The Role of Women in Combating the COVID-19 Outbreak in 2020–2021: A Case Study of Indonesia

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ABSTRACT

This paper examines the role of women in addressing the spread of COVID-19 in Indonesia, employing a qualitative methodology through a case study approach. Data were collected using literature review techniques, serving as a source of secondary data. The findings indicate that key female figures—specifically the Minister of Women's Empowerment and Child Protection (PPPA), the Minister of Social Affairs, and the Governor of East Java—played critical roles as regulators, implementers, and evaluators. As regulators, they contributed to the formulation of laws and policies; as implementers, they monitored policy enforcement and actions in the field; and as evaluators, they assessed the operational effectiveness of these policies to ensure targeted and efficient outcomes. Theoretically, these women exemplify the application of feminist values in governance, using their legitimate authority to advocate for inclusive and gender-sensitive responses to the pandemic. Their dual identities as state officials and women—who often bear the brunt of health crises—position them uniquely to understand the lived experiences of women and children. Moreover, women, particularly in the domestic sphere, serve as primary managers in preventing their households from becoming new clusters of COVID-19 transmission. When women are involved in policy-making and implementation, they are better positioned to shape interventions that directly address the needs of vulnerable populations.

Introduction

International health issues pertain to the spread of diseases across various regions, with a particular emphasis on countries in the Global South, especially those located in tropical climates. These issues are closely linked to socio-economic conditions

and their broader implications. The discourse on international health also highlights the policy responses of individual nations and their relevance to global health dynamics. Key concerns include the shifting geographic distribution of diseases, the emergence of novel infections, rising antimicrobial resistance, and epidemiological transitions in disease patterns and pandemics. Moreover, advances in global information and communication technologies have influenced health practices and policies, while transformations in human behavior, the restructuring of health-related industries, and the development of new institutional mechanisms for collective health action further complicate the landscape (McInnes, 2012; Kickbusch, 2013; Davies, 2015; Novotny, 2013).

COVID-19 represents one of the most significant global health crises of the 21st century, exemplifying the kind of transnational infectious disease outbreaks that have impacted numerous countries simultaneously. Originating in Wuhan, China, in late 2019, the virus rapidly disseminated across the globe, resulting in severe public health and socio-economic disruptions. The global spread of COVID-19 posed immense challenges for national health systems, many of which were unprepared for the scale and speed of the pandemic. The virus not only caused high mortality rates but also led to substantial economic losses worldwide. According to Yasuhiro Sawada, Chief Economist at the Asian Development Bank (ADB), global economic losses were estimated to range between USD 5.8 trillion and 8.8 trillion. Furthermore, the pandemic resulted in over 300,000 deaths and put an estimated 158 to 242 million jobs at risk globally (Situmeang, 2021). These figures underscore the far-reaching implications of the COVID-19 pandemic on both global health and economic stability.

In addition, Kristalina Georgieva, Managing Director of the International Monetary Fund (IMF), reported that the global economic contraction is projected to reach 5%, which is 2% worse than the IMF's previous estimate in April. This indicates a potential global economic loss of approximately USD 12 trillion over a two-year period. Several Western European countries, including the United Kingdom and France, are expected to face an economic decline of around 10%, while India is projected to experience a sharp contraction of 4.5%. Notably, China stands out as the only major economy expected to achieve positive growth during this period, albeit a modest increase of 1% (BBC News, 2020). These projections illustrate the profound economic repercussions of global health crises and can be further examined through simulation models that assess the interdependence between public health emergencies and economic contraction.

The concern over the widening impacts of COVID-19 continues to deepen, particularly in areas such as the gender poverty gap, where women have been disproportionately affected. According to the U.S. Global Leadership Coalition (USGLC, 2022), the pandemic has pushed women into deeper levels of poverty compared to men. Oxfam (2021), in its report *COVID-19 Cost Women Globally Over $800 Billion in Lost Income in One Year*, estimated that in 2020 alone, women worldwide lost approximately USD 800 billion in income. Women's income declined by about 5%, a sharper decline compared to 3.9% for men. Gabriela Bucher, Executive Director of Oxfam International, criticized governments for undervaluing women's labor, particularly in low-wage sectors with minimal benefits and job security.

The COVID-19 pandemic, declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization on January 30, 2020, and subsequently a global pandemic on March 11, 2020, first emerged in Wuhan, China. Indonesia's response to the pandemic faced numerous internal challenges. According to Ramraj (2021), four major barriers contributed to policy delays: (1) strained relations between the Indonesian Doctors Association and the newly appointed Minister of Health, (2) political rivalry between President Joko Widodo's administration and the Jakarta governor, (3) lack of leadership and coherence within the national cabinet, and (4) resistance from conservative religious groups unwilling to halt congregational activities.

These issues contributed to a disorganized response and contradictory public messaging, undermining the government's effectiveness in managing the crisis.

Although COVID-19 is a global issue, its impacts are mediated through local governance. In Indonesia, several regional leaders were directly affected, including Bima Arya (Mayor of Bogor), Achmad Purnomo (Mayor of Solo), Isdianto (Governor of Riau Islands), Akhyar Nasution (Acting Mayor of Medan), and notably Nadjmi Adhani (Mayor of Banjarbaru) and Syahrul (Mayor of Tanjung Pinang), who both succumbed to the virus (Situmeang, 2021). This paper focuses on the critical role of women in managing COVID-19 at the regional level and argues that addressing such a crisis requires not only national leadership but also international collaboration for knowledge exchange and best practices.

Governor of Jakarta, Anies Baswedan, exemplified this through his participation in several global forums. At the *Cities Against COVID-19 Global Summit 2020* (June 2, 2020), *World Cities Summit Mayors Forum* (WCSMF) in Colombia (July 10–12, 2020), and the *Smart City Conference* in Morocco (April 18, 2018), Baswedan emphasized knowledge-sharing and strategic cooperation. His participation helped enhance Jakarta's governance standing and coincided with a significant reduction in COVID-19 cases during the second wave. However, few local governments adopted similar international strategies.

In contrast, provinces such as East Java suffered worse outcomes due to limited resources and inadequate infrastructure compared to Jakarta. The socio-economic consequences of COVID-19 were most severe for women in informal employment or those who had to support their families due to declining male income in the informal sector. Government restrictions, including Large-Scale Social Restrictions (PSBB) and the Enforcement of Restrictions on Community Activities (PPKM), significantly affected employment. These restrictions led to mass layoffs, furloughs, and reduced work hours, with disproportionate impacts on sectors such as public services, construction, and informal labor, where women often contribute to household income.

Liem and Pitaloka (2023) emphasized the vulnerability of female Indonesian migrant workers during the pandemic. Their study revealed that many women lost jobs, faced wage cuts, and were stigmatized upon return to Indonesia. The authors call for comprehensive protections including healthcare access, legal safeguards, and social support mechanisms. Likewise, the TNP2K Research Team (2020) noted the surge in domestic violence and the increased burden of unpaid care work among women, urging more inclusive and gender-sensitive policymaking.

As of July 7, 2021, East Java reported 334,691 confirmed COVID-19 cases, with 266,817 recoveries and 22,977 deaths. The province's population, recorded at approximately 4.58 million in 2020, saw a modest increase from 2019. However, the pandemic pushed the poverty rate up to 8.37%, a 0.48% rise from the previous year. The province's Gross Regional Domestic Product (GRDP) declined by 2.44% in 2020, with nominal GRDP falling from IDR 59.09 million in 2019 to IDR 57.56 million. Nonetheless, sectors such as information and communication grew by 9.83%, health and social services by 8.70%, and recycling by 5.03% (Radar Surabaya, 2021; BPS East Java, 2021).

Indonesia's Ministry of Health recorded no COVID-19 cases in 2019. The first confirmed case emerged on March 2, 2020. By the end of that year, the country had reported 1,510,184 cases, with 692,016 recoveries and 22,133 deaths. In 2021, active cases surged to over 4.1 million, with 3.5 million recoveries and 135,154 deaths. Population data show a steady increase from 269.6 million in 2019 to 273.8 million in 2021. These trends underscore the urgency of integrated health, social, and economic policies, especially in addressing gendered vulnerabilities within public health crises.
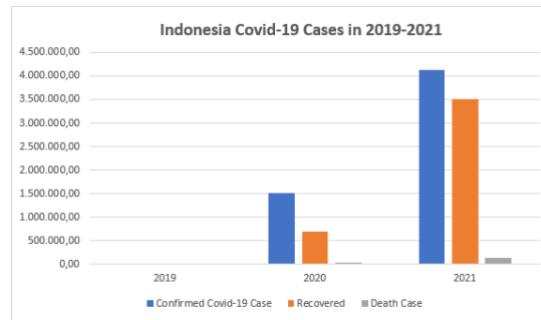
Figure 1: Confirmed COVID-19 Cases in Indonesia

Although the COVID-19 pandemic did not significantly reduce Indonesia's population, it did have a notable impact on the country's economic performance. According to data from the World Bank, Indonesia's Gross Domestic Product (GDP) in 2019 was recorded at USD 1.119 trillion. With the onset of the pandemic in 2020 and the subsequent implementation of containment measures, the GDP declined to USD 1.059 trillion. Nonetheless, by 2021, Indonesia demonstrated signs of economic recovery, as GDP increased to USD 1.186 trillion
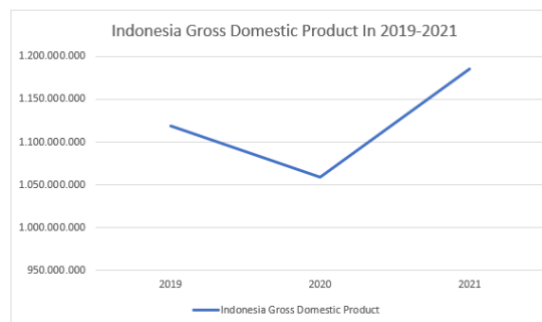

Figure 2: Indonesia Gross Domestic Product in 2019-2021

The central and regional governments in Indonesia have recognized the substantial socio-economic impact of COVID-19, particularly at the regional level. The Governor of East Java, Khofifah Indar Parawansa, highlighted that the pandemic has disproportionately affected women and children. She cited several indicators, including the dismissal of female migrant workers, the deterioration of family income, rising incidences of violence against girls, and an increase in unwanted pregnancies. Khofifah emphasized the need for strategic collaboration with multiple stakeholders to mitigate these impacts, particularly in addressing the social and psychological well-being of affected women and children (Detik.com, 2021). Similarly, Adriyanto, a representative from the Ministry of Finance, stressed the importance of adopting a holistic approach to resolving the gendered impact of the pandemic—spanning health, economy, socio-cultural, and educational dimensions (Detik.com, 2021). Given that women have been directly affected by these consequences, their involvement is critical in the development of inclusive recovery strategies.

The leadership of women in managing the COVID-19 crisis has been evident at the global level. For instance, New Zealand's Prime Minister, Jacinda Ardern, swiftly enacted travel bans starting March 19, 2020, followed by a nationwide lockdown four days later. These early interventions contributed significantly to New Zealand's low transmission and mortality rates. Likewise, German Chancellor Angela Merkel implemented policies for early detection, allowing for prompt isolation of infected individuals. In Iceland, Prime Minister Katrín Jakobsdóttir provided free nationwide testing, enhancing community-

level awareness and response. Taiwan's President, Tsai Ing-wen, also coordinated rapid early detection measures in collaboration with national epidemic agencies. Similarly, Finnish Prime Minister Sanna Marin enforced lockdowns and strict border controls, achieving containment success. In the Caribbean, Prime Minister Silveria Jacobs of Sint Maarten imposed lockdowns and barred foreign tourists, contributing to the containment of the virus in her jurisdiction (Detik.com, 2021).

From a critical feminist perspective, these examples underscore the need to interrogate dominant global health security regimes. Feminist analyses reveal the ideological and structural dimensions of health governance, which often shape inequitable access to healthcare at multiple levels—from national policy to household dynamics. Health interventions are frequently influenced by social class and gender, leading to exclusionary outcomes. As noted by Petchesky (2003), Ostin (2008), Nowicka (2011), Kabeer (2015), and Manique (2018), women and girls are particularly vulnerable during health emergencies, facing increased risks of sexual violence, coerced pregnancies, and denial of essential health services. These include maternal and child healthcare, nutrition, sanitation, shelter, and other social determinants of health.

The pandemic also reveals a deeper entanglement between health governance and migration control. Public health strategies are increasingly being used as mechanisms to manage migration both domestically and globally. Migration has been framed as a vector of disease, leading to the securitization of immigration policies. As O'Manique and Fourie (2018) argue, such securitization not only affects the legal frameworks governing migrants' access to healthcare but also discourages utilization of health services among migrant populations. Hence, the nexus between migration and disease transmission should not be viewed as isolated phenomena; rather, they are interrelated processes shaped by global mobility, health governance, and geopolitical inequalities.

Feminism in Global Health Security

Feminism is frequently mischaracterized as irrational, overly emotional, and confined to domestic or personal concerns. However, these stereotypes are socially constructed gender identities that shape global interactions, including international relations (IR) as both a political theory and a practice. Feminist scholarship contends that these gendered assumptions influence normative expectations about who should undertake specific roles and responsibilities in global governance. This perspective highlights the importance of intersectionality, emphasizing that IR is not only shaped by gender, but also by other social markers such as race, class, and ethnicity (Smith, 2020). Gender identities, often structured by patriarchal power hierarchies, place women in a subordinate position relative to men. Consequently, feminism advocates for the inclusion of women's voices in both domestic and global political discourses. Furthermore, it calls attention to the widespread yet often obscured issue of gender-based violence, which contradicts the notions of peace and stability. Feminist scholars note that societies with high levels of violence against women are often still perceived as peaceful or politically stable (Smith, 2020).

Feminist scholarship has played a pivotal role in uncovering the structural roots of insecurity and in analyzing how various policies disproportionately affect different populations. For instance, sexual violence is pervasive—not only in militarized contexts but also through state-sanctioned violence targeting queer and transgender individuals, the structural violence perpetuated by austerity policies that dismantle public healthcare systems, and the absence of adequate occupational protections for women, particularly in the Global South (O'Manique & Fourie, 2018). These structural inequalities perpetuate women's marginalization and exclusion from welfare systems and economic participation.

Historically, particularly during wartime, women have suffered egregious violations of their rights, including sexual violence, forced reproduction, enslavement, and trafficking. Such violence occurs not only in conflict zones but also within domestic settings (Hynes, 2018). Women in war are often specifically targeted for sexual violence, denied equal access to food and healthcare, and excluded from post-conflict negotiations and governance processes. While men have traditionally dominated political and military decision-making, women's roles have been relegated to domestic functions—such as caregiving, household management, and supporting subsistence economies. This gendered division of labor has long excluded women from foreign policy-making and international diplomacy.

To address these inequalities, the United Nations adopted Security Council Resolution 1325 in 2000, which emphasized the inclusion of women in peace and security processes. The resolution advocates for women's participation in peace negotiations, the protection of women from gender-based violence in conflict, and accountability for perpetrators of such crimes. This marked a significant effort to challenge the masculinist paradigm of militarized conflict and to enhance the gendered dimensions of international security governance (UN-Women, 2021).

Feminism seeks to achieve equity by challenging exploitative and patriarchal systems and advocating for the recognition of women's rights in all spheres of life. This includes encouraging women's participation in traditionally male-dominated arenas, such as the military and political leadership. The increasing presence of women in government and high-level policymaking positions reflects the success of these advocacy efforts.

In 2008, then-United Nations Secretary-General Ban Ki-moon launched the UNiTE to End Violence against Women campaign, aimed at eliminating violence against women and girls globally (Smith, 2020). This campaign builds on international legal and normative frameworks and seeks to coordinate actions across UN agencies. The initiative outlines five key goals:

1. Adoption and enforcement of national laws aligned with international human rights standards to address all forms of violence against women and girls.
2. Implementation of multi-sectoral national action plans focused on prevention and adequately resourced.
3. Establishment of robust systems for data collection and analysis on the prevalence of gender-based violence.
4. Launch of national and/or local campaigns involving civil society actors to support survivors and prevent further violence.
5. Systematic responses to sexual violence in conflict, including full enforcement of relevant laws and protective measures (UN-Women, 2021).

This global initiative has also opened pathways for women's political participation and inclusion in high-level decision-making processes. Feminist theorists argue that achieving societal welfare requires gender equality and equitable access to resources and opportunities for both women and men (Djelantik, 2009). Feminists do not posit women's superiority over men, but rather advocate for equal participation in political and governance systems, without reinforcing traditional gender socialization that restricts either gender's roles or capabilities.

A critical feminist perspective on global health security underscores two often-overlooked concerns, particularly during public health emergencies. First, new viral outbreaks threaten sexual and reproductive health, particularly within families, where caregiving roles are disproportionately shouldered by women. Second, pandemics significantly affect employment and labor structures, particularly in feminized sectors of care work, thereby exacerbating social insecurity and daily precarity (King, 2002; O'Manique & Fourie, 2018). These issues necessitate gender-sensitive health policies that account for both the direct and structural effects of pandemics on women's lives and livelihoods.

Method

This study employs a qualitative descriptive paradigm, utilizing the case study method. A case study is an intensive and detailed research approach focused on a specific case under investigation. It is concerned with the complexity and unique nature of the case in question. The term "case" refers to a particular context, which may involve individuals, groups, communities, organizations, or other social units (Woodside, 2010). The case study method is characterized by its depth, while maintaining flexibility in the research design. According to Yin (2012), case studies consist of three primary components: exploration (initial analysis and identification of understanding), description (detailing the case and problem-solving strategies), and explanation (analyzing causal relationships within the case). Furthermore, case studies involve in-depth investigations that link micro-level actions (individuals) to macro-level actions (structures) within a given process. Neuman (2014) highlights key characteristics of case studies, including: (a) conceptual validity, (b) impact heuristics, (c) identification of causal mechanisms, (d) the ability to capture complexity and track processes, (e) calibration, and (f) holistic elaboration.

This study utilizes secondary data sourced from various relevant materials, such as documents, academic journals, books, internet resources, and other pertinent sources. The research is conducted using the library research method, which is based on the available literature on the subject.

Result and Discussion

Subnational government public policies generally encompass foreign components in areas such as: (1) trade and investment; (2) environment and sustainable development; (3) tourism, culture, and sports; (4) social policy; (5) economic development, industry, infrastructure, and agriculture; (6) communication and branding; (7) credit and loans; (8) international development aid; (9) lobbying; and (10) major events. Therefore, it is crucial to consider the following factors before implementing any programs: (1) alignment with overall government priorities; (2) the expected benefits to the government and other associated impacts; (3) available resources for project execution, including financial, human, and political resources; (4) the legal framework (i.e., whether there is sufficient juridical basis for processing); (5) the internal performance history of the government agencies involved; and (6) the external performance track record and motivation of the foreign partners engaged (Tavares, 2016).

The public policies outlined above are primarily aimed at social policies and economic development to ensure long-term economic sustainability. Although COVID-19 is a global issue, addressing it at the local level requires creativity and innovation from regional governments and related stakeholders. The COVID-19 pandemic must be advocated and resolved by considering both economic and social consequences, particularly their implications for society. At this juncture, the debate regarding the prioritization of health or economic concerns is no longer relevant, as both are of equal importance and interdependent. The most immediate and tangible impacts are felt by women and children, who are the primary agents of household consumption. If these issues are not addressed comprehensively, they may lead to further societal problems, such as divorce, criminalization, and layoffs. Additionally, violence against women remains underreported but widespread. Estimates suggest that as many as six out of ten women and female migrants experience sexual violence during travel (O'Manique & Fourie, 2018).

Four primary obstacles to COVID-19 governance in Indonesia are identified: first, the contentious relationship between the Indonesian Doctors Association (IDI) and the newly appointed health minister; second, political rivalry between President Jokowi's administration and the Governor of Jakarta; third, the incompetence within Jokowi's cabinet, which demonstrated a lack of leadership during the crisis; and fourth, resistance from conservative religious groups, particularly their refusal to cease congregational prayers. This chapter argues that these four barriers combined contributed to the slow response and ineffectiveness of government policies and regulations during the COVID-19 crisis. The response was inadequate and delayed, with unclear policies, uncoordinated actions, and contradictory statements (Ramraj, 2021).

President Jokowi's administration failed to recognize the global scale of the COVID-19 pandemic, viewing it initially as a regional problem rather than a worldwide health crisis. This misjudgment led to a sluggish governmental response. Public statements further downplayed the seriousness of the virus, with the health minister initially describing COVID-19 as a "self-limited disease" that could be cured by "boosting immunity." Even after the first confirmed case in Indonesia, the government continued to underestimate the severity of the pandemic. The Director-General of the World Health Organization, Tedros Adhanom Ghebreyesus, sent an official letter on March 15, 2020, followed by a direct phone call to Jokowi, urging Indonesia to escalate its emergency response and declare a national emergency. After domestic and international pressure, Jokowi declared a public health emergency on March 31 and implemented the Large-Scale Social Restrictions (PSBB) rather than a regional quarantine. Despite these measures, Indonesia continued to allow international flights and the influx of foreign workers, reflecting a significant policy distortion (Ramraj, 2021).

In this context, the role of women in policy formulation and implementation becomes critical, especially for those in positions of power. Women, particularly those in leadership roles, are directly impacted by the socio-economic consequences of COVID-19. Feminist theory suggests that women must be prioritized in policy development, particularly regarding issues related to household income and family needs, areas where women possess unique knowledge and experience. Furthermore, women bear the responsibility for caring for children and managing household consumption, which makes their involvement in decision-making even more vital.

Global threats from pathogens that cross national borders do not discriminate. However, vulnerability to these threats is not equally distributed. Factors such as geographic location, class, ethnicity, gender, and sexuality influence one's susceptibility to disease outbreaks, access to emergency care, and long-term impacts (O'Manique & Fourie, 2018).

As previously discussed, the challenges faced by women during the COVID-19 pandemic extend beyond economic disparities and are much broader. A dramatic increase in cases of domestic violence and sexual assault has been reported globally. According to UN Women, in 13 countries surveyed, one in three women reported experiencing or knowing women who have experienced various forms of violence since the onset of the pandemic. This violence has occurred in domestic settings, public spaces, and even online (UN Women, 2020).

A concrete example of women's involvement in policy is the active participation of three women in leadership positions: Minister of Social Affairs Tri Rismaharini, Minister of Women and Child Empowerment I Gusti Ayu Bintang Darmawati, and Governor of East Java Khofifah Indar Parawangsa. Their collaborative efforts in addressing socio-economic challenges during the pandemic represent a valuable model of leadership. The involvement of these women is crucial for several reasons: (1) they act as regulators, executors, and evaluators; (2) as women, they are more likely to demonstrate sensitivity to the needs of other women during the pandemic; (3) as mothers, they are directly affected by household needs and consumption; and (4) men often fail to formulate

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policies that adequately address women's specific needs, as feminism is not commonly embraced in policy formulation (Tavares, 2016).

Moreover, there have been instances of corruption within the distribution of COVID-19 social aid, further exacerbating the situation. For example, the previous Minister of Social Affairs was involved in corrupt practices, and in several regions, there were reductions in social aid funds, which had a direct negative impact on women, especially in such challenging times. These issues highlight the significance of comprehensive and effective policy implementation to ensure social stability and mitigate the adverse effects on vulnerable populations. In response, the government issued several key regulations, such as the Decree of the Minister of Social Affairs Number 86/Huk/2020, which outlines social aid programs aimed at maintaining economic stability for households (Kompas.com, 2020).

The involvement of women leaders, such as Tri Rismaharini, I Gusti Ayu Bintang Darmawati, and Khofifah Indar Parawangsa, in crafting comprehensive policies to support communities during the pandemic is crucial. For instance, the Minister of Social Affairs introduced seven forms of government social aid, including: (1) basic food aid worth 2.2 trillion IDR for three months; (2) cash social aid of 300,000 IDR for areas outside Greater Jakarta; (3) village BLT funds in three stages, amounting to 600,000 IDR; (4) free electricity aid for residents with 450-900 VA power; (5) pre-employment card aid for laid-off employees; (6) salary subsidies for employees earning below 5 million IDR; and (7) financial support for small and micro-enterprises (Kompas.com, 2020).

BLT Village Funds Provied in 2020 (Aprill-June).

The Stage of admission for BLT	The amount of money received	Number of villages	Receiver Number	Total Accumulations of funds.
1ST Batch	RP. 600.000	74.877 villages	7.426	4,69 trillion Rupiah
2nd Batch	Rp. 600.000	64.515 villages	6.757.859	4,05 trillion Rupiah
3rd Batch	Rp. 600.000	35.857 villages	3.453.286	2,07 trillion Rupiah
4th Batch	Rp. 600.000	645 villages	58.494	17,55 milliar Rupiah

Figure 3: BLT Village Fund Provided in 2020 (Aprill - June).

The amount of funds received by participants from the Pre-employment Card program.

No.	Details of assistance.	The amount of funds.
1.	Training assistance	Rp. 1.000.000
2.	Incentive funds.	Rp. 2.400.000
3.	Employment Survey Incentive	Rp. 150.000
Total		Rp. 3.550.000

Figure 4: Pre-Employment Card Program Detailed Fund Received by Participants. Data by Ministry of Finance, Directorate General of Budget.

Furthermore, the Ministry of Social Affairs introduced several social assistance programs to mitigate the socio-economic impacts of the COVID-19 pandemic. These include: (1) the *Program Keluarga Harapan* (PKH) or Family Hope Program, which provides financial aid to pregnant women and children aged 0–6 years (IDR 250,000 per month), elementary school students (IDR 75,000 per month), junior high school students (IDR 125,000 per month), senior high school students (IDR 166,000 per month), and

individuals with disabilities (IDR 200,000 per month); (2) Non-Cash Food Assistance (BPNT), which reached approximately 18.8 million recipients with a total budget allocation of IDR 45.12 trillion; and (3) rice aid (*Bantuan Sosial Beras*), which provided 15 kilograms of rice to 10 million beneficiaries across 34 provinces (Kompas, 2020).

In addition, the Ministry of Women's Empowerment and Child Protection played a regulatory role in formulating and implementing the *Perlindungan Anak Terpadu Berbasis Masyarakat* (PATBM) or Community-Based Integrated Child Protection Policy during the pandemic. This initiative was supported by the *Sistem Informasi Online Perlindungan Perempuan dan Anak* (SIMPONI), an online information system used to collect and manage data regarding incidents of violence against children—both girls and boys—as well as against adult women. The integration of digital infrastructure such as SIMPONI has been critical for real-time data monitoring and for enabling targeted policy interventions during crisis conditions.
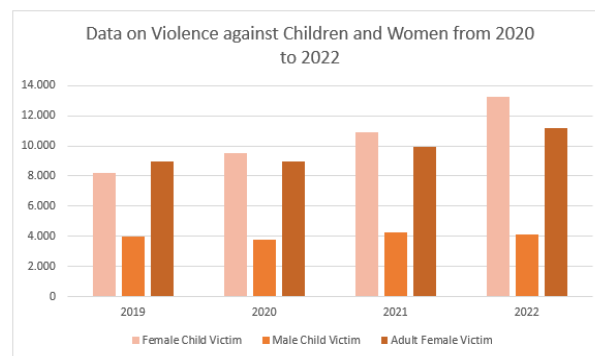

Figure 5: Data on violence against children and women in Indonesia from 2020 to 2022, as reported by the Ministry of Women's Empowerment and Child Protection of Indonesia.

Based on survey data collected by SIMPONI, from the onset of the COVID-19 pandemic in 2020 until the issuance of Presidential Decree No. 17 of 2023 by President Joko Widodo—officially declaring the end of the pandemic on June 21, 2023—there has been a significant increase in reported cases of violence against children and adult women. The highest number of cases was recorded in 2022, with 13,263 girls, 4,096 boys, and 11,179 adult women reported as victims.

In response to this alarming trend, the Ministry of Women's Empowerment and Child Protection (PPPA) introduced the PATBM (Perlindungan Anak Terpadu Berbasis Masyarakat) policy, which includes five special regulations for child protection: (1) Cross-sectoral regulations for children requiring special protection during the pandemic; (2) Regulations protecting children with disabilities during the pandemic; (3) Protocols for handling child victims of violence during the pandemic; (4) Parenting guidelines for children and parents affected by COVID-19 (including OTG, PDP, confirmed, and deceased cases); and (5) Protocols for the release of children via assimilation and integration, suspension of detention, and unconditional release.

Collaboration between the Ministry of PPPA and Committee III of the Regional Representative Council (DPD RI) resulted in several strategic policy recommendations: (a) expanding coverage to additional villages and urban areas to minimize COVID-19 transmission, especially via enhanced PATBM performance; (b) strengthening the roles of local technical agencies in protecting women and children from violence; (c) increasing budget allocations and incentives for women's and children's empowerment programs; (d) accelerating the issuance of sterilization-related regulations; (e) enhancing institutional coordination, particularly with the Ministry of Education and Culture; and (f) evaluating the sustainability of community involvement in PATBM initiatives (PPPA, 2021a).

The Ministry of PPPA played a central role in providing services and protection for women and children affected by COVID-19, especially those orphaned due to the pandemic. The ministry developed specific health protocols, including guidelines for self-isolation and coordinated aid distribution through regional offices and local authorities. To facilitate communication and monitoring, the ministry launched the "SAPA 129" hotline and WhatsApp service (08111-129-192) as a support mechanism for women and children during the crisis. A tangible manifestation of these efforts was the launch of the "DISTANCE" policy framework aimed at preventing virus transmission (PPPA, 2021b).

In East Java, the provincial government, under Governor Khofifah Indar Parawansa, implemented several COVID-19 policies, including the Decree of the Governor of East Java No. 188/108/Kpts/013/2020 concerning emergency status, Governor Regulation No. 18 of 2020 on guidelines for Large-Scale Social Restrictions (PSBB), and its amendment (Governor Regulation No. 21 of 2020). Additional regulations included Decree No. 188/202/Kpts/013/2020 on PSBB enforcement in Surabaya, Sidoarjo, and Gresik, as well as the publication of PSBB guidebooks and Governor Circular No. 451/14901/012.1/2021. These policies aimed to mitigate virus transmission in a province that once recorded the second-highest number of active cases after DKI Jakarta. The "Gotong Royong" (mutual cooperation) approach successfully encouraged synergy among government bodies, civil society, and stakeholders to treat the pandemic as a humanitarian crisis.

Women also played critical roles in policy implementation and monitoring. The Minister of PPPA, for example, emphasized vaccination as a primary strategy for safeguarding women and children. The ministry's health regulations were followed by mass vaccination campaigns, such as those observed during her visits to SMP Al Azhar and SMPN 5 in Bekasi City, accompanied by local government officials. The Minister emphasized that vaccination contributes to collective immunity, thereby reducing COVID-19 transmission risks (Med.com, 2021).

Similarly, the Ministry of Social Affairs acted as an executor of policy by ensuring the accurate and efficient distribution of social assistance. The Minister of Social Affairs visited Papua to oversee aid delivery, distributing 3,141 assistance packages valued at approximately IDR 949.9 million. The packages included assistive devices for persons with disabilities, entrepreneurial capital (e.g., for phone credit kiosks and food stalls), livestock, and health supplies such as masks and vitamins. These measures were complemented by support for the Papua National Sports Week (PON XX) event, reflecting the government's broad-based approach to mitigating COVID-19 impacts (Kementerian Sosial, 2021).

Governor Khofifah also engaged in direct monitoring of vaccination programs in Sampang and Trenggalek Regencies. These visits aimed to ensure the accuracy of implementation, reinforce compliance with health protocols, and encourage coordination across all administrative levels. Her actions embodied a practical application of gubernatorial decrees and circulars as part of a broader commitment to curbing virus transmission (Kabupaten Sampang, 2021; Kabupaten Trenggalek, 2021).

Women leaders also functioned as policy evaluators. Minister I Gusti Ayu Bintang of PPPA, for instance, conducted an evaluation visit to the Special Child Development Institute II in Jakarta. The visit included distributing 58 aid packages and reviewing institutional compliance with COVID-19 health protocols. Key measures included banning new admissions from law enforcement, prohibiting in-person visits, conducting religious activities in dormitories, and enforcing strict health protocols. These practices reflect the ministry's commitment to ensuring institutional care is aligned with both legal mandates and child welfare principles (PPPA, 2021c). The author posits that women in leadership—especially mothers—bring empathy, attentiveness, and moral responsibility to policy implementation, particularly when the primary victims of the pandemic are women and children.

The Ministry of Social Affairs also undertook evaluative roles, verifying that aid reached female beneficiaries, particularly mothers. Monitoring mechanisms included reviewing shopping receipts and cross-checking aid recipient data. Challenges included inaccurate data, extortion by officials, and compromised aid quality—issues that contradict the ethical standards expected from institutions led by women committed to justice and equity. These evaluations are vital for improving Indonesia's social assistance data management and ensuring the efficacy of aid distribution systems.

Governor Khofifah's evaluation of COVID-19 handling in East Java demonstrated commendable outcomes. According to the East Java COVID-19 Task Force, the province achieved the highest number of vaccinations nationwide, with 7,058,237 doses administered—surpassing DKI Jakarta and West Java. The Governor mandated 100% vaccination coverage for families, health workers, and educators (Merdeka.com, 2021). However, the Chairman of the East Java Regional House of Representatives noted that COVID-19 cases continued to rise despite the Java-Bali Emergency PPKM and vaccination programs (KominfoJatim, 2021).

In response, the Governor emphasized the need for strict law enforcement against health protocol violations and administrative sanctions for unvaccinated individuals. Additionally, intersectoral coordination was intensified, leveraging the Minister of Social Affairs' understanding of East Java's socio-political dynamics—given her background as former Mayor of Surabaya. Public advocacy, community engagement, and media campaigns were identified as crucial for countering vaccine hesitancy and fostering communal immunity, especially for women and children.

The involvement of women is crucial in the pandemic response. According to the Minister of PPPA, women serve as caregivers and frontline protectors of family health. Hence, they require prioritization in economic, social, and educational protection. The 2020 Gender Development Index reported that 82% of women relied on family businesses during the pandemic, with many experiencing income loss. Additionally, 36% of women worked in the informal sector compared to 30% of men. Women were also more likely to remain at home (69%) and perform domestic tasks, while 57% reported increased stress due to familial responsibilities (Deputi Bidang PHP – Kementerian PPPA, 2020; Dini, 2020; PPPA, 2020).
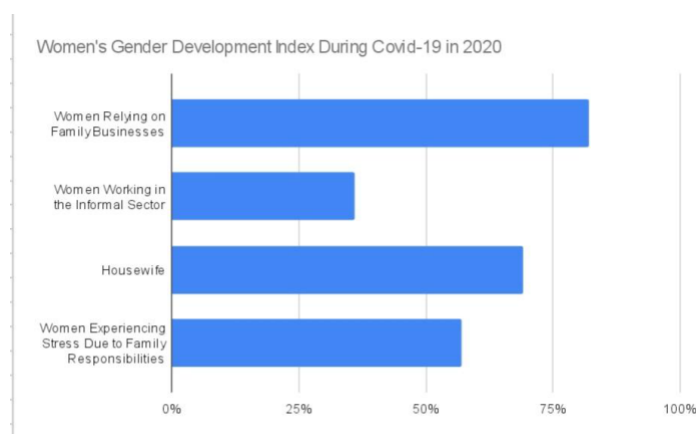

Figure 6: The Women's Gender Development Index during the COVID-19 pandemic in 2020, as reported by the Ministry of Women's Empowerment and Child Protection of Indonesia

Women often serve as key managers within their households, making their involvement in policy advocacy and service protocol development crucial. Based on guidelines issued in 2020 by the Center for Integrated Services for Women and Children in collaboration with Yayasan Pulih and the Ministry of Women's Empowerment and Child Protection (PPPA), a series of service protocols were formulated to protect women during the COVID-19 pandemic. These include: (1) protocols for reporting violence against

women; (2) aid service protocols for women; (3) health service protocols addressing violence; (4) referral regulations for hospitals during the pandemic; (5) psychosocial support guidelines; (6) legal consultation protocols; (7) legal aid regulations; and (8) personal safety regulations for women at risk of violence (PPPA, 2020a).

In parallel, the PPPA developed a strategy to increase women's resilience and inclusion in economic recovery through the National Financial Inclusion Strategy. The strategy includes initiatives such as: (1) financial literacy and education; (2) support for micro, small, and medium enterprises (MSMEs); (3) access to digital financial services; (4) the expansion of pension and insurance coverage; (5) consumer protection; (6) holistic household support; and (7) the collection of gender-disaggregated data (Deputi Bidang PHP–Kemen PPPA, 2020; Dini, 2020; PPPA, 2020b).

Given the gendered burdens women face—especially during public health crises—it is essential to provide them with comprehensive training and protective legal frameworks to prevent discrimination and promote equitable access to services. Women's active participation in decision-making positions can facilitate the implementation of programs that enhance their quality of life in social, economic, and educational domains.

Public health emergencies such as COVID-19 have generated global concern not only because of their health implications but also due to their disruption of sexual and reproductive health rights, labor markets, and social reproduction systems. Manique (2018) outlines two critical areas of concern: first, the emergence of new viruses that threaten reproductive rights and health, particularly where disease transmission intersects with sexual and reproductive functions; and second, the broader socioeconomic effects of pandemics on livelihoods, labor, and social systems. A critical gender perspective can therefore illuminate these issues, offering a more comprehensive framework for understanding and responding to health insecurity.

Moreover, structural inequalities remain evident in global pandemic preparedness and response mechanisms. According to Weir (2015), investments in disease surveillance, vaccine stockpiling, and risk communication remain skewed toward wealthier nations, often at the expense of the Global South. Meanwhile, basic determinants of health—such as access to clean water, sanitation, food security, shelter, and preventive healthcare—remain unevenly distributed across the globe (Manique, 2018; Weir, 2015).

The gendered dimensions of insecurity are particularly acute in pandemic contexts, shaped by intersections of race, class, and gender. Feminist scholars in international relations emphasize the structural contradictions between the public sphere of formal labor and policy and the private sphere of care and reproductive labor. Brodie (2007), Peterson (2012), Robert (2011), and Runyan (2011) argue that the capitalist economy depends on the invisibilization of unpaid care work—primarily carried out by women and girls—as a core mechanism of capital accumulation. This invisible labor is intensified during crises, placing disproportionate burdens on women in terms of caregiving and economic insecurity.

Thus, COVID-19 has amplified structural gender inequities, positioning women—particularly mothers, daughters, and sisters—as primary victims of social and economic fallout. These effects necessitate a more intersectional and feminist policy approach to post-pandemic recovery and health security governance.

Conclusion

This study draws both theoretical and practical conclusions. On a practical level, the findings demonstrate that women played a crucial role in initiating and managing social programs during the COVID-19 pandemic. These programs were often led by women who possessed institutional authority and legitimacy to enact policy regulations, particularly in social and health sectors. These interventions—spanning national and regional levels—reflect coordinated policy implementation, ranging from top-level

directives to local community-based actions. These include both material and non-material forms of social aid, ensuring equitable access and effective service delivery.

For example, the Ministry of Women's Empowerment and Child Protection (PPPA) developed mechanisms for monitoring women and children by integrating vertical (government-led) and horizontal (community-based) participation. Simultaneously, the Ministry of Social Affairs introduced social aid programs in the form of both cash and non-cash support to address increasing vulnerabilities. At the regional level, the government of East Java implemented various COVID-19 prevention guidelines, such as the *Gotong Royong* Guidelines and the *Pembatasan Sosial Berskala Besar* (PSBB) protocols, aimed at minimizing transmission at the local level.

Women leaders, including the Minister of PPPA, the Minister of Social Affairs, and the Governor of East Java, were actively involved in overseeing the execution of these policies. Their field visits, especially to vaccination centers, exemplify their direct engagement in ensuring that public health goals such as herd immunity were effectively pursued. Furthermore, these policymakers also assumed evaluative roles, identifying weaknesses in policy implementation—such as mistargeted social aid and instances of misuse—and responding accordingly to ensure improved program outcomes.

The pandemic disproportionately affected women and children, particularly in the social and economic spheres. Therefore, promoting family resilience became central to the government's approach to achieving broader economic stability. The presence of women in leadership positions contributed significantly to the welfare, protection, and safety of citizens by delivering policy solutions that were both responsive and equitable.

Theoretically, the findings affirm the applicability of feminist governance principles in crisis management. The study illustrates how women in positions of authority effectively advocated for, coordinated, and implemented gender-sensitive responses to the pandemic. Their leadership was informed not only by institutional mandates but also by lived experiences, making their interventions more empathetic and targeted. These results demonstrate that policies such as the National Strategy for Inclusive Development—which includes economic training, education, and digital literacy for women—are essential for fostering resilience at the household and societal levels.

For future research, a quantitative survey method is recommended to generate field-based data on the public's experience of gendered policy interventions. A social psychology approach could further enrich the analysis by exploring the motivations, perceptions, and leadership strategies of female policymakers in ensuring public welfare and health security.

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