

# Gender, Poverty, and Well-Being in Indonesia: MAMPU Background Assessment

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## 1 Introduction

There is an unmistakable correlation between income and women's status: when countries are richer, women fare better. Women in richer countries have more education, fewer children, healthier and safer pregnancies, more say in politics and policy making, and contribute a greater share of earned income to their households. This correlation is shown in Figure 1, which graphs per capita gross national income (on the horizontal axis) against the UNDP's gender inequality index (on the vertical axis).<sup>1</sup> The figure makes it clear that Indonesia is no outlier – it lags developed countries in both income and gender equality.

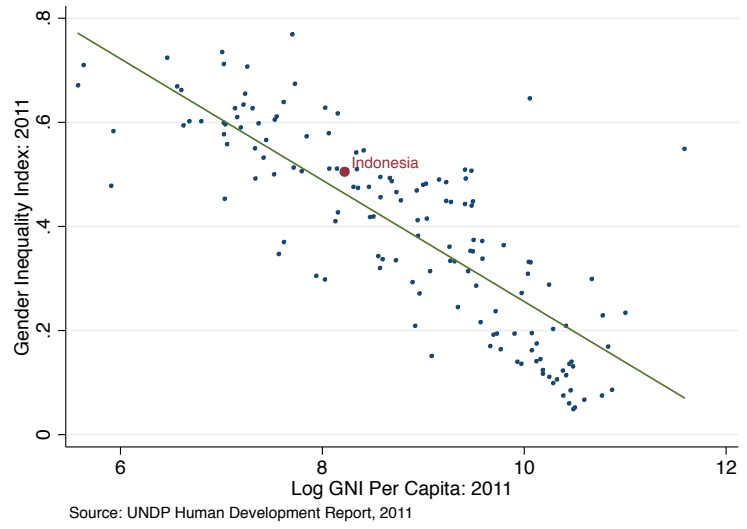
In recent years, however, Indonesia has made significant progress in poverty reduction and economic development. At the same time, much needs to be done to meet the government's stated goal of an 8 percent poverty rate by 2014. Given the stark pattern in Figure 1, this raises an important question: is gender inequity simply an *outcome* of poverty that will disappear with economic growth, or does gender inequity *cause* poverty, making it an important barrier to growth? The answer to this question nuanced. As Duflo (2011) points out in her review of the literature, economic growth does seem to reduce gender inequity, but growth is *not* enough to rectify imbalances between men and women. On the other hand, there is a well established body of evidence demonstrating that empowering women can improve certain economic outcomes, especially in terms of nutrition and child health. But empowering women is not enough to solve all development ills. In other words, gender inequity is both an outcome of poverty and a barrier to economic growth, but the nature

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<sup>1</sup>The gender inequality index aggregates country performance in terms of maternal mortality, adolescent fertility, educational attainment, parliamentary representation, and labor force participation.

Figure 1: Income and Gender Inequality Across Countries



of the relationship is such that neither poverty reduction nor women’s empowerment can serve as a magic bullet to remedy the other on its own. Rather, policy is needed to directly address both women’s empowerment and poverty.

This is the idea behind the new MAMPU women’s empowerment initiative – by jointly addressing women’s empowerment and poverty, greater progress can be made on both fronts. The purpose of this report is to provide a quantitative picture of gender and poverty issues in Indonesia, with a focus on issues falling under the five core MAMPU themes. The intent is to provide a broad overview and highlight potential entry-points where the MAMPU program could have an especially beneficial impact. The next five sections discuss women’s issues in each of the five themes in turn. The end of each section concludes by recapping the main findings and highlighting potential entry-points.

## 2 Poverty and Social Protection

Indonesia has made significant strides in reducing the national poverty rate: while 17.8 percent of the population fell below the poverty line in 2006, by 2011 this figure had fallen to 12.5 (Badan Pusat Statistik 2011). At first glance, there appear to be few differences in poverty rates by gender: female headed households are actually slightly less likely to be poor as compared to male headed households (9.7 vs. 10.1 percent, according to the March 2011 SUSENAS).<sup>2</sup> These statistics mask important differences in *vulnerability* to poverty,

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<sup>2</sup>Both these figures are below the overall poverty headcount ratio because poor households have more members.

however. Figure 2 illustrates these differences in vulnerability by calculating three different measures of poverty for both male and female headed households in the 2011 SUSENAS. The first essentially mirrors BPS’s consumption based poverty line: a household is considered “poor” if its per capita consumption falls in the bottom 12.5 percent of the population. The second measure focuses on household *wealth* instead of consumption: it aggregates a number of different wealth measures into a single index using principal components analysis.<sup>3</sup> To maintain consistency with the first measure, a household is considered poor if it falls in the bottom 12.5 percent of the wealth index distribution. Finally, Figure 2 assesses differences in earned (i.e. wage and salary) income: here, a household is considered to be poor if per capita earned income falls in the bottom 12.5 percent of the income distribution.

Figure 2: Poverty Measures by Gender of Household Head

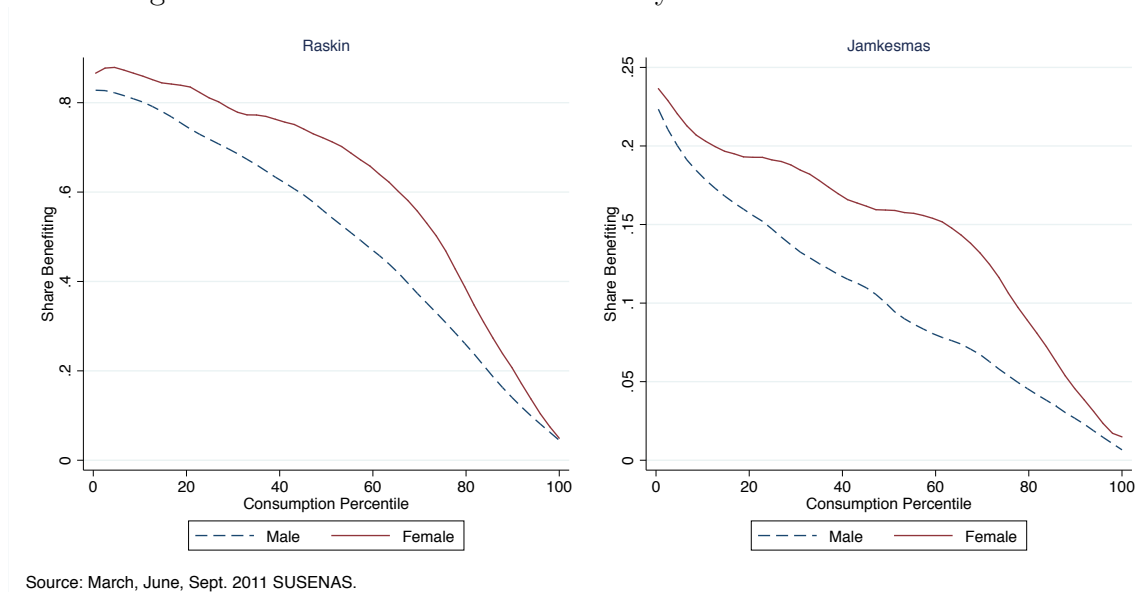


Source: March, June, Sept. 2011 SUSENAS. Whiskers show 95% confidence intervals for estimates.

While female headed households are less likely to be poor based on consumption, Figure 2 clearly illustrates that these female headed households have fewer assets/poorer quality homes, and access to substantially less earned income. The differences in earned income are particularly striking: female headed households are three times more likely to fall below the earned income “poverty line”. The stark contrast between consumption and income

<sup>3</sup>This methodology is commonly used to proxy economic well being when reliable income and consumption data is not available. See Rutstein and Johnson (2004) for an overview of the methodology. The measures of wealth included in the index here include: the household’s roofing material, the household’s flooring material, the household’s wall material, the household’s drinking water source, the household’s bathing water source, the household’s light source, the household’s cooking fuel source, the characteristics of the household’s toilet facilities, and the household’s home ownership status.

Figure 3: Access to Social Protection by Gender of Household Head



based measures of poverty raises an important question – how do these female headed households manage to support their consumption needs despite having access to markedly fewer resources? An analysis of data from the 2007 wave of the Indonesian Family Life Survey (IFLS) suggests that assistance from other family members is an essential part of the picture. Specifically, net transfers from siblings, parents, and children living outside the household amount to 17.5 percent of household consumption for female headed households.<sup>4</sup> In contrast, male headed households are substantially less likely to depend on outside assistance: their net transfer receipts amount to just 5 percent of household consumption.

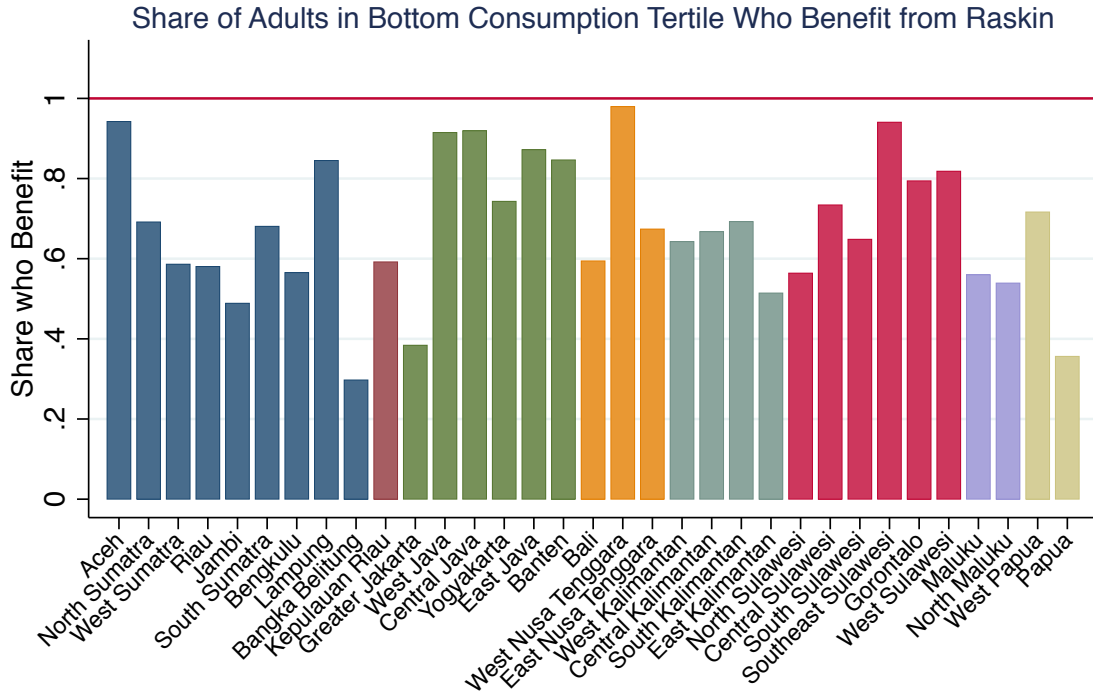
Female headed households are also more likely to rely on assistance from Indonesia’s major social protection programs – Figure 3 illustrates this pattern for Raskin and Jamkesmas. Female headed households were also substantially more likely report receiving BLT in 2005-2006 and 2008-2009 and more likely to be selected for PKH (World Bank 2012b; World Bank 2012a).

It is important to note that these patterns do *not* necessarily imply that female headed households have adequate access to social protection. Indeed, since these households have substantially lower earned income:consumption ratios, a well functioning social protection system should disproportionately target female headed households, even conditional on consumption levels.<sup>5</sup>

<sup>4</sup>Households who are net *donors* are coded to have 0 percent of consumption supported by outside family members.

<sup>5</sup>Communities appear to recognize this, at least in part. In a field experiment designed to assess the efficacy of community-based targeting for social assistance programs, widows were ranked as having lower

Figure 4: Access to Raskin by Province



Source: March, June, Sept. 2011 SUSENAS.

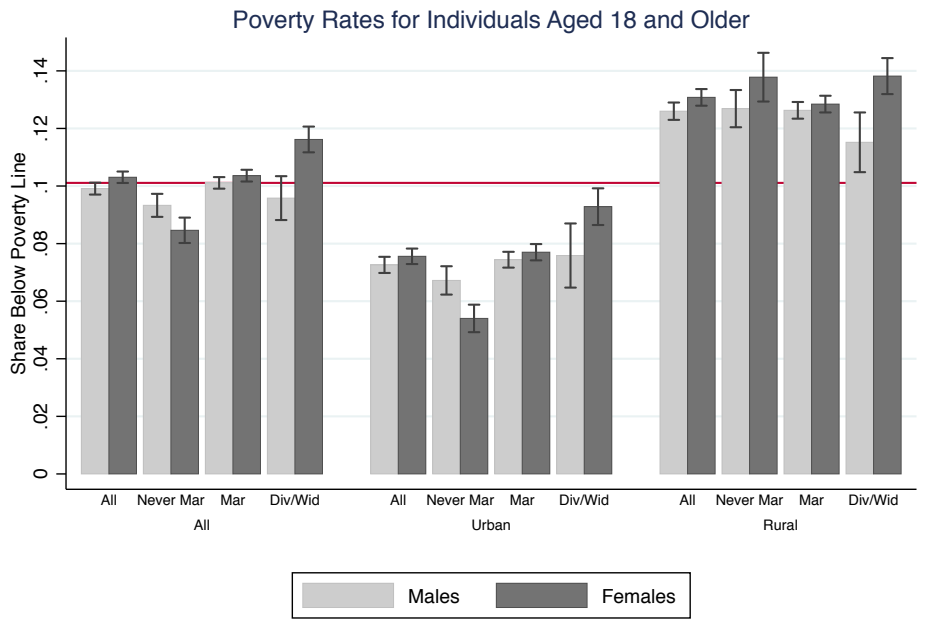
Even if female headed households are well served by social protection systems in some provinces, it is clear that the system falls short in others. Figure 4 plots the share of adults in the bottom consumption tertile who have access to Raskin. While many provinces have access rates that exceed 80 percent (e.g. Aceh, most parts of Java), other provinces have exceptionally low access rates. For example, in Papua just 36 percent of the neediest third report benefitting from Raskin. These differences suggest that efforts to increase access to social protection may be particularly effective if targeted towards underserved areas.

It is also important to caveat that focusing on household headship, especially as defined on government survey forms, has its problems. For example, an analysis of *individual level* poverty rates among adults aged 18 and older, presented in Figure 5, finds that women are slightly *more* likely to be poor than men. Moreover, divorced and widowed women are consistently more likely to be poor as compared to their married or male counterparts. At first glance, this contrasts sharply with the fact that female headed households are less likely to be poor than male headed households. What reconciles the difference is that the worst off divorcees and widows do not maintain a separate household but must instead move

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welfare conditional on per-capita consumption (World Bank 2012b).

Figure 5: Individual Level Poverty Rates by Gender and Marital Status



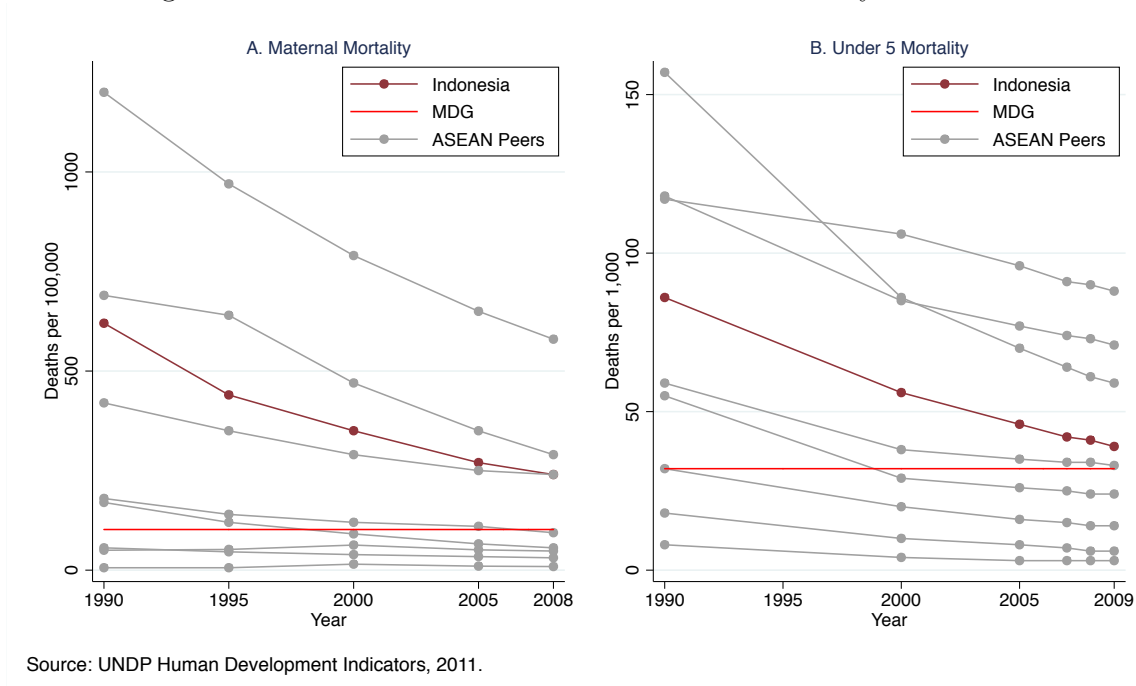
Source: March, June, Sept. 2011 SUSENAS. Poverty line data from BPS.

in with another relative (most commonly a child) in order to make ends meet: while 63 percent of divorced and widowed women living above the poverty line are recorded as head of household in the 2011 SUSENAS, just 47 percent of divorced and widowed women living below the poverty line are recorded as heads.

To summarize:

- Female headed households are not more likely to fall below the poverty line than male headed households, but they are more *vulnerable* to poverty.
- Therefore female headed households rely more heavily on assistance from family and social protection programs.
- Heterogeneity in social protection coverage by province suggests that efforts to bolster access to social protection could be particularly beneficial if targeted at needy geographies.
- Divorced and widowed women, especially in rural areas, bear the largest poverty burden.

Figure 6: Reductions in Maternal and Child Mortality Over Time



### 3 Maternal and Child Health

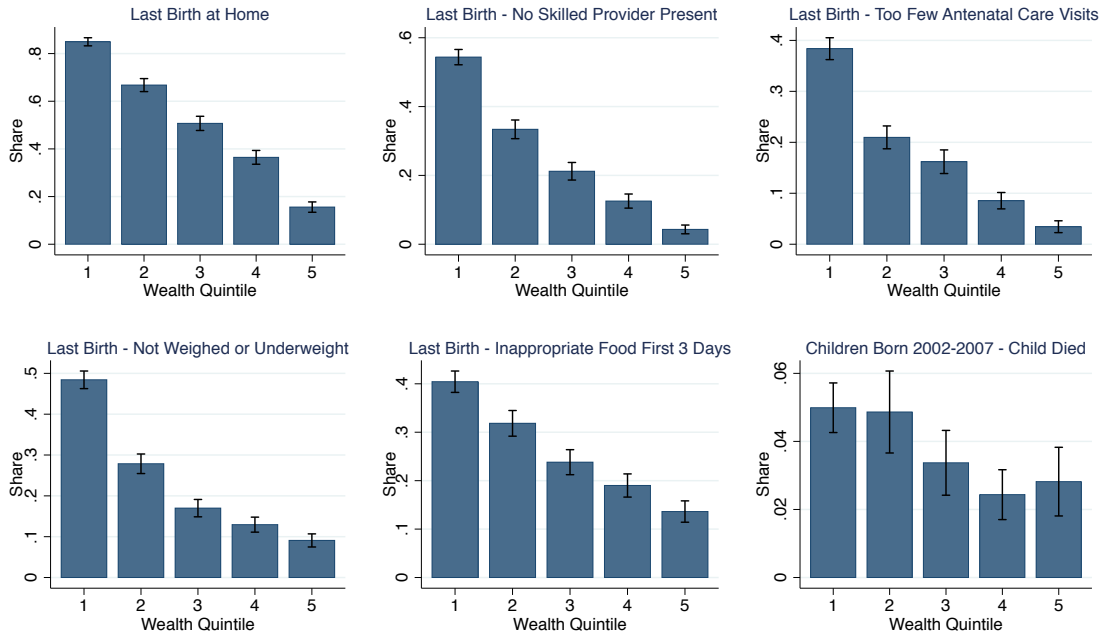
Figure 6 illustrates that Indonesia under-performs relative to its ASEAN peers in terms of both maternal and child mortality. The maternal mortality situation is particularly troubling: absent a substantial acceleration in progress, Indonesia is unlikely to meet its millennium development goal of 102 maternal deaths per 100,000 births. Moreover, the poor suffer disproportionately – in a study in Banten province, Ronsmans et al. (2009) found that the poorest 25 percent of mothers had a maternal mortality ratio (MMR) over three times higher than the wealthiest 25 percent of mothers.<sup>6</sup> There is also tremendous regional variation in maternal mortality – a 1995 study estimated a maternal mortality ratio of 1025 for Papua, 796 for Iuku, 554 for NTT, and 248 for Central Java (Soemantri et al. 1999).

Maternal and child mortality reflect broader problems with women’s access to quality reproductive health care. Figure 7 illustrates that health and poverty are deeply entwined: the poorest women far and away bear the largest costs in terms of health outcomes. The figure uses data from the 2007 Indonesia Demographic and Health Survey (IDHS) and graphs maternal and child health indicators by wealth quintile.<sup>7</sup> Over 80 percent of women in the bottom wealth quintile gave birth at home, and over half of them gave birth without the

<sup>6</sup>The MMRs were 706/100,000 and 232/100,000 for the poorest and wealthiest quartiles respectively.

<sup>7</sup>The IDHS includes a wealth index created by principal components analysis, much like that discussed in the previous section.

Figure 7: Maternal and Child Health by Wealth Quintile



Source: 2007 IDHS.

assistance of a skilled health care provider. These women also received inadequate care while pregnant: nearly 4 in 10 received less than the recommended 4 antenatal care visits for their last pregnancy.

This lack of care manifests itself in poor health behaviors and outcomes. For example, even though the WHO recommends that infants are breastfed exclusively for the first 6 months of life, 40 percent of infants in the bottom wealth quintile were given inappropriate nourishment *in the first three days of life*. It is important to note that this figure does not include baby formula (which is also not recommended): rather, inappropriate nourishment includes other fluids such as water, tea, juice, coffee, and honey.

Proper nutrition and feeding practices both during pregnancy and after birth are not just important for reducing maternal and child mortality – a growing body of evidence suggests that health and nutrition in the first two years of life (and in utero) have profound consequences for later life outcomes ranging from cognitive ability to earnings capacity.<sup>8</sup> Furthermore, early life nutritional deficits cannot be entirely undone by improved investments later in life. It is therefore essential to recognize that investing in the health of children requires investing in the health of mothers. This may be particularly important in the

<sup>8</sup>See, for example, Hodinott et al. (2008) and Baird et al. (2011) on earnings, Almond (2006) for health and socioeconomic status, Field et al. (2009) and Bleakley (2007) for educational attainment, and Clarke et al. (2008) on cognitive ability.



Indonesian context: according to the 2010 RISKESDAS while 18 percent of Indonesian children are underweight (a measure of health that reflects *current* nutritional status), 36 percent of children are stunted (a measure of health that largely depends on *past* health inputs at young ages) (Kementerian Kesehatan RI 2010).

Improving maternal and child health requires a multi-pronged approach. For example, in order for woman to access appropriate care, the care must be (1) available, (2) of good quality, (3) affordable, and (4) a woman must choose to seek care. Planned government investments in health system infrastructure and provider training will help address issues (1) and (2), while expanding access to health insurance will help address issue (3) (recall from Figure 3 that in 2011 less than 25 percent of the poorest households reported benefiting from Jamkesmas). In addition to current efforts, a recent maternal health assessment by the World Bank identifies several areas of opportunity, including improving coordination and linkages within the health system and taking further steps to increase the quality of care while reducing its cost (World Bank 2010a).

Issue (4) has received less attention than the other three, but is also an important piece of the puzzle. A growing body of research suggests that even if health care (particularly preventative health care) is affordable and available, many individuals will still choose not to use it.<sup>9</sup> It is therefore also important to understand why women seek the kinds of health care that they do.<sup>10</sup> NGOs and CSOs may be especially well positioned to contribute to this understanding and encourage women to seek appropriate care.

Evidence from the IDHS suggests that women’s own preferences may be just part of the story – rather, it is necessary to take account of how “empowered” a woman is to make decisions regarding her own health care. To study the relationship between women’s decision making power/empowerment and maternal and child health outcomes, we first construct a women’s empowerment index using IDHS data. Women are considered to be more empowered if they report being able to make decisions about health care, large and small purchases, whether they can visit friends, and what food to purchase for the household. Women are also more empowered if they do not agree that wife beating is justified. We then study the relationship between this measure of empowerment and health outcomes. Since women’s empowerment is correlated with a range of other factors that may also impact health outcomes, we use regression analysis to account for these confounding factors. Table 1 presents

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<sup>9</sup>For a review, see (Dupas 2011).

<sup>10</sup>For example, the World Bank study cited above notes that women prefer to give birth with a traditional birth attendant because they provide additional services, such as massage, cleaning after the birth, and watching children.

results from the following regression:

$$y_i = \beta_0 + \beta_1 \text{own\_edu}_i + \beta_2 \text{hub\_edu}_i + \beta_3 \text{own\_age}_i + \beta_4 \text{hub\_age}_i + \beta_5 \text{rural}_i + \beta_6 \text{wealth\_index}_i + \sum_{k=2}^5 \gamma_k \text{quintile}_k + \lambda_{\text{prov}} + \varepsilon_i$$

where  $y$  is the outcome of interest,  $\text{own\_edu}$  ( $\text{own\_age}$ ) is a woman’s education (age),  $\text{hub\_edu}$  ( $\text{hub\_age}$ ) is the education (age) of her spouse,  $\text{rural}$  indicates that a woman lives in a rural area,  $\text{wealth\_index}$  is the IDHS wealth index,  $\lambda_{\text{prov}}$  includes controls for the woman’s province, and  $\text{quintile}_k$  is equal to 1 if a woman’s decision making index falls in quintile  $k$  of the overall population (the omitted category is the lowest/least “empowered” quintile).

The idea of this regression is to quantify the association between maternal and child health outcomes and a woman’s empowerment *holding constant* her age and education, the age and education of her spouse, her household’s socioeconomic status (as proxied by the wealth index), and her place of residence. Table 1 presents the results. The results in the first panel show that all else equal, more empowered women have better health outcomes. For example, as compared to the least empowered women, the most empowered women are 4.6 percentage points less likely to give birth without a skilled provider present and 5.7 percentage points less likely to give their children inappropriate food in the first three days of life. To put these results in perspective, the second panel uses the regression coefficients on own education to calculate the number of years of maternal education that would be needed to achieve the same impacts on the outcome as moving from the lowest decision making quintile to the upper (fourth and fifth) quintiles. These results suggest that increasing women’s empowerment is comparable to around two additional years of education, which is substantial given that the average education of mothers in the IDHS is 7.3 years.

Of course, it is important to note that these estimates are not *causal*, and should therefore be interpreted with caution. (In other words, the impacts associated with increasing women’s empowerment may actually be driven by omitted factors that are correlated with the empowerment index, such as traditionalism or religiosity). However, these estimates are consistent with more rigorous, quasi-experimental studies that find that when women are more empowered, they invest in the health of their families (Duflo 2003; Atkin 2009). The estimates suggest two avenues to improving women’s health seeking behavior: the first is to support women in advocating for their own health care (and, more generally, to support women’s empowerment and decision making capacity). The second is to explicitly acknowledge that care seeking is in part determined by other family members (such as husbands, mothers, and mothers in law) and target these individuals for outreach and education efforts.

Table 1: Decision Making Power and Health Seeking Behavior

	Home Birth	Unskilled Attendant	Too Few Antenatal Visits	Not Weighed or Under- weight	Food First 3 Days	Died (Children Born 2002-2007)
<i>Difference Between Lowest Decision Making Quintile and...</i>						
Quintile 4	-0.025*** (0.010)	-0.036*** (0.011)	-0.026*** (0.010)	-0.040*** (0.011)	-0.031*** (0.012)	-0.009* (0.005)
Quintile 5	-0.031*** (0.010)	-0.046*** (0.010)	-0.042*** (0.010)	-0.053*** (0.010)	-0.057*** (0.012)	-0.009* (0.005)
<i>Increase in Years of Maternal Education Needed for Equivalent Impact</i>						
Quintile 4	1.53	1.86	1.62	2.94	8.81	4.97
Quintile 5	1.91	2.36	2.55	3.95	16.04	5.19
<i>Overall Mean</i>	.579	.287	.216	.288	.279	.0424
<i>N</i>	14699	14743	14582	15869	16853	20015

Notes: Source: IDHS 2007. Heteroskedasticity robust standard errors in parentheses. \*\*\*, \*\*, and \* indicate significance at 99, 95, and 90 percent levels respectively.

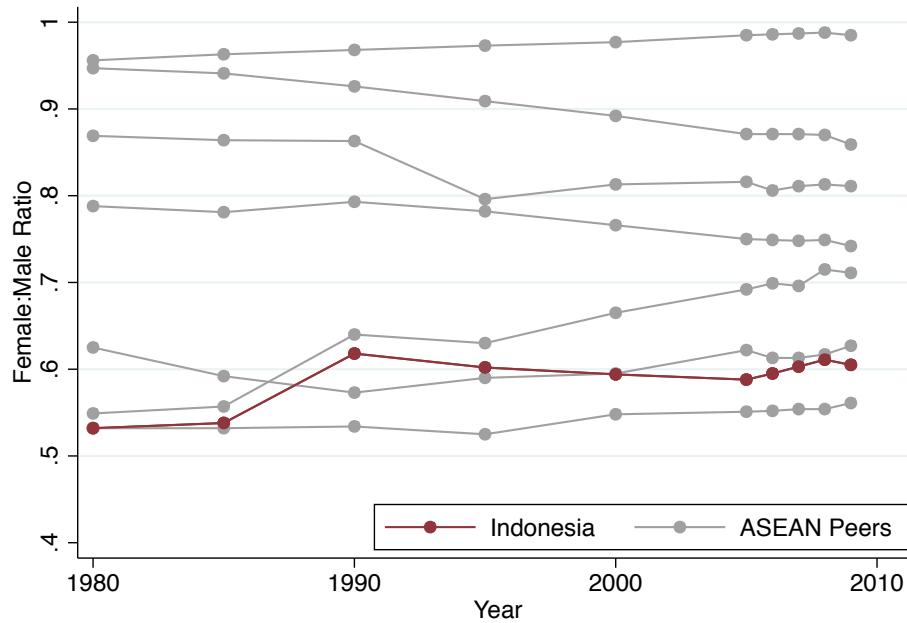
To summarize:

- The poorest women and their children have substantially worse health outcomes as compared to wealthier peers.
- Investing in women's health during pregnancy is especially important, since this can reduce maternal mortality and have substantial (and permanent) impacts on child health.
- NGOs and CSOs may be particularly well positioned to implement programs to encourage women to utilize health services that are available to them.
- Women with less decision making power in the household have worse health outcomes, even accounting for age, education, income, and location.
- Efforts to improve women's use of health care should therefore focus on (a) women themselves (and support women's ability to advocate for their own health needs) (b) other members of the household who also influence health seeking behavior, such as husbands and mothers.

## 4 Employment and Wages

A great number of Indonesian women do not participate in the labor market. According to the 2011 SAKERNAS, just 51 percent of women aged 15 and up participate in the labor force,

Figure 8: Female:Male Labor Force Participation Ratio Over Time



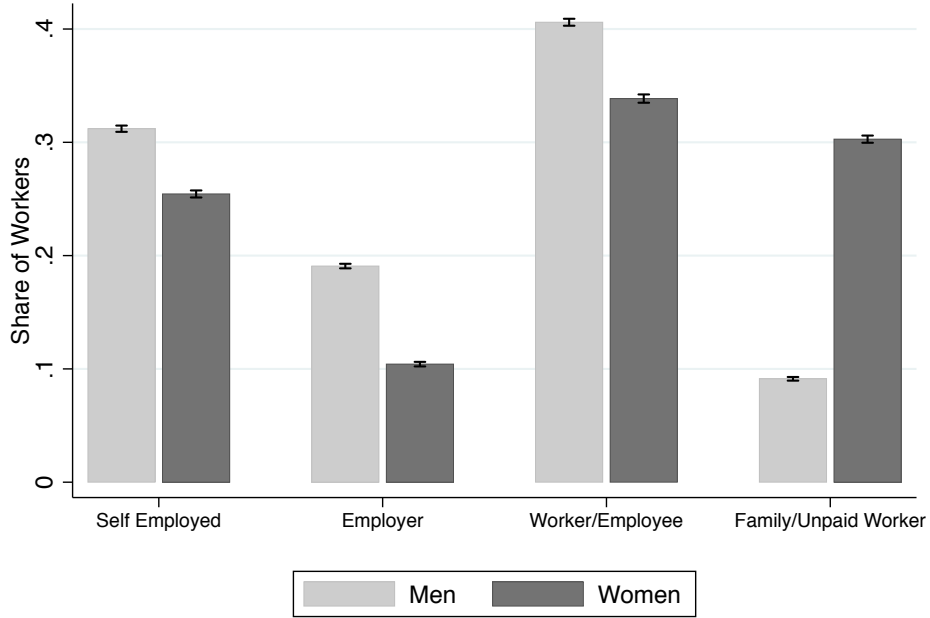
and Figure 8 shows that the female:male labor force participation ratio has been relatively constant since 1990. Moreover, many of the women who do work do so informally: as shown by Figure 9, around 30 percent of working women are employed in family owned enterprises, or work without pay. In contrast, less than 10 percent of men perform this type of work.

Informal, family work is particularly prevalent among the poor: 43 percent of female workers who live below the poverty line perform these activities, as compared to 29 percent of female workers who live above the poverty line. It is also important to note that women in these informal jobs work a substantial number of hours (29 per week, on average).

These patterns, coupled with the substantially lower wages earned by individuals working informally (see Figure 10) suggest that transitioning women into more formal forms of employment has the potential to increase women’s earnings and consequently reduce poverty. Drawing more women into formal employment may bring additional benefits as well. For example, Jensen (2012) found that when young women in India were given increased access to jobs in the outsourcing industry, they were less likely to get married and have children and more likely to work or continue schooling. Increased female earnings have also been found to increase women’s decision making power, which could provide additional benefits in terms of maternal and child health (Qian 2008; Atkin 2009).

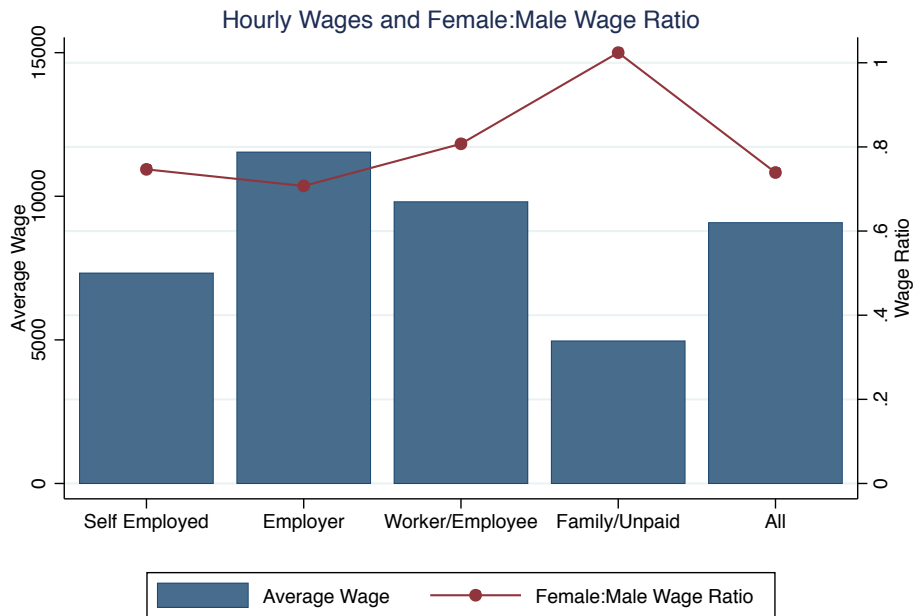
Several caveats are in order, however. First, in the SUSENAS and SAKERNAS women working for family businesses are often classified as “unpaid employees” while their hus-

Figure 9: Distribution of Workers by Gender and Job Type



Source: 2011 SUSENAS. Includes Workers aged 15-64. Whiskers give 95% confidence intervals.

Figure 10: Wages and Wage Gaps Among *Paid* Workers by Gender and Job Type



Source: 2011 SUSENAS. Includes workers aged 15-64. Excludes wages reported to be 0.

bands are classified as “employers”. Since income from family businesses ultimately benefit the entire household, this classification system underestimates the true wages earned by these women. Second, informal family work also has non-monetary benefits that could be particularly valuable to women, such as flexibility in hours and the ability to watch children while working (World Bank 2010c). In order to increase women’s employment in the formal sector, it is therefore necessary to ensure that these jobs address female-specific concerns such as childcare and flexible scheduling.

A final issue is discrimination in the formal labor market. As seen in Figure 10, on average female workers/employees earn just over 80 percent of what their male counterparts earn. While the female:male wage gap in Indonesia has fallen in recent years, the vast majority of this decline appears to be due to changes in the characteristics of women who work (e.g. greater education) rather than changes in on the job discrimination (Matsumoto 2011). There is also evidence of discrimination that extends beyond pay to benefits: the World Bank study cited above found that, when entitled, women in the formal sector were less likely to receive severance pay than men (70 percent of eligible women did not receive severance, as compared to 63 percent of eligible men).

To summarize:

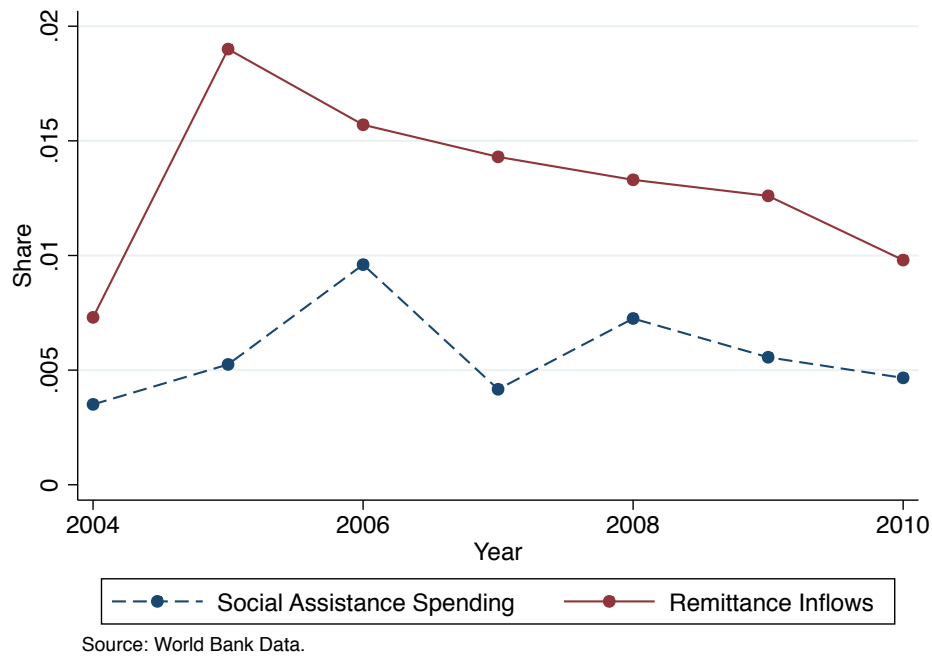
- Nearly half of Indonesian women do not participate in the labor market.
- Women who do work often do so for little pay in family owned businesses.
- Therefore increasing women’s access to formal jobs has the potential to increase household income and decrease poverty.
- It is important, however, to ensure that formal jobs are attractive and feasible for women, who often need greater flexibility to balance formal work with household responsibilities such as child care.

## 5 Migration and Remittances

Although remittances as a share of GDP has been declining since 2005 (see Figure 11), the absolute level of funds sent home by Indonesians abroad is substantial, at USD 6.92 billion in 2011 – about twice the amount that the Indonesian government spent on social assistance in the same year.

These facts, coupled with the fact that Indonesian families with relatives working abroad tend to be poorer than non-migrant families, suggest that remittances have the potential to play an important role in poverty reduction. This intuition is borne out by economic

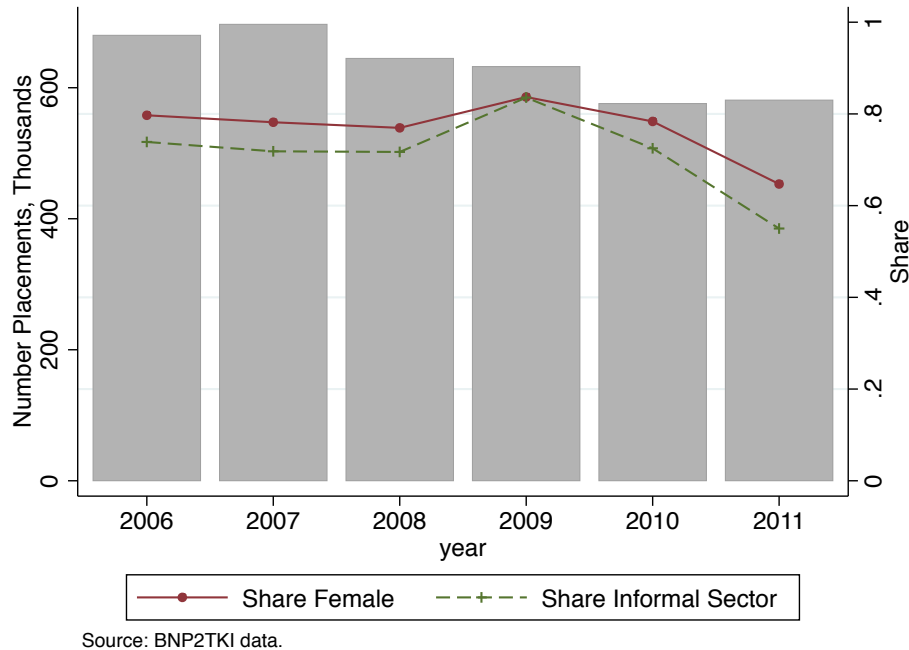
Figure 11: Remittances and Social Assistance Spending as a Share of GDP Over Time



research – a number of studies have found that remittances significantly increase the income and consumption of receiving households (Adams and Page 2005; Acosta et al. 2006; Lopez-Cordova et al. 2005; Lokshin et al. 2010; Adams et al. 2008). Moreover, a recent study finds especially large impacts in Indonesia: Adams and Cuecuecha (2010) argue that remittances decrease the poverty headcount ratio of receiving households by 26.7 percent. Remittances may also provide benefits beyond simply increasing household income: a recent study found that remittances from female migrants reduce child labor supply in Indonesia (Nguyen and Purnamasari 2011).

The majority of Indonesia’s formally registered migrants are female and tend to work in the informal sector, often as domestic help (Figure 12). These women often have little education (a recent study focusing on migrants in East Java, NTB, and NTT found that 52 percent of female and 58 percent of male migrants have a primary school education or less (World Bank 2010b)) and travel to work in far off Gulf states. They often borrow substantial amounts to finance migration (especially for a first trip), most commonly from their placement agency, called a Pelaksana Penempatan Tenaga Kerja Indonesia Swasta (PPTKIS). The interest rates on these loans are often quite high, at around 10-20 percent *per month* (World Bank 2010b). In principle, the PPTKIS is supposed to help facilitate the migrant’s work placement and provide appropriate training. In practice, PPTKIS quality varies considerably.

Figure 12: Total Placements, Share Female, and Share Informal Sector by Year

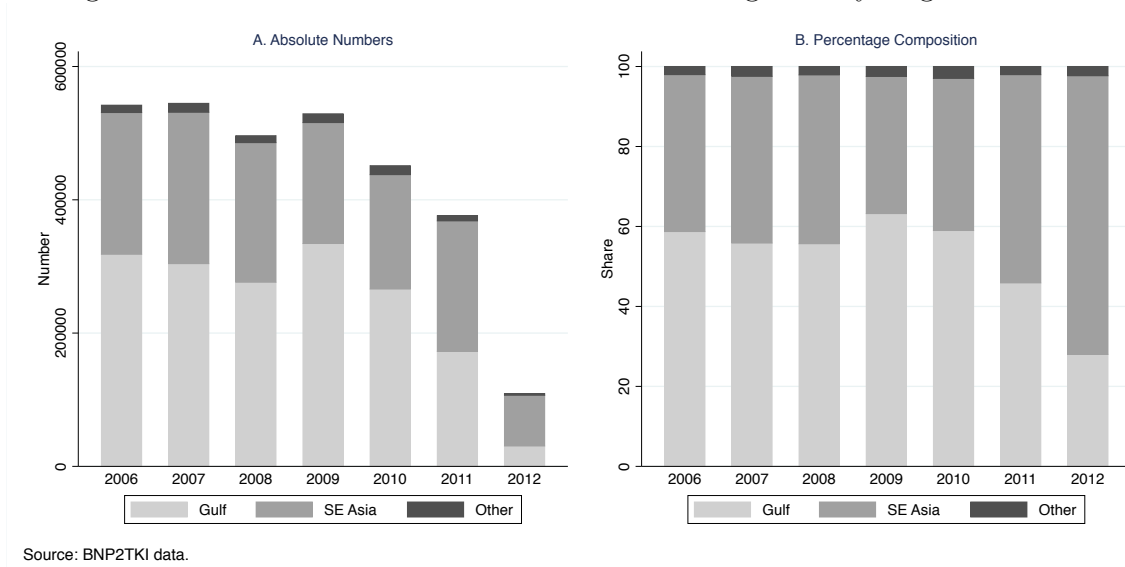


Consequently, female migrants are vulnerable to abuse and exploitation, as documented with frequency in the Indonesian press. The Indonesian government has taken note of these issues – following the 2011 beheading of an Indonesian maid convicted of killing her employer, Indonesia instituted a moratorium on sending migrant workers to Saudi Arabia. Recently, a presidentially-appointed task force recommended extending this moratorium to all Middle Eastern countries (Lutfia 2012).

The Saudi moratorium has had a substantial impact on formal migration patterns. As illustrated by Figure 12, the share of newly registered migrants who are female fell to 65 percent in 2011, down from a peak of 84 percent in 2009. Figure 13 checks to see if the moratorium lead to increased female migration to other areas, such as Southeast Asia. The figure shows that the number of women traveling to other areas has actually remained relatively constant in spite of the sharp drop in placements in the Gulf. As such, it is important to ask whether recent restrictions on formal migration have lead to increased *illegal* migration. The World Bank study cited earlier found very high rates of illegal migration (64 percent of male and 36 percent of female migrants) – it is therefore possible that some women denied formal access to placements will travel abroad through illegal channels. This is particularly worrisome because illegal migrants are left with even fewer sources of recourse if they find themselves in an abusive situation. Unfortunately, there is little quality data on illegal migration and current policy efforts have largely focused on restricting the flow of workers



Figure 13: Number and Distribution of Female Migrants by Region and Year

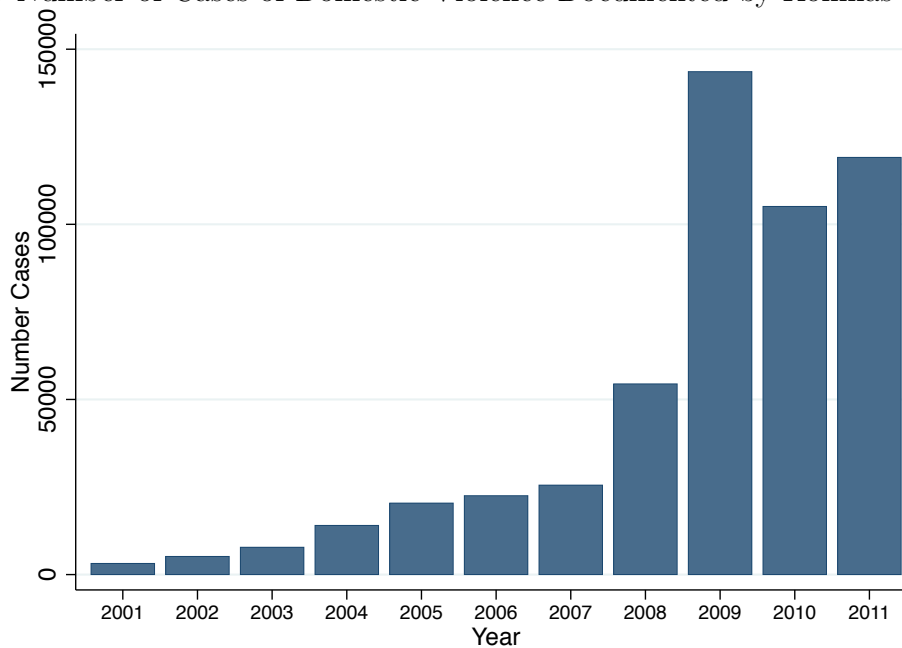


through formal channels.

To summarize:

- Remittances from Indonesian women working abroad can have a powerful impact on the economic well-being of family members remaining in Indonesia.
- Women working as domestics in the Middle East are dependent on their PPTKIS for training and placement. These agencies vary in quality – one simple tool for improving migrant welfare would be to ensure that women are informed about the performance of different PPTKIS, and that women are aware of their rights and the responsibilities of the PPTKIS.
- Given low levels of migrant education, another potential tool to help migrants make the most of their earnings is financial literacy training.
- The recent moratorium on sending workers to Saudi Arabia has sharply decreased the number of female migrants registered with BNP2TKI. It is important to set up monitoring and data collection processes to learn whether restrictions on formal migration lead to increased rates of illegal migration.
- More generally, government policy to protect migrant workers needs to take account of the large numbers of migrants who work abroad illegally.

Figure 14: Number of Cases of Domestic Violence Documented by Komnas Perempuan



Source: Komnas Perempuan Annual Note, 2011.

## 6 Violence Against Women

Violence against women is a human rights issue that plagues countries both rich and poor. The costs of violence loom large, including lost wages and productivity, costs imposed on the health and legal systems, physical and emotional scars borne by victims and family members, and in the extreme, loss of human life.<sup>11</sup>

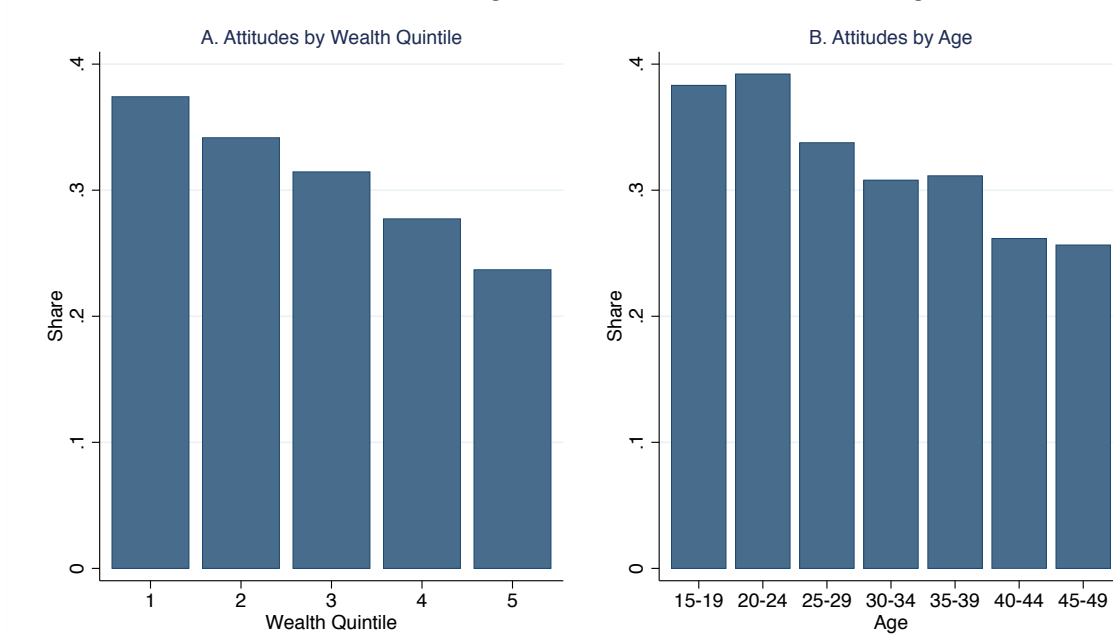
Unfortunately, it is difficult to assess the extent of violence against women in Indonesia. There are no reliable, nationally representative survey data that ask women about experiences with violence, and formal reporting is hampered by social norms that “family problems should only be discussed with people in the family” (Hayati et al. 2011).<sup>12</sup> While Komnas Perempuan has documented substantially more domestic violence cases in recent years (Figure 14), much of this is driven by changes in reporting. Moreover, the majority of domestic violence cases likely remain unreported. It is therefore difficult to use these numbers to make inferences regarding trends in and overall prevalence of violence against women.

While nationally representative data on actual experience of domestic violence is not available, the IDHS does ask women whether a man is justified in beating his wife for

<sup>11</sup>For an overview see WHO (2002).

<sup>12</sup>The only well-documented survey data addressing experience with domestic violence comes from a 1999 study of 765 women in Purworejo district, Central Java. Twenty-two percent of these women reported exposure to some form of sexual violence, while 11 percent reported exposure to some form of physical violence (Hayati et al. 2011).

Figure 15: Acceptance of Wife Beating Among Women by Wealth Quintile and Age  
Share Women Who Agree With 1+ Reason for Wife Beating



Source: 2007 IDHS.

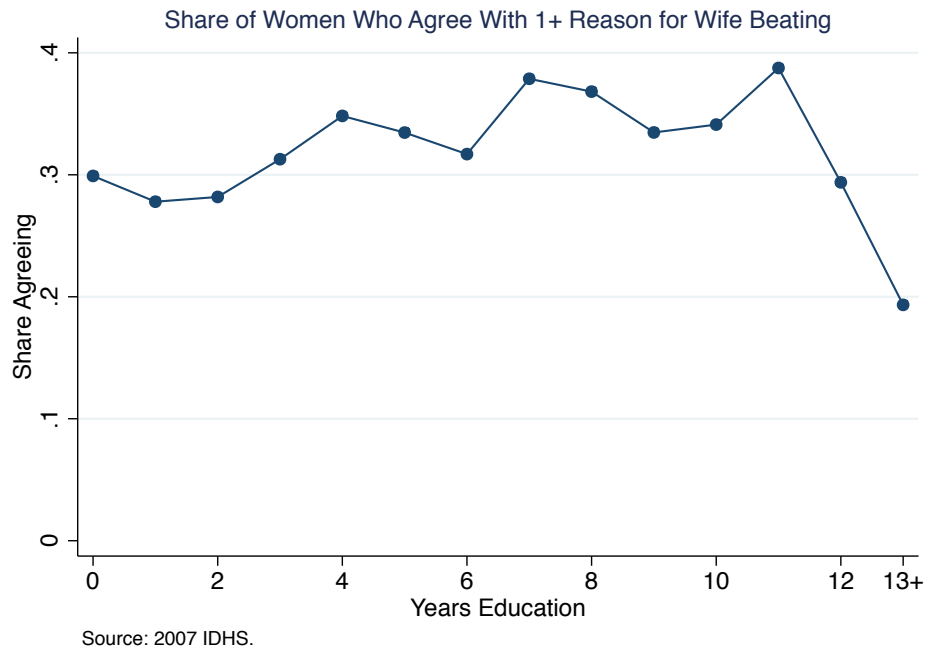
committing five separate acts.<sup>13</sup> These data provide a picture of social acceptance of domestic violence – acceptance rates by wealth quintile and age are presented in Figure 15. Several troubling patterns emerge. First, domestic violence is deemed acceptable by a substantial share of women. Even in the highest wealth quintile, one in four women agree that wife beating is justified. The picture is even bleaker among the poorest women, 37 percent of whom agree that wife beating is justified for one of the reasons specified on the IDHS.

The second panel of Figure 15 reveals a troubling pattern by age: younger women are substantially more likely to agree that wife beating is justified. This pattern is echoed in a longitudinal analysis of IDHS data. In the 2003 survey wave 25 percent of women stated that wife beating was justified. Just 4 years later, in 2007, this share increased to 31 percent. It seems unlikely that the strides made in increasing women’s education will address this trend – as illustrated by Figure 16, acceptance of wife beating actually *increases* with education attainment through secondary school.

These patterns suggest that efforts to change norms governing the acceptability of violence against women may help reduce actual rates of domestic violence. Unfortunately there is little rigorous evidence on the effect of norm changing (and other anti-domestic violence)

<sup>13</sup>These including going out without permission, neglecting the children, refusing sex, burning food, and arguing. Responses to these questions are significantly, positively correlated with actual experience of domestic violence in the Indian DHS.

Figure 16: Acceptance of Wife Beating Among Women by Educational Attainment



interventions on rates of violence. However, there is evidence suggesting that these campaigns can change individual beliefs, a necessary first step to reducing violence (see Cooper et al. (2012) for a review).

More broadly, addressing domestic violence requires a holistic approach. First, more data and research are needed to assess the prevalence and nature of violence, as well as the characteristics of victims and perpetrators. Next, programs are needed to prevent violence. These may include norms campaigns and targeted campaigns that address potential abusers and/or victims. Evidence from the United States also suggests that increasing women's bargaining power (by increasing women's earnings capacity in Aizer (2010)) and women's ability to exit marriage (by instituting unilateral divorce laws in Stevenson and Wolfers (2006)) can reduce extreme forms of violence against women. Finally, programs are needed to support victims of domestic violence. The formal justice system certainly needs to be part of this effort, but given that many victims of violence are initially unwilling to make formal complaints, it is also necessary to include community based efforts to ensure that women can access the services that they need.

To summarize:

- Indonesia does not have reliable data on women's experiences of violence. New data collection efforts are needed to better understand the prevalence and nature of violence against women.

- Recent trends suggest an increasing rate of acceptance of domestic violence. Acceptance has been increasing over time, and younger women are more likely to believe that wife beating is justified.
- Therefore campaigns designed to change norms regarding violence against women may help address these trends (and reduce actual rates of violence).
- A complete approach to addressing violence against women also needs to target potential abusers, specifically men.
- Given that many women are hesitant or unwilling to make formal complaints of domestic violence, NGOs and CSOs could play an important role in connecting women with the formal legal system and other services.

## References

- Acosta, P., C. Calderon, P. Fajnzylber, and H. Lopez (2006). Remittances and Development in Latin America. *World Economy* 29(7), 957–987.
- Adams, R. H. J. and A. Cuecuecha (2010). The Economic Impact of International Remittances on Poverty and Household Consumption and Investment in Indonesia. World Bank Policy Research Working Paper 5433.
- Adams, R. H. J., A. Cuecuecha, and J. Page (2008). The Impact of Remittances on Poverty and Inequality in Ghana. World Bank Policy Research Working Paper 4732.
- Adams, R. H. J. and J. Page (2005). Do international migration and remittances reduce poverty in developing countries? *World Development* 33(10), 1645 – 1669.
- Aizer, A. (2010). The Gender Wage Gap and Domestic Violence. *American Economic Review* 100(4), 1847–59.
- Almond, D. (2006). Is the 1918 Influenza Pandemic Over? Long-Term Effects of In Utero Influenza Exposure in the Post-1940 U.S. Population. *Journal of Political Economy* 114(4), pp. 672–712.
- Atkin, D. (2009). Working for the Future: Female Factory Work and Child Health in Mexico. Yale University Working Paper.
- Badan Pusat Statistik (2011). Berita Resmi Statistik. Technical report.
- Baird, S., J. H. Hicks, M. Kremer, and E. Miguel (2011). Worms at Work: Long-Run Impacts of Child Health Gains.
- Bleakley, H. (2007). Disease and Development: Evidence from Hookworm Eradication in the American South. *The Quarterly Journal of Economics* 122(1), 73–117.
- Clarke, S. E., M. C. Jukes, J. K. Njagi, L. Khasakhala, B. Cundill, J. Otido, C. Crudder, B. B. Estambale, and S. Brooker (2008). Effect of intermittent preventive treatment of malaria on health and education in schoolchildren: a cluster-randomised, double-blind, placebo-controlled trial. *The Lancet* 372(9633), 127 – 138.
- Cooper, L. B., E. L. Paluck, and E. K. Fletcher (2012). Reducing Gender Based Violence. In M. Ryan and N. Branscombe (Eds.), *Sage Handbook on Gender and Psychology*. Sage. In Press.
- Duflo, E. (2003). Grandmothers and Granddaughters: Old-Age Pensions and Intra-household Allocation in South Africa. *World Bank Economic Review* 17(1), 1–25.

- Duflo, E. (2011). Women's Empowerment and Economic Development. MIT Working Paper.
- Dupas, P. (2011). Health Behavior in Developing Countries. *Annual Review of Economics* 3, 425–449.
- Field, E., O. Robles, and M. Torero (2009, October). Iodine Deficiency and Schooling Attainment in Tanzania. *American Economic Journal: Applied Economics* 1(4), 140–69.
- Hayati, E., U. Hogberg, M. Hakimi, M. Ellsberg, and M. Emmelin (2011). Behind The Silence Of Harmony: Risk Factors For Physical And Sexual Violence Among Women In Rural Indonesia. *BMC Women's Health* 11(1), 52.
- Hoddinott, J., J. A. Maluccio, J. R. Behrman, R. Flores, and R. Martorell (2008). Effect of a nutrition intervention during early childhood on economic productivity in Guatemalan adults. *The Lancet* 371(9610), 411 – 416.
- Jensen, R. (2012). Do Labor Market Opportunities Affect Young Women's Work and Family Decisions? Experimental Evidence from India. *The Quarterly Journal of Economics*.
- Kementerian Kesehatan RI (2010). Riset Kesehatan Dasar: RISKESDAS 2010. Technical report, Kementerian Kesehatan RI.
- Lokshin, M., M. Bontch-Osmolovski, and E. Glinskaya (2010). Work-Related Migration and Poverty Reduction in Nepal. *Review of Development Economics* 14(2), 323–332.
- Lopez-Cordova, E., A. T. R., and E. A. Verhoogen (2005). Globalization, Migration, and Development: The Role of Mexican Migrant Remittances. *Economía* 6(1), pp. 217–256.
- Lutfia, I. (2012, July). Indonesian Task Force on Migrant Workers Wants Moratorium for Middle East. Jakarta Globe.
- Matsumoto, M. (2011). Wage Inequality in Indonesia: 1996-2009. Hitotsubashi University Working Paper.
- Nguyen, T. and R. Purnamasari (2011). Impacts of International Migration and Remittances on Child Outcomes and Labor Supply in Indonesia. World Bank Policy Research Working Paper 5591.
- Qian, N. (2008). Missing Women and the Price of Tea in China: The Effect of Sex-Specific Earnings on Sex Imbalance. *Quarterly Journal of Economics* 123(3), 1251–1285.

- Ronsmans, C., S. Scott, S. Qomariyah, E. Achadi, D. Braunholtz, T. Marshall, E. Pam-budi, K. Witten, and W. Graham (2009, 06). Professional Assistance During Birth and Maternal Mortality in Two Indonesian Districts. *Bulletin of the World Health Organization* 87, 416 – 423.
- Rutstein, S. O. and K. Johnson (2004). The DHS Wealth Index. Technical report, Measure DHS.
- Soemantri et al. (Ed.) (1999). *Maternal Morbidity and Mortality Study: CHN-III/Household Health Survey 1995*. Jakarta, Indonesia: MOH and National Institute of Health Research and Development.
- Stevenson, B. and J. Wolfers (2006, 02). Bargaining in the shadow of the law: Divorce laws and family distress. *The Quarterly Journal of Economics* 121(1), 267–288.
- WHO (2002). World Report on Violence and Health.
- World Bank (2010a). "...and then she died": Indonesia Maternal Health Assessment.
- World Bank (2010b). Enhancing Access to Finance for Indonesian Overseas Migrant Workers: Evidence from a Survey of Three Provinces.
- World Bank (2010c). Indonesia Jobs Report: Towards Better Jobs and Security for All.
- World Bank (2012a). PKH Conditional Cash Transfer.
- World Bank (2012b). Targeting Poor and Vulnerable Households in Indonesia.