayaan Perempuan (Ministry of Women Empowerment)—these are the organisations responsible for the success of the Gender Development Index in health and gender mainstreaming in all sectors of development in Indonesia. Integrating women’s SRHR has been their policy agenda but they have not yet been able to integrate it into cross-sector disaster management, with internal organisational capacity the main hindrance.

Third, the Disaster Management Agency (BPBN/D) at local, provincial and national levels is responsible for disaster risk management in Indonesia. Though the national law mandates local government to form Local Disaster Management Agencies, not all local governments do. The problems are related to the capacity of the institution to include mitigation (also women’s SRHR and gender mainstreaming) into development program planning at all government levels. The project aims to help them to understand the value and implications of pro-gender policy (including women’s SRHR) in disaster management (mitigation and preparedness, not just rescue and emergency response).

Fourth, the Provincial legislative commission. The commission is concerned with gender and SRHR, and has not yet understood the cross-cutting link with CC. The focus of SRHR programs is to develop gender as a focal point in legislative commissions. Politicians need awareness and capacity building on gender-related issues so that they can support the SRHR and gender policy.

Fifth, University Gender Studies Centers focus too much on the discursive aspects of research and less on the action of pro-women policy change. Their strengths are human resources and thematic research that can be disseminated to the community as education

material and position papers for policy change. Universities are strategic in supporting many thematically-based research projects and in informing policy on women's SRHR issues.

The target of this project is devoted to individual and organisation (PKK, Posyandu, Dasa Wisma, farmers' groups, etc) of women and vulnerable groups consisting of elderly women, pregnant women, children and those with special needs. The female-male participation rate in the program is 75 percent and 25 percent. This is due to the consideration that similar programs run by government organisations engage only very low participation of women and vulnerable groups. Nevertheless, the involvement of men in the program is still needed to benefit the advocacy strategy. The direct beneficiaries of the program in the first five months in 2014 was at least 1000 men, women and vulnerable individuals in rural communities in CAT Watu Putih, Rembang Regency, and in Bulak Village in Wedung, Jepara on the north-coast of Java. The benefits they received were in the form, firstly, of locally communicated-ideas about managing the area in which they live in view of policy change, and management and governance of coastal land and land in the mountainous Karst region. Second, extension of community access to policy makers related to water management, agriculture and food, the fisheries and maritime industries, all in relation to the livelihoods of people in rural communities. While the direct benefits to the government, both structural and legislative (DPRD I), non-government agencies, university (PPSW) and NGOs in Central Java is through the establishment of cross-sectorial communication and commitment to incorporate a gender perspective and sensitivity to women's issues into the policies and program management cycles of mitigation, preparedness, emergency, rehabilitation and reconstruction in Central Java. Third, forming gender focal points on which to base the development of linkages between CC & SRHR.

The recommendations and advocacy for 2015 are the first activities, followed by the program and action plan which prioritise the risk of floods and landslides that occur in the vulnerable region. Second, raising the level of awareness of the issues through a campaign on the importance of SRHR in the framework on climate change and disaster-risk. Third, focus on building partnerships with various parties to increase ownership of the program more widely, including the mass media on the issue of SRHR & CC. These project advocacy strategies are directed to improve the policy at the Women's Empowerment and Child Protection Board, and the Disaster Management Agencies at local, provincial and national levels; as well as policy improvement in Disaster Management Agencies in establishing gender responsive policies and budgets, and also a specialist gender unit. Local Health Agencies and local community organisations should thereby be able to improve their coordination of women's SRHR related to climate change.

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APPENDICES

Appendix 1

List of 8 Matrixes in Analysis Findings

1. The linkage between Climate Change and Sexual and Reproductive Health And Rights

Matrix 1		
The linkage between Climate Change and Sexual and Reproductive Health And Rights		
LINKAGE OF CC & SRHR	GENDER EQUALITY	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
Low – Middle Income Countries	<p>Women are responsible to gather decreasing water and food chain resources:</p> <ul style="list-style-type: none"> • Women in coastal area lose food resources and water access due to rising sea levels, damage to marine life, abrasion, intrusion, and industrial policy. • Women in highland rural areas lose food resources and water access due to crop failure, land degradation, loss of water springs, and industrial scale of C type mining. 	<ul style="list-style-type: none"> • Women have more chance and effort to prepare meal and clean water. • Double burden of women is multiplying.
	The increasing numbers of productive men and women change to services sector and migrant labor.	SRHR women workers are more complex, various infectious sexual diseases and gynaecological problems.
	The men-women relation is changed but the village socio-culture is not.	Increase in domestic violence and divorce rate.
Ability to mitigate disaster risk	<p>Women lack access in many mitigation aspects:</p> <ol style="list-style-type: none"> 1. There is no climate change disaster risk mitigation program. 2. The government's program on disaster risk focuses only on rescue and emergency response. 3. Fewer women participate. 	<p>SRHR increases with improved access to SRHR services:</p> <ul style="list-style-type: none"> • The needs and interests of SRHR and disabled persons are the priorities of mitigation. • Local knowledge on SRHR to be developed to raise women's awareness on disaster.
Cost effectiveness of SRHR and CC program compared to energy, forestry and agriculture programs	<p>Strengthening the preparedness of housewives:</p> <ul style="list-style-type: none"> • Dealing with seasonal changes from wet to dry season for the family. • Green living for housewives (processing food, water, waste, green energy, organic farming, etc.). • Producing healthy local food products, • Raising preparedness for natural hazards in the family (rescuing valuable family assets). 	Raising the disaster risk and SRHR awareness for housewives, career women and single parents.

	Empowerment of young girls in relation to a green life style.	Supporting girls' education will increase SRHR only by providing SRHR education.
Carbon emission effectiveness and pregnancy rate	Women have the right to determine their pregnancies.	Increased SRHR skills improve timing of pregnancy.
	Women have a strategic position in reducing carbon emissions.	Training women and girls to process food, water, energy, household waste in a green manner.
Central Java indigenous culture, philosophy on climate change	Having a history of a queen ruling the land.	Public accepts women leaders.
	Having the faith in mother nature (land, water, mountains, ocean).	Promoting SRHR awareness through local wisdom.
	Equality in roles and access to public and private space, women engage in social reproduction and conservation.	Women have control over their bodies but lack adequate SRHR services. (eg: family planning, etc).
Central Java floods, drought, landslides, earthquakes and deforestation	Women are directly affected with double burden, unequal access to resources or early warning systems, increased conservatism, decision making.	Increase in infant and maternal deaths, migration and migrant laborers.
	<ul style="list-style-type: none"> Floods: women have less role in managing water aside from becoming the main consumers. 	Increase access in SRHR and water management
	<ul style="list-style-type: none"> Drought: women are not involved in water and food management. 	Raising women's awareness of and role in water management.
	<ul style="list-style-type: none"> Landslide: women are at high risk of being at home. 	Strengthening women's SRHR and participation in reducing landslide risk.
	<ul style="list-style-type: none"> Earthquake: women spend more time at home. House construction are vulnerable to earthquake. 	Strengthening women's SRHR and participation in earthquake management.
	<ul style="list-style-type: none"> Eruption: women's decision to evacuate is depended on men. 	Strengthening women's SRHR and participation in reducing eruption risk.
	<ul style="list-style-type: none"> Typhoon: lack awareness of disaster signs. 	Strengthening women's SRHR and participation in reducing typhoon risk
	<ul style="list-style-type: none"> Deforestation: women have less role in spatial management 	Strengthening women's SRHR and participation in village management
	<ul style="list-style-type: none"> Conflict: problem solving and understanding are male-based. 	Strengthening women's SRHR and participation in peace-building

2. Climate Change Impacts Women and Sexual And Reproductive Health And Rights

Matrix 2 Climate Change Impacts Women and Sexual And Reproductive Health And Rights		
CLIMATE CHANGE IMPACT	GENDER EQUALITY	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
Extreme weather events	Lack of access to education, and about extreme weather events.	Access to SRHR services constrained
	Restricted ability to respond due to restrictions on women's mobility	SRHR services excluded as priorities from disaster recovery
	Lack of survival skills, such as swimming and tree climbing.	
	Survival skills often taught to boys and men, not girls and women.	Increased health risks with pregnancy and childbirth
	Women's exclusion from planning and disaster recovery decision making.	Gynecological problems due to un-hygienic water use
	Increase in household expenses that lay burden on women.	
Drought	Increased women and girls work burden and time spent gathering water, food and fuel due to availability of water and other resources	With women travelling further distances to collect fuel and water, increased risk of sexual violence
	For girls, increasing tasks may affect their capacity to attend school	Water-logging prevents women from accessing sexual and reproductive health care and services
	Loss of land tenure for women with restricted access to land	
Food security	Lack of coordination deprives women of their local production	Low weights at birth, increase in miscarriages, prenatal mortality, and increase in SRHR ignorance
	Malnutrition and micronutrient deficiencies	Increasing the domestic role of PKK, Dasa Wisma, Puskesmas Keliling, Posyandu Bayi and Manula.
	Compromised food safety.	
Health	Increased burdened of care for women caregivers both in household and as care workers	Increases the risk to spontaneous abortion, premature delivery, stillbirth and low birth weight.
	Limited access to health services	Some evidence of relationship between pre-eclampsia and increased incidence during climatic conditions
	Increase in infectious, water- or vector-borne diseases	Saline contamination of drinking water linked to pre-eclampsia, eclampsia and hypertension among women.

Women trafficking and migration	The priorities of migrant and displaced women are not prioritised	Trafficking and exploitation
	Violence against house maids Negative impact on families	Loss of access to services due to migrant status
Conflict and social unrest	Internal displacement due to conflict over resources	Limited access to sexual and reproductive health services and supplies
	Violence against women	Limited access to post-exposure prophylaxis, counseling and STD and STI testing, abortion services in cases of sexual violence
Economic impacts mostly on sub-urban and rural population of Central Java	Loss and reduction of livelihoods and assets	
	Limited resilience and coping mechanisms	SRHR is not a priority in risk management
	Feminisation of poverty especially in urban and peri-urban areas	

3. The views of the stakeholders

Matrix 3		
The views of the stakeholders		
STAKEHOLDERS	GENDER EQUALITY	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
Targeted community, Tegal Dowo/Watu Putih, Kendeng, Rembang dan Bulak Baru, Kedung, Jepara.	Women's group	Target beneficiary of SRHR information
Non Government Organisation	Gender Focal Point	
Disaster Management Agency	Gender policy and unit not being addressed	No specific services and policy
Women's Empowerment and Child Protection Department	Empowerment program for CC perspective, gender focal point	Integration pro gender policy in CC perspective
Legislative Commission, Central Java	Pro gender policy, gender focal point	Integration pro gender policy in CC perspective
Women and Childrens' Victim Protection Commissioners.	Gender focal point	Supporting unit for advocacy materials on SRHR issues
University Central Java	Pusat Penelitian dan Studi Wanita in University in Central Java, gender focal point.	Supporting research and advocacy materials on SRHR issues.

4. Existing community structures supporting women's needs

Matrix 4 Existing community structures supporting women's needs		
STRUCTURE	GENDER EQUALITY	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
Local health agency (RSU, Puskesmas, Posyandu), Local Women's Empowerment Center (BP3AKB), village women's centers (PKK, Dasa Wisma)	Focus on women's capacity building not gender equality Strengthening women's organisations at the local level	<ul style="list-style-type: none"> Lack of information and education for youths Strengthening organisational capacity of PKK, Dasa Wisma, Posyandu for SRHR and disaster risk awareness
Indigenous wisdom	Egalitarian, recognise gender equality, undermined by conservatism	Traditional methods
Physical infrastructure	Pro big business, mismanagement	Not directly addressed
Non physical infrastructure	Undermined by conservatism	Not directly addressed

5. Women and girl's capacity in mitigation of climate change

Matrix 5 Women capacity		
CAPACITY	GENDER EQUALITY	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
Women have experiences in disaster response of climate change	Women experiences being excluded from disaster mitigation development.	SRHR of girls, women, and children
Local women's organisation (Posyandu, Dasa Wisma, PKK) intensively give basic health services (vitamins for children, pregnant mothers, elderly), and gynecology	<ul style="list-style-type: none"> Women's organisation for basic health service focuses on children, pregnant, elderly. Women's organisations not involved in disaster risk reduction management, especially on SRHR. 	Strengthening women's organisation for basic health services (PKK, Posyandu, Dasa Wisma) in order to develop climate change risk mitigation concepts based on SRHR perspective at local level.
Village women have access to mass-media TV, Social Media, Twitter, Facebook).	Gap between local wisdom and religious conservatism.	Information unevenly distributed between urban, peri-urban and rural areas
The availability of law of gender mainstreaming at state level.	Gender policy is unfamiliar at local level.	Lack of standard coordination in delivering services

6. Building blocks of intervention

Matrix 6 Building blocks of intervention		
OBSTACLES	GENDER EQUALITY	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
Gap in understanding the impact of climate change in community.	Gendered impact, age gap, age groups, elderly people, feeding-mothers, different abilities.	SRHR of girls, women, and children.
Social capital undermined by pragmatism and rising conservatism	Gap between local wisdom and modern conservatism	Information unevenly distributed between urban, suburban and rural areas
Access to capital and ownership for women	<ul style="list-style-type: none"> State policy on ownership and capital (bank) is patriarchal. Women as household leaders are not legitimated in state law. 	<ul style="list-style-type: none"> Giving access to capital and ownership for women at local level Campaigning the legitimation of women as household leaders.
Coordination between government agencies	Gender policy is unfamiliar in mitigation and preparedness programs.	Lack of standard coordination in delivering services

7. Analysis of development policies, plans and relevant initiatives

Matrix 7 Development policies, plans and relevant initiatives		
ACTIVITY	GENDER EQUALITY	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
SRHR assessment	<ul style="list-style-type: none"> SRHR activities are implemented by the government as stated in Permenkes 75/2014 on SRHR and family planning for women at village level. Basic services managed by the community are Posyandu for children and elderly Those organisation are available and well trained in women's SRHR services at village level 	Information and education on women's SRHR are available at basic health service organisations like Puskesmas, Posyandu, and Dasa Wisma. The weakness is that those organisations are not integrated into disaster management and mitigation policy.
Disaster risk reduction assessment	<p>Indonesia has policy on gender mainstreaming in disaster management</p> <ul style="list-style-type: none"> <i>Hyogo Framework for Action</i> is ratified into Law No 24/2007 on Disaster Management Implementation. Permendagri No 46/2007 on manual of management and organisation of local disaster management agency. Law No 24/2007 chapter 48 and 55 on disaster management for protection of vulnerable 	<p>Major weakness of organisational capacity and resources in disaster management.</p> <ul style="list-style-type: none"> Though the central government mandate to form disaster management agency, not all districts have BPBD (District Disaster Risk Management)

	<p>community groups to be the main priority in disaster management. The vulnerable community groups include pregnant women, baby, children, disabled, and elders.</p> <ul style="list-style-type: none"> • Kepres (Inpres No. 9/2000) on gender in the government program plan, development, implementation, monitoring, and evaluation. • Permen PP No 2/2008 on protection of women and children must be included into district and provincial budget plans. • Permen No. 6/2009 on sex and age data collection, analysis, and usage must be in district and provincial government's activity, program, and policy. • Decree of Dirjen Pendidikan Dasar dan Menengah Kementrian Pendidikan Nasional No. 70a/MPN/SE/2010 on disaster risk reduction mainstreaming for schools, Peraturan Kepala Badan Nasional Penanggulangan Bencana No 04/2012 on manual on securing schools from disaster, 30 April 2012. 	<ul style="list-style-type: none"> • BPBD and stakeholder capacity are strong in rescue and disaster response. Capacity to integrate disaster policy plan is weak. • The awareness of women's SRHR and gender mainstreaming in rescue and disaster response is good but not for mitigation. • Disaster risk reduction is male-centric.
CC and SRHR initiative	<ul style="list-style-type: none"> • Formulating disaster risk maps at village level based on regional context which are commonly understood by coastal and highland rural communities. • Preparing key persons who are able to develop green lifestyle model for women and teenagers at household level in order to reduce carbon emission and to develop climate change preparedness. 	<ul style="list-style-type: none"> • Training for key persons in the community to initiate the understanding on climate change disaster risk and SRHR by involving Puskesmas, Posyandu, and Dasa Wisma. • Regular meetings with the community to develop concept of climate change preparedness and its impact to women's SRHR. • Campaigning through social and mass media
CC and SRHR policy initiative	<ul style="list-style-type: none"> • Formulating concept paper for women SRHR policy mainstreaming advocacy by involving multi-actor program • Preparing gender focal point in the government and legislative agencies as well as for universities and NGOs • Promoting experiences and management of green lifestyle model for women and teenagers at household level to reduce carbon emission and to develop climate change preparedness at provincial and national level. 	<ul style="list-style-type: none"> • Regular meeting with strategic stakeholders to become gender focal point. • Regular meetings to monitor recent issues and to advocate women's SRHR and gender mainstreaming in disaster management • Public campaign through social and mass media

8. Changes we want to see

Matrix 8 Changes we want to see		
CHANGES	GENDER EQUALITY	SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
Alliance building between stakeholders' in CC and SRHR	Increase awareness of and commitment to gender mainstreaming	Increase awareness in providing education and services
Policy recommendation issued	Commitment to improve gender perspectives in policies	Establish linkages between CC, disaster risk and women's SRHR
Policy intervention exercised	Efforts to gender inclusive policies and gender responsive budget	Improved coordination in delivering SRHR services



The Rise of Sea Level in Jepara, North Coast of Java. Abrasion and loss of Mangrove in North Coast of Rembang. (doc: YJP, 2014).



Poverty led to poor quality of SRHR at the North Coast of Rembang, Central Java. (doc: YJP, 2014)



Mothers of Kendeng marched in protest against Cement Factory in Kendeng. Location in the Governor Office Semarang Central Java. (doc: YJP, 2014)



Ibu Sumi, 4 months pregnant, is carries water 100 metres to her tent after a blockade from the military and police at the Cement Site. (doc: YJP, 2014).



Mothers of Kendeng are fetching water from approximately 1 km from their tent.
(doc: YJP, 2014)



This research is an initiative of a regional partnership that are working together on building the interlinkages of climate change and SRHR. The 8 partners are from Bangladesh, Indonesia, Lao PDR, Malaysia, Maldives, Nepal, Pakistan, and the Philippines. The regional partnership generates evidence on the linkages of the issues and advocates for the integration of SRHR in climate change frameworks to advance sustainable development.

Yayasan Jurnal Perempuan is a non-profit organisation which was established in 1995. Jurnal Perempuan (JP) was first published in 1996 as the sole journal in Indonesia that wrote on Gender Study and Discourses on Women. Until 2015, JP has published 85 editions, 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 & training.

ARROW is a regional non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building and organisational development.

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