

# *Buana Gender*

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## **The Gendered Impact of COVID-19: How Indonesian Women are Disproportionately Affected**

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### **Abstract**

Gender is not the forefront issue of the COVID-19 pandemic yet lessons from previous outbreaks have suggested that women are disproportionately affected during such crises. This paper aims to understand the gendered impacts of the pandemic in Indonesia and offer insights into the experiences of women during the pandemic. We collected 10 administrative and survey data from government agencies, international organizations, as well as private organizations to conduct a secondary data analysis on the gendered impact of COVID-19 in Indonesia. Women are found to be bearing the brunt during the COVID-19 pandemic namely employment disruption, the burden of unpaid domestic and care work, heightened risk of gender-based violence, as well as indirect health and wellbeing impacts which includes accessibility to sexual and reproductive health services and stress levels.

**Keywords:** Gender, COVID-19, Indonesia, Inequality

### **Introduction**

Coronavirus was initially discovered in Wuhan, a city in the Hubei province of China, in December 2019 (Huang et al., 2020). By mid-March 2020, it was declared a pandemic, to what we know today as the COVID-19 pandemic, which has caused significant human, social, economic, and political changes that alter how we carry out our day-to-day activities (Bonotti & Zech, 2021). We are faced with unprecedented challenges because of the pandemic, and there is not much to be done but to adapt to the current situation. Various restrictive measures, such as lockdowns, social distancing, closing of borders, and quarantine, are being implemented in response to the pandemic. Although governments occasionally relaxed their

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restrictions depending on the current development of the virus, there was still an element of uncertainty during such times. The pandemic has highlighted global uncertainty due to its physical, psychological, financial, and social impacts (Scharmer et al., 2020). Furthermore, policies are bound to be altered depending on the spread of the virus in the area, which leaves everyone susceptible to changes.

On the surface level, the COVID-19 pandemic is a public health crisis that has resulted in a staggering number of fatalities and has severely impacted the health and wellbeing of many people; however, such an impact may only be the tip of a very large iceberg. The pandemic has successfully highlighted existing inequalities, exposing those who are vulnerable to further deteriorating impacts (Perry et al., 2021). One way in which COVID-19 has exposed existing inequalities is to underscore gender inequality (Kabeer et al., 2021; Wenham et al., 2020).

As governments and individuals struggle to cope with the health and socio-economic consequences of the pandemic, it has become increasingly clear that the impact of COVID-19 is not gender-neutral (OECD 2021). Women have been disproportionately affected by the pandemic due to pre-existing gender inequalities and its differential impacts on women's lives (Simba & Ngcobo, 2020). Gender is not exactly the forefront issue of the pandemic and virus transmission itself does not discriminate between men and women, with statistics showing that more men have higher fatality in contracting the virus due to comorbidities (Fabião et al., 2022). Women, however, are vulnerable to more damage from social and economic impacts, which may potentially take longer to recover (UN Women, 2020b).

The COVID-19 pandemic has set back decades of hard-earned progress in achieving gender equality by having a disproportionate effect on men and women owing to their differing economic and societal roles (UNCTAD, 2021). Restrictive measures such as lockdowns to contain the virus have brought upon new sets of problems that have disproportionately affected women (J. Reid, 2020). Women are faced with new sets of problems apart from the SARS-CoV2 virus such as stress and depression, loss of livelihood, unequal labor division, and rising numbers of domestic violence cases in different parts of the world (Mooi-Reci & Risman, 2021; Simba & Ngcobo, 2020; Wenham et al., 2020).

The COVID-19 pandemic has brought unprecedented challenges to countries worldwide, including Indonesia. Similarly, in many parts of the world, the Indonesian government imposed COVID-19 restrictions in response to the virus outbreak. Large-scale

social restrictions, contact tracing, and quarantine measures are strategies employed by the Indonesian government to curb the spread of the virus (Ikmal & Noor, 2022). This resulted in travel restrictions, closure of day care facilities, schools, universities, and recreational places, as well as the implementation of work-from-home programs. As the fourth most populous country, Indonesia is forecasted to be hit harder by the COVID-19 pandemic compared to other less populous countries (ABD, 2020; Djalante et al., 2020). According to the Global Gender Gap Report, Indonesia is ranked 92nd among 146 countries in terms of gender inequality, one of the highest among ASEAN member states (World Economic Forum, 2022). The Indonesian government has committed to ending gender inequality as they ratified the Convention on the Elimination of All Forms of Discrimination against Women or CEDAW, which was then adapted to the National Medium-Term Development Plan (RPJN) with a focus on women empowerment (The Ministry of Women Empowerment and Child Protection or KEMENPPPA, 2020). However, women's roles are already established by both formal and informal institutions, and they are upheld by gender norms that have been in place for a long period of time, proving difficult to challenge (Dwitami, 2021). Thus, the impact of COVID-19 in Indonesia remains gendered.

By concentrating on how the pandemic has impacted women in terms of their double burden, increasing numbers of gender-based violence, and health impacts beyond the virus, this study attempts to answer how women in Indonesia are disproportionately affected by the pandemic. This study analyzes the gendered impacts of the pandemic in Indonesia and offers insights into the experiences of women during the pandemic by drawing on the existing data. This study seeks to contribute to the understanding of how women are disproportionately affected by the COVID-19 pandemic in Indonesia.

## **Literature Review**

### **Lessons from the Past**

According to the UNFPA (2020b), pandemics often result in social infrastructure collapses, which exacerbates the previously present problems and inequalities. The impact of a crisis is never gender-neutral because of the differing roles of men and women in the economy and society. As they have distinct social and economic responsibilities, they are differentially affected by pandemics (Casey & Childs, 2022). Past infectious disease

outbreaks have had significant gendered effects that disproportionately affect women. The disproportionate impact that COVID-19 has brought upon women is not at all new, and infectious disease outbreaks have been known to hit women harder, notably in several different aspects, including care responsibilities, heightened risk of violence, reduced access to sexual and reproductive healthcare services, and employment disruptions (Wenham et al., 2020).

Several studies on previous pandemic outbreaks have found that women have increased caregiving responsibilities during these periods. During the 1918 Spanish flu, women risked their lives and carried most of their caregiving responsibilities (Women in Legacy Foundation or WILF, 2020). This was also the case during the Ebola virus outbreak in West Africa, where societal expectations dictated women and girls to become primary caregivers for sick family members, as well as preparing bodies for burial, while refusal in fear of contracting the virus was perceived as a form of disrespect (Minor, 2017).

Gender-based violence or GBV risks to women heighten during disease outbreaks, as past outbreaks have reflected a surge in such cases (Meinhart et al., 2021). During the Zika outbreak, many women who were victims of sexual violence became infected by the virus as they were sexually transmitted (Quintana-Domeque et al., 2018). The 2014-2016 Ebola virus outbreak in West Africa also highlighted how women and girls became increasingly vulnerable to violence, as school closures and quarantine measures were imposed (Onyango et al., 2019).

Women had difficulties accessing sexual and reproductive healthcare services during the previous pandemics, which in turn had serious consequences. For instance, McKay et al., (2022) observed that family planning methods were difficult to access during the Ebola virus outbreak due to staff shortages and reduction of services provided by healthcare facilities. During the Zika virus outbreak in Latin America, women were advised to delay pregnancies to avoid Zika-related complications for both the mother and baby; however, modern family planning methods were not widely accessible in the country's national health system (Brito & Fraser, 2016).

Several studies have highlighted how disease outbreaks can negatively affect pregnant women. A study by (A. Reid (2005) found that pregnant women, especially those in the second trimester, were especially prone to contracting the virus during the 1918 outbreak,

which increased both maternal and infant mortality rates. Another study by Lee et al. (2005) also found that pregnant women were likely to decrease their length of hospital stay during the 2002-2004 SARS epidemic, which inadvertently increased the risk of adverse health outcomes for both the mother and baby. According to Jones et al. (2016), the Ebola virus epidemic resulted in fewer pregnant women accessing maternal healthcare services, resulting in more cases of maternal deaths and stillbirths. The Zika virus outbreak also posed similar challenges, as Pomar et al. (2019) found that pregnant women and their fetus/newborn were also at high risk of infection and various other complications.

Previous studies have found that women are disproportionately affected during infectious disease outbreaks. These findings affirm that women are especially disadvantaged during such crises. Thus, there is an urgent need to understand whether this pattern of women bearing the brunt during disease outbreaks prevailed during the COVID-19 pandemic.

### **Gendered Impact of COVID-19**

The COVID-19 pandemic has had a significant impact on societies worldwide, and studies have suggested that it has disproportionately impacted women. Ssali (2020) found that the COVID-19 response imposed by the Ugandan government had a differing impact towards men and women due to the existing gender roles. The impact of the pandemic on women highlighted in the study included increased caregiving responsibilities, employment disruptions, sexual and gender-based violence, reduced access to healthcare services, and increased maternal mortality.

Studies have shown that women's employment is more disproportionately affected than that of men. In several countries, trends where more women transition to unemployment, decreases in working hours, and remote working have been observed (Reichelt et al., 2021). In the US, it was found that unlike previous recessions that took more toll on men's employment, the COVID-19 pandemic hit women harder, as it affected sectors dominated by women and increased the burden of caregiving, which could disrupt their employment (Alon et al., 2021).

Unpaid domestic and care work has steadily been highlighted during the pandemic, as stay-at-home measures have been implemented worldwide. Such work has often been disregarded as women's work; thus, an increase in caregiving responsibilities would have a disproportionate impact on women (Seedat & Rondon, 2021). In a cross-sectional survey

of people worldwide, it was found that despite more men helping, women still performed more domestic and care work (Furtado et al., 2022). Similarly, Mooi-Reci and Risman (2021) found that more women worldwide increased their time spent on unpaid domestic and care work, which, in several cases, resulted in them reducing their paid working hours or even quitting their jobs.

The COVID-19 pandemic has also inadvertently brought upon a shadow pandemic, a term used to describe the widespread violence against women and girls from around the world as governments implement stay-at-home restrictions (UN Women, 2021). Restrictive measures such as stay-at-home orders and large-scale lockdowns during the pandemic instigate uncertainty and could lead to economic hardships and stress, all of which are risk factors of gender-based violence (Lucero et al., 2016; Meinhart et al., 2021); furthermore, lockdowns imposed to curb the virus spread have created an unsafe environment for some where they are stuck with their abusers at home (Bradbury-Jones & Isham, 2020). The increase in GBV against women has been very apparent amidst the pandemic. For instance, in India, women from various backgrounds were found to have been victims of GBV, while access to medical care and psychological support was difficult to obtain during lockdowns (Singh Roy et al., 2021). Another finding from Australia also revealed that although crime rates dropped, the number of domestic abuse cases increased by 5% (Kagi, 2020). Furthermore, fellow ASEAN member state Malaysia also found an increase in GBV cases during their lockdown period whilst victims have little access to support systems (Hamid, 2021)

Global statistics have shown that the fatality rate of the pandemic is higher for men than for women (Dehingia & Raj, 2021). However, several studies have also focused on the impact of the COVID-19 pandemic on women's health and well-being, which shows that women's health is indirectly affected by the pandemic. For instance, a study by Pears et al. (2022) found that women in the United Kingdom were facing multiple challenges related to mental health during the pandemic, while also having difficulties accessing mental health services. Another study in Canada also found that women had higher levels of depression and anxiety symptoms after the pandemic than before it (Berthelot et al., 2020). According to a study by Kowal et al. (2020), higher levels of stress were linked to being a woman and staying in with more children

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Other studies also found disruptions in women's healthcare service provision. Click or tap to enter text. A report from the GAO (2022) stated that COVID-19 increased maternal deaths in the United States by 25%. Furthermore, findings from Chmielewska et al. (2021) affirmed that the COVID-19 pandemic has worsened global maternal and fetal mortality. Apart from maternal deaths, accessibility to modern contraceptives has also been found to be disrupted, depriving more than 47 million women and resulting in approximately 7 million unintended pregnancies worldwide (UNFPA, 2020c). A study in Ethiopia found that 140 participants (36.6 %) revealed that their pregnancies were unintended during the pandemic, with reluctance to visit healthcare facilities in fear of contracting COVID-19 as one of the main factors (Molla et al., 2022).

Previous studies on the gendered impact of COVID-19 that were disproportionately affecting women include employment disruption, unpaid care and domestic work, gender-based violence, and the indirect health impacts of the pandemic. Thus, this study will analyze the domains in which it was found that women were disproportionately affected by the pandemic.

## **Methodology**

The methodology adopted in this study is secondary data analysis or analysis of data obtained by others (Boslaugh, 2007). Given the large coverage of our topic, it is used due to lesser cost and time efficiency in collecting data as the existing data are often high quality as they come from reputable sources (Vartartian, 2011) However, the disadvantages of this method revolve around a lack of control and familiarity with the dataset (Vartartian, 2011). It is often that the data retrieved may not be collected with the same research question we have in mind as users of secondary data may "*lack control over the framing or wording of the survey*" (p. 15). For instance, the conceptualization of the terms we have and the dataset we obtain may differ; thus, it is important to understand what the original researchers meant when referring to certain concepts.

We collected administrative and survey data from 10 government agencies, international organizations, and private organizations. Sources included for this study were those that had sex-disaggregated data on employment, unpaid care and domestic work, gender-based violence, as well as indirect health and wellbeing impacts such as sexual and reproductive



health outcomes as well as mental health. For the purpose of comparing and giving the results a broader context, we will also use the findings from related academic studies and credible news sites.

The following list describes the main dataset for each aspect of the gendered impact of COVID-19 discussed in this study:

	Definition	Data Source
<b>Employment</b>		
Labor Force Participation Rate	Proportion of the labor force to the population aged ten years and over	Statistics Indonesia or BPS ( <a href="https://www.bps.go.id/pilihdata">https://www.bps.go.id &gt; pilihdata</a> )
Informal Workers	Proportion of informal employment to formal employment	
Job Loss and Decreased Income	Proportion of people who experienced job loss and decreased income due to the COVID-19 pandemic	UN Women RGA Database ( <a href="https://data.unwomen.org/rga">https://data.unwomen.org/rga</a> )
Decrease in Paid Work Time	Proportion of both informal and formal workers who saw a decrease in paid work time during the COVID-19 pandemic	(1) Counting the Cost of COVID-19 in Indonesia Assessing the Impact on Gender and the Achievement of the SDGs in Indonesia (UN Women, 2020c); (2) Impact of COVID-19 on private sector employees in Indonesia – update (Investing in Women and ICBWE, 2021)
<b>Unpaid Care and Domestic Work</b>		
Time Increased for Unpaid Domestic and Care Work	Proportion of people who saw increases in time spent on unpaid domestic and care work since the spread of COVID-19	UN Women RGA Database ( <a href="https://data.unwomen.org/rga">https://data.unwomen.org/rga</a> )
Hours Spent on Household Chores by Daily	Hours spent on household chores including unpaid domestic work and care work by daily	Understanding Gender-based Violence and Unpaid Care Work During COVID-19 in Indonesia (Sastiono et al, 2020)
Previously Employed and Now Focusing on Unpaid Domestic and Care Work	Proportion of people who switch main job from employment to unpaid domestic and care work during the COVID-19 pandemic	Two Years on The Lingering Effect of the COVID-19 Pandemic in Asia and the Pacific (ABD and UN Women, 2022)

Both In Employment and In Charge of Unpaid Domestic and Care Work	Proportion of people in employment who are also in charge of unpaid domestic and care work	Two Years on The Lingering Effect of the COVID-19 Pandemic in Asia and the Pacific (ABD and UN Women, 2022)
Gender-Based Violence towards Women		
Total Number of Gender-Based Violence Cases Towards Women in Indonesia	Total number of GBV cases towards women in Indonesia from aggregate reports of courts, <i>Komnas Perempuan</i> , and their partner organizations	CATAHU <i>Komnas Perempuan</i> (2021, 2022, 2023)
Indirect Health and Wellbeing Impact		
Total GBV Cases reported to the National Commission on Violence Against Women or <i>Komnas Perempuan</i>	Annual number of GBV cases reported to <i>Komnas Perempuan</i>	Online Information System for the Protection of Women and Children or SIMFONI PPA ( <a href="https://kekerasan.kemenpppa.go.id/ringkasan">https://kekerasan.kemenpppa.go.id/ringkasan</a> )
Projection on Indonesian Women's Sexual and Reproductive Health Outcomes due to the COVID-19 Pandemic	Estimated impact of the COVID-19 pandemic using two scenarios that considered varying reductions as following: 1) the availability of expert birth attendance and delivery in health facilities; and 2) the utilization of short-term contraceptive measures	The Impact of COVID-19 on Maternal Health and Family Planning in Indonesia: Different estimates and modeling scenarios (UNFPA, 2020) *
Maternal Mortality in Indonesia	Maternal mortality ratio before and during the COVID-19 Pandemic	THE NATIONAL POPULATION AND FAMILY PLANNING BOARD or BKKBN ( <a href="https://www.TheNationalPopulationandFamilyPlanningBoard.go.id/berita-kematian-ibu-hamil-selama-pandemi-tinggi-kepala-TheNationalPopulationandFamilyPlanningBoard-apresiasi-kecepatan-vaksinasi-di-dki-jakarta">https://www.TheNationalPopulationandFamilyPlanningBoard.go.id/berita-kematian-ibu-hamil-selama-pandemi-tinggi-kepala-TheNationalPopulationandFamilyPlanningBoard-apresiasi-kecepatan-vaksinasi-di-dki-jakarta</a> )*
Stress and Anxiety Levels	Proportion of people whose mental health has been affected since the spread of COVID-19	Counting the Cost of COVID-19 in Indonesia Assessing the Impact on Gender and the Achievement of the SDGs in Indonesia (UN Women, 2020c)

\*Not sex disaggregated

## Results And Discussion

The COVID-19 pandemic has had a significant impact on Indonesia, particularly on women. Our study found that the pandemic has had a gendered impact on several different aspects, as mentioned in past studies, and has disproportionately affected. First, we found that Indonesian women tend to carry the double burden of unpaid domestic and care work, which may potentially affect their employment opportunities. Second, we also discussed the rising amount of violence towards women known as the “shadow pandemic.” Lastly, we focused on the health impact of COVID-19 beyond the virus itself, such as difficulties in accessing healthcare services that have serious health and wellbeing implications for women, as well as the increasing stress and anxiety they experience amidst the pandemic.

### Employment

	2020	2021	2022
Women	53,13%	53,34%	53,41%
Men	82,41%	82,27%	83,87%

Table 1: Proportion of the Indonesian Labor Force Participation Rate  
Source: (BPS, n.d.)

The employment ecosystem in Indonesia is still dominated by men, with a relatively high and consistent labor force participation rate gap or LFPR. Although the government has pushed to improve gender equality within the workforce and more women are participating in the labor force, the gap in employment between men and women in Indonesia persists (Setyodhono, 2017). Indonesian women’s participation has stagnated at around 50% over the past 30 years, which is often associated with the burden of unpaid domestic and care work (Cameron et al., 2019).

	2020	2021	2022
Women	65.35%	63.80%	64.43%
Men	57.29%	56.61%	56.03%

Table 2: Proportion of Informal Employment in Total Employment  
Source: (BPS, n.d.)

Although the overall LFPR for women is lower than that for men, women are concentrated in the informal sector, which is more likely to be affected by the pandemic (KEMENPPPA, 2022). While the pandemic highlights economic uncertainty, informal workers are inadvertently more vulnerable because they receive less and uncertain wages with little to no protection (Nurhayati & Aji, 2020).

Exemplified in the case of female porters in the Giwangan and Beringharjo markets, Yogyakarta and Oktavianti (2021) reported that they have seen their average daily income decrease from Rp 50.000 to less than Rp 30.000 due to pandemic-induced restrictions, which has resulted in fewer people going to public spaces. Furthermore, the pandemic has disproportionately affected Indonesian female migrant workers who have very little protection, making them more vulnerable to discrimination, abuse, and salary deduction (Anam et al., 2021).

#### a. Job Loss and Income Decrease

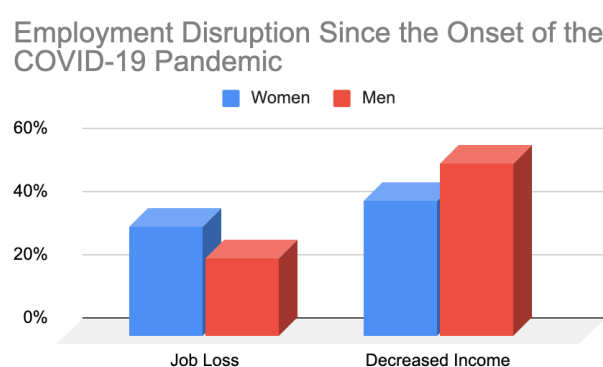


Figure 1: Proportion of people who experienced job loss and decreased income owing to the COVID-19 pandemic.

Source: UN Women RGA Database (n.d.)

It was found that more women have lost their jobs since the onset of the COVID-19 pandemic; however, more men reported decreased income. The increase in job loss for women may be linked to the high concentration of Indonesian women being employed in sectors vulnerable to the pandemic, such as retail, hospitality, and garments (Kahkonen, 2021; Miranti et al., 2022). On the other hand, it is found that more men are experiencing a decrease of income. This could be linked to how men tend to have more income streams

than women, thus resulting in a larger decrease due to the pandemic (UN Women, 2020a, P.4)

Several surveys suggest that more women experience a decrease in income. A survey by Investing in Women and IBCWE (2020) suggests that hotel and restaurant workers, who mostly comprise women, have cited the pandemic as having negatively impacted their income. Another survey on the impact of COVID-19 on livelihood in Bali found that women were more likely to be impacted by the pandemic than men, as 72% of the former saw a decrease in their average income during the pandemic as compared to the pre-pandemic, while 56% of the latter reported the same (Suryono et al., 2020).

#### **b. Decreased Paid Work Time**

According to a published report (UN Women, 2020a, p.2), 36% of women in the informal sector reported a decrease in paid work time during the pandemic, whereas only 30% of men reported the same. Another survey of people working in the formal sector also revealed that 33% of women reported reduced paid working hours during the pandemic, as opposed to 26% of men (Investing in Women & IBCWE, 2020). These findings suggest that women working in both formal and informal sectors are likely to experience decreased paid work time.

Asriani et al. (2021) observed similar results in her study in which women informal workers decreased their productive work time during the pandemic while men informal workers cited no difference as pre-pandemic. This is found to be linked to the increasing domestic and care work that they must do, as observed when household responsibilities increase, time spent on productive work decreases for women. Overall, more women cited their working hours dropping, as opposed to. This could be attributed to the increasing burden of unpaid domestic and care work during the pandemic (ABD and UN Women, 2022; UN Women, 2020a). Societal expectations and gender norms in Indonesia posit that women balance their professional and reproductive work, which has great effects in determining women's larger proportion of household responsibilities as well as their career options (Das & Kotikula, 2019; Jayachandran, 2020; Wandaweka & Purwanti, 2021). Hence, unpaid domestic and care work is likely to affect women's employment, especially during the pandemic.

### **Unpaid Care and Domestic Work**

Long before the COVID-19 pandemic, unpaid domestic and care work has always been regarded as women's work in Indonesia and has even been found to be a barrier to women's participation in the labor force (Cameron et al., 2019). In August 2020, the Ministry of Education and Culture or KEMENDIKBUD estimated that approximately 68 million children from kindergarten to high school were studying from home as an effect of mobility restrictions (Antara, 2020). Thus, who are often responsible for such tasks, may be faced with serious socio-economic outcomes as childcare responsibilities increase during such restrictions (ILO, 2022)

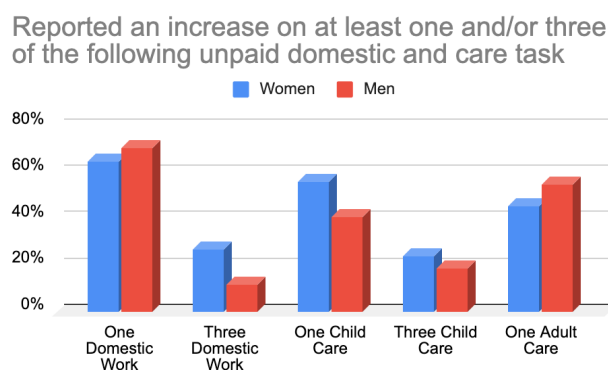


Figure 2: Proportion of people who reported increased time spent on one and/or three domestic and care work.  
Source: UN Women RGA Database (n.d.)

Both women and men reported an increase in time spent on domestic and care work during the pandemic. However, women are still spending more time for such tasks. For instance, although more men are increasing their time spent on one domestic work, more women increased their time spent for three of the same activity.

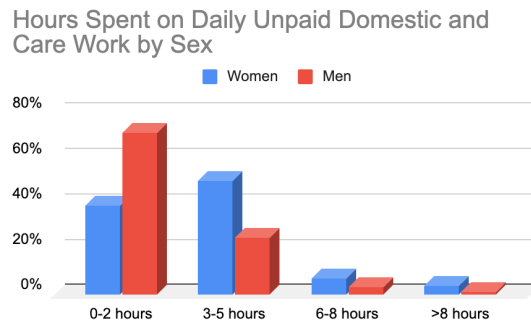


Figure 3: Hours Spent on Unpaid Domestic Work Daily  
Source: Sastiono et al. (2020)

The study by Sastiono et al. (2020) generated similar results and found that the hours spent on unpaid domestic work during the pandemic between the two are disproportionately divided as most men spend 0-2 hours per day on household activities while, on the other hand, approximately 50% of women spend around 3-5 hours per day to carry out such activities. Hence, it could be inferred that women tend to become more occupied with household activities on a daily basis than men during the pandemic.

The results show that unpaid domestic and care work are still unevenly distributed within households, signifying a gender gap. Indonesian women are still doing a larger proportion of household work during the pandemic. Such unequal distribution of domestic and care work within the household may have serious socio-economic consequences towards women such as inadvertently driving women out from the labor market (Akulava et al., 2021)

A study by Tasmilah (2022) using BPS survey data to examine the impact of COVID-19 on women's employment in Indonesia found that 1.93% of women will become unemployed, while 18.29% will exit the workforce, which signifies that the pandemic will likely cause disruptions in women's employment. In addition, the study also found that having younger children increased the likelihood of women exiting the workforce during the pandemic. With that being said, the following points will discuss the employment disruptions that Indonesian women experienced during the COVID-19 pandemic, potentially due to increasing UCDW burden.

### A) More Previously Employed Women Are Now Focusing on Unpaid Domestic and Care Work

Another effect of the COVID-19 pandemic is that a substantial number of women were no longer employed and now focus on unpaid domestic and care work. An estimated 20% of women withdraw from the labor force to focus on unpaid care and domestic work, while only 1% of men reported the same (ABD & UN Women, 2022, p. 14)

Although the survey respondents do not necessarily represent the overall population, we can draw lessons that display the serious consequence of increasing household responsibilities towards women's employment as they may force women out of the labor market to fulfill such tasks. This is described by a mother-initiated SD, revealing her decision to resign from her job.

### B) More Women in Employment Who Are Still In Charge of Unpaid Domestic and Care Work

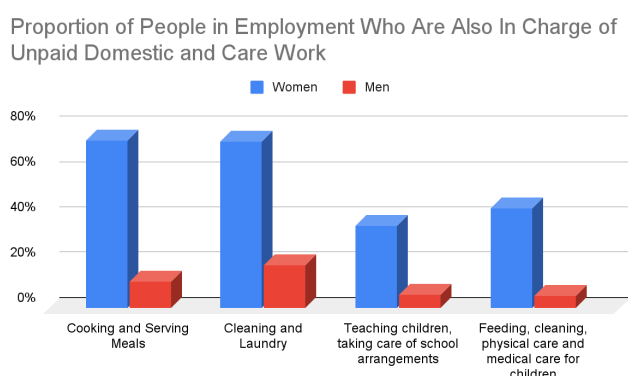


Figure 4: Proportion of People in Employment Who Are Also in Charge of Unpaid Domestic and Care Work

Source: Author's calculation using ABD & UN Women (2022) RGA Survey Data

Despite being employed, we found that women still have a larger share in conducting domestic and care work around the house. This finding shows that, despite being employed, women are still disproportionately carrying more household responsibilities.

As domestic and care responsibilities increase during the pandemic, working women are bearing the brunt of balancing the two responsibilities. For instance, the case of 33-year-old NF, who was also five months pregnant at the time, had to balance unpaid domestic and



care work, while also being the sole provider of her family since the pandemic forced her husband to quit his jobs (Syakriah, 2020). On top of all her responsibilities, she is also the one aiding her son from studying at home and that “*doing this after work, while pregnant, made (her) want to pass out.*”

Another experience of a working mother, SR, revealed that her husband was reluctant to help people around the house. She stated that her husband is “*not the type of person to meddle in household matters*” ((Dewi et al., 2022, p. 9). Instead, other female family members, such as her mother and sister-in-law, help SR with domestic and care responsibilities while she is at work.

The experiences of working mothers affirmed that despite having formal responsibilities, they bore the brunt of unpaid domestic and care work in their households. Furthermore, it also shows that men are less likely to be involved in unpaid domestic and care work during the pandemic.

### **Gender-Based Violence towards Women**

	2020	2021	2022
Total no. of GBV Cases towards Women	226.062	338.496	339.729

Table 3: Total number of GBV cases towards women in Indonesia

Source: CATAHU Komnas Perempuan (2021, 2022, 2023)

The number of GBV cases towards women in Indonesia has been increasing throughout the pandemic. Lockdowns and stay-at-home orders inadvertently created a confined environment in which victims were stuck with their perpetrators with nowhere else to go, as help services and intervention measures were not readily available during the pandemic (Zhafira et al., 2021). The total number of GBV cases for women is the sum of reports made to district, religious, and military courts, Komnas Perempuan, and partner institutions (CATAHU Komnas Perempuan 2021, 2022, 2023). The Legal Aid Foundation of the Indonesian Women’s Association for Justice or *LBH APIK* reported a stark increase in gender-based violence, revealing that the number of weekly cases being referred to the National Commission on Violence against Women or *Komnas Perempuan* has tripled during the pandemic (Oktavianti, 2020). In 2022, the number of GBV cases in women is still

increasing, as it was estimated that *Komnas Perempuan* dealt with approximately 17 cases per day (CATAHU *Komnas Perempuan*, 2023).

The number of GBV cases towards women being reported to *Komnas Perempuan* is increasing throughout the course of the pandemic. Furthermore, it also affirms that women are far more likely to become the victim of gender-based violence as opposed to men. Thus, this finding further affirms that women are disproportionately affected by the pandemic as more of them become victims of violence than men.

During the COVID-19 pandemic, lockdowns such as confinement, economic uncertainty, and social isolation have increased household tensions (Radhitya et al., 2021). According to Sastiono et al. (2020), there were three main reasons for GBV during the COVID-19 pandemic, specifically in Indonesia. They reported economic insecurity to make ends meet, unemployment, and unpaid domestic and care work to be the drivers of violence. *Komnas Perempuan* (2020a) also conducted a survey to capture the changes in household dynamics during COVID-19 which found that violence is more likely to happen in households that experience an increasing expense and households that earn less than Rp. 5 million (p. 5). Another study by Perova et al. (2020) found that economic stress heightens the risk of violence. These findings show that economic hardship is likely to increase the risk of violence in households.

An example of how violence against women came to be during the pandemic is evident through the experience of a 19-year-old Indah (not her real name), who revealed that she had been a target of her brother's rage ever since he lost his job because of the pandemic (Muna et al., 2022). Furthermore, their parents were also against the idea of reporting her brother to *Komnas Perempuan*, as they believed it brought shame. This aligns with the statement from *Komnas Perempuan*, which posits that only around 10% of violence victims have the courage to report abuse (PSKP, 2020). Hence, it is likely that the actual number of abuses occurring amidst the pandemic exceeded the number recorded.

### **Women's Health and Wellbeing**

The health outcomes of the COVID-19 pandemic stretch beyond contracting the virus itself. The morbidity rate of the virus is higher in women, but the mortality rate is higher in men in Indonesia (Lidwina, 2021). Women are vulnerable to the indirect health and well-

being outcomes of the pandemic, and consequences may last even longer than the virus itself (UN Women, 2020).

#### a) Sexual and Reproductive Health Outcome

The COVID-19 pandemic has also overwhelmed healthcare facilities that affect the accessibility of routine check-ups, which has a devastating impact on the accessibility of maternal healthcare, as well as access to family planning (Nurritzka et al., 2021). Furthermore, there is a higher risk of contracting COVID-19, which may increase people's reluctance to visit healthcare facilities, hindering them from receiving healthcare services. This impact is especially disproportionate towards women, as visitors to reproductive healthcare decreased by half during the pandemic in all healthcare facilities such as hospitals, community health clinics or *puskesmas*, private clinics, and independent midwifery practices (Komnas Perempuan, 2020b).

It has been reported that pregnant women experience difficulties in accessing maternal healthcare services, such as prolonged waiting times, due to the adjustments placed in response to the COVID-19 pandemic. For instance, pregnant women are sent home from healthcare facilities for fear of contracting the virus, while some states are reluctant to visit healthcare facilities in the first place, and mandatory COVID-19 testing results in delays in delivery (Wijaya, 2020). A statement released by *Perkumpulan Obstetri dan Ginekologi Indonesia* or POGI stated that the number of casualties due to COVID-19 amongst OB GYN practitioners are also found to be the second highest in comparison to other specialists thus affecting the number of patients they are taking in (CNN Indonesia, 2021a)

	Baseline	Scenario 1: Best Case	Scenario 2: Worst Case
Maternal Mortality Ratio	305/100,000	308/100,000	345/100,000
Maternal Deaths	13,637	6,500 additional	14,800 additional
Unmet Need	10.6%	14.6%	18%
Unintended Pregnancies	2.6 million	>5 million additional	>7 million additional

Table 3: Projection on Indonesian Women's Sexual and Reproductive Health Outcomes due to the COVID-19 Pandemic using SRH Indicators

Source: (UNFPA, 2020a)

The sexual and reproductive health outcomes of women are projected to worsen owing to the COVID-19 pandemic (see UNFPA, 2020a). The projection of two scenarios in the case of a decline in the following: (1) coverage of professional birth attendance and delivery in hospitals and other healthcare facilities and (2) users of short-term contraceptive methods. This finding suggests that women's sexual and reproductive health are at risk during the pandemic.

### **I. Increased Number of Pregnant Women at Risk – Maternal Mortality Ratio and Maternal Deaths**

The maternal mortality ratio of Indonesian women has increased by 10 times due to the pandemic (THE NATIONAL POPULATION AND FAMILY PLANNING BOARD, 2021). Before the pandemic, the ratio was expected to be 3:1000; however, it has now risen to 32:1000 as more pregnant women were infected with the virus.

The Indonesian Ministry of Health also reported that maternal deaths in 2020 increased from 4,196 to 4,614 cases compared to the 2019 pre-pandemic period (Rohmawai, 2021). As of September 14, 2021, an estimate of 1086 mothers who tested positive for COVID-19 had passed away (Redaksi Sehat Negeriku, 2021). These findings indicate that pregnant women are now at higher risk because of the COVID-19 pandemic.

### **II. Increase in Numbers of Unintended Pregnancies**

Apart from the increased risk of maternal mortality, access to family planning was also reportedly difficult during the onset of the pandemic, as healthcare facilities and medical staff were overwhelmed by the outbreak and modern contraceptive supplies for family planning were in shortage (Komnas Perempuan, 2020b). The usage of family planning is heavily reliant on women in Indonesia, however with measures such as physical distancing in place, difficulties in accessing such services were becoming apparent (Chairani, 2020)

The scarcity of contraceptive supplies has been highlighted during the pandemic, as there has been a decrease in the use of modern contraceptives and an increase in the utilization of traditional contraceptives (BKKBN, 2020). The lack of accessibility to modern contraceptives for family planning could potentially lead to

higher numbers of unintended pregnancies up to 15% which will have detrimental social and economic impact towards women, notably affecting their participation in the labor force (Loasana, 2020; UNFPA, 2020a; Yustanta, 2021)

Without adequate family planning, unintended pregnancies are likely to continue during the COVID-19 pandemic. It was found that the number of (wanted) pregnancies has decreased, yet the number of unintended pregnancies, especially among unmarried couples, increased during the pandemic in Yogyakarta (CNN Indonesia, 2021b). Thus, despite government recommendations to delay pregnancy during the pandemic, it is likely that unintended pregnancies continued to occur without proper intervention.

#### **b) Higher Level of Stress**

According to UN Women (2020a), 57% of women tend to experience emotional and mental health disruptions, as opposed to 48% of men. Similar findings were also reported, which showed that men were able to handle stressful situations during the pandemic better than women, indicating that women are more prone to experiencing stress (Megatsari et al., 2020; Pertiwi et al., 2021). Additionally, female household heads were also more likely to become stressed than male household heads (UNICEF et al., 2021).

Several studies have found that unpaid domestic and care work was a stressor for women during the pandemic. One of three women experienced stress due to increasing household responsibilities during the pandemic (Komnas Perempuan, 2020a). In the case of working mothers, higher levels of stress were associated with balancing the double burden of employment and domestic responsibilities, especially for those with younger children, which requires more attention (Putri, 2020).

Similarly, stress in balancing the double burden is captured by a statement from a working mother with the initial DA stated “*Yes, sometimes it’s stressful, sometimes our mood, well, this is it, sometimes our moods also like to change* (Dewi et al., 2022, p. 7). She then continues to describe the struggle of coming home from work and having to deal with a messy house and children who still have unfinished homework. Thus, working women are more vulnerable to the increasing levels of stress during the pandemic.

However, pregnant women in different parts of Indonesia reportedly experienced an increased level of stress during the pandemic due to difficulties in accessing prenatal and neonatal healthcare services (Yurissetiowati, 2021). Apart from difficulties in accessing healthcare services, Kurniawati et al. (2022) also found that pregnant women became increasingly worried about their quality of life during the pandemic.

Drawing lessons from these studies, it can be concluded that women experienced higher levels of stress during the pandemic. Furthermore, the stress experienced by women during the pandemic is associated with their experiences such as increasing household responsibilities and accessibility to healthcare services.

## **Conclusion**

The impact of the COVID-19 pandemic is not gender neutral because existing gender roles and measures that were designed to halt the spread of the virus have had a significant impact on women. Reflecting on existing data and studies, we posit that Indonesian women are especially disadvantaged during the pandemic in several notable aspects of employment disruptions (job loss, income decrease, and paid work time decrease), extra unpaid care and domestic work burden, increasing number of gender-based violence towards women, as well as the indirect impacts on their health and wellbeing, such as sexual and reproductive health consequences and stress levels. Given the disproportionate impact of COVID-19, the Indonesian government must respond to the crisis using a gendered lens, accounting for this difference.

This study contributes to the knowledge on how the COVID-19 pandemic disproportionately affects women in Indonesia. However, this study did not have any limitations. Since the data come from different sources with different samples, it is quite difficult to verify the nationwide scene of gendered impact in Indonesia. Despite the shortcomings of this study, we remain optimistic that our study could provide lessons on how Indonesian women are disproportionately affected and hopefully provide insights on how governments could consider the differing impacts of the pandemic on women.

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