

# TWO YEARS ON

## THE LINGERING GENDERED EFFECTS OF THE COVID-19 PANDEMIC IN INDONESIA



## BACKGROUND

Evidence shows that the consequences of the COVID-19 crisis span well beyond its direct health effects, impacting access to health care, employment and income, among other outcomes, and women are often at a disadvantage.<sup>1</sup> To measure these concerns and design effective responses to the crisis, UN Women partnered with the Asian Development Bank (ADB) and the Government of Indonesia to implement a second round of a Rapid Gender Assessment Survey (RGA) utilizing Computer Assisted Telephone Interviewing (CATI).<sup>2</sup> This lasted eight weeks

and began in September 2021. The sample was large and balanced, including 2,364 adults (ages 18 and over), with 49 per cent women and 51 per cent men<sup>3</sup> (annex I).

At the time of data collection, the COVID-19 caseload in Indonesia was high. At the beginning (30 September 2021), there were 4,204,116 reported cases, and by the end of fieldwork (8 December 2021), there were 4,259,644 reported cases. Mobility restrictions were in place in the country at large.

- 1 For further references on the gendered effects of COVID-19, see <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>.
- 2 For an overview of results from the first round of the Rapid Gender Assessment Survey in Indonesia, see <https://data.unwomen.org/publications/counting-costs-covid-19-assessing-impact-gender-and-achievement-sdgs-indonesia>.
- 3 Methodological details are provided in the regional report, available at <https://data.unwomen.org>.

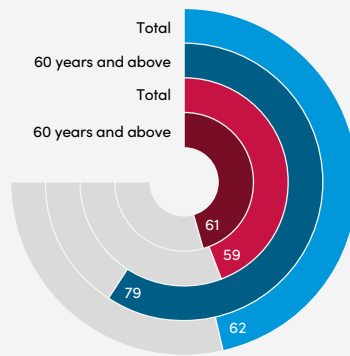
## KEY FINDINGS

### COVID-19 VACCINATION RATES IN INDONESIA ARE LOW, WITH WOMEN IN RURAL AREAS AT A DISADVANTAGE

The Government-led vaccination programme in Indonesia was first rolled out in January 2021. An estimated 62 per cent of women and 59 per cent of men self-reported having received two doses of COVID-19

inoculation as of November 2021 (figure 1). Women in rural areas were at a slight disadvantage compared to men (figure 2).

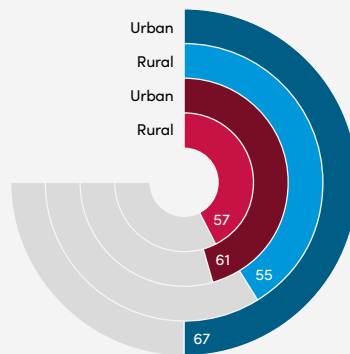
**Figure 1:** Proportion of people who completed two doses of COVID-19 inoculation as of November 2021, by sex and age group (percentage) (n=2,364)



■ Women ■ Men

Note: Respondents who indicated they did not know if they had been vaccinated or who refused to answer were considered as non-receivers of two-dose inoculation. Gender differences are statistically significant ( $p < 0.05$ ) for women and men ages 60 and over ( $p = 0.00$ ).

**Figure 2:** Proportion of people who completed two doses of COVID-19 inoculation as of November 2021, by sex and location (percentage) (n=2,362)



■ Women ■ Men

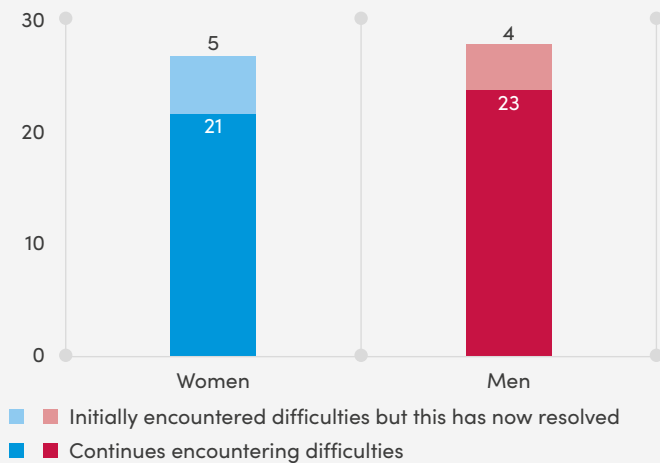
Note: Respondents who indicated they did not know if they had been vaccinated or who refused to answer were considered as non-receivers of two-dose inoculation. Gender differences are statistically significant ( $p < 0.05$ ) for urban populations ( $p = 0.03$ ).

**Figure 3:** Proportion of people who cited “waiting to be called” as the main reason for not having received two doses of COVID-19 inoculation as of November 2021, by sex (percentage) (n=693)



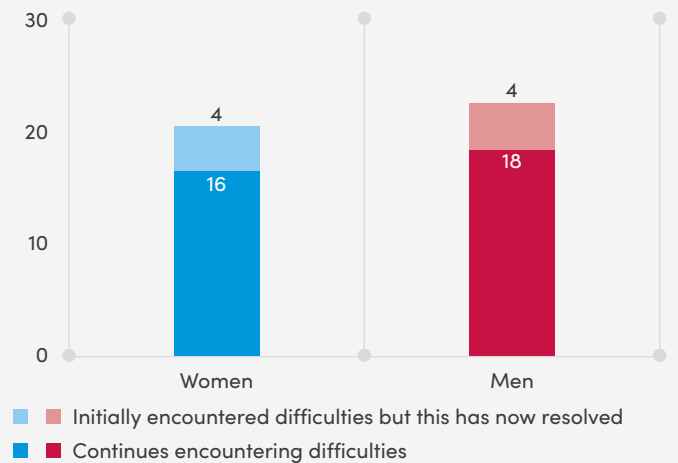
Note: The responses "Other", "I do not know" and "Refuse to answer" were excluded from the analysis.

**Figure 4:** Proportion of people who encountered difficulties accessing medical supplies, by sex (percentage) (n=2,364)



Note: Respondents who indicated they did not know or who refused to answer were considered as not having encountered difficulties accessing medical supplies.

**Figure 5:** Proportion of people who encountered difficulties accessing hygiene products, by sex (percentage) (n=2,364)



Note: Respondents who indicated they did not know or who refused to answer were considered as not having encountered difficulties accessing hygiene products.

The majority of respondents who had not received two doses of COVID-19 inoculation cited “waiting to be called for receiving the second jab” as the main reason. This was more the case among women than men (42 per cent women and 36 per cent men) (figure 3). Fears about the side effects of vaccines were cited as main reasons by

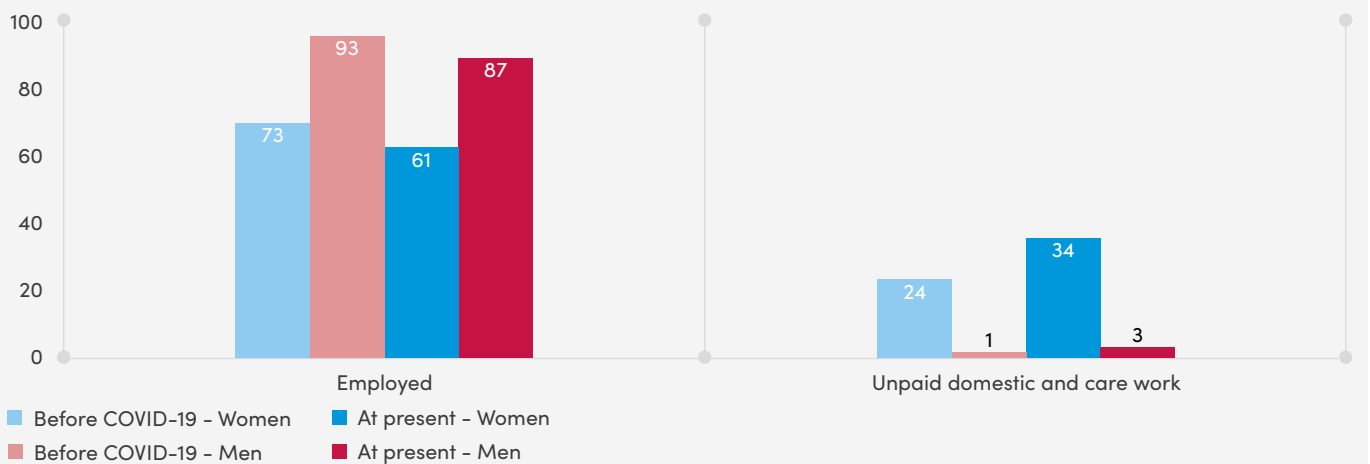
18 per cent of women and 15 per cent of men who had not completed two doses. Concerns about contagion and overwhelmed health care facilities affected access to health, globally. In Indonesia, about 20 per cent of people noted difficulties accessing medical supplies and hygiene products (figures 4 and 5).

## MORE WOMEN ARE LEAVING THE LABOUR MARKET TO TAKE ON ADDITIONAL HOUSEHOLD CHORES

Prior to COVID-19, fewer women than men engaged in gainful employment. The pandemic has exacerbated gender inequalities and pushed some women out of the labour market to take on additional unpaid work at home

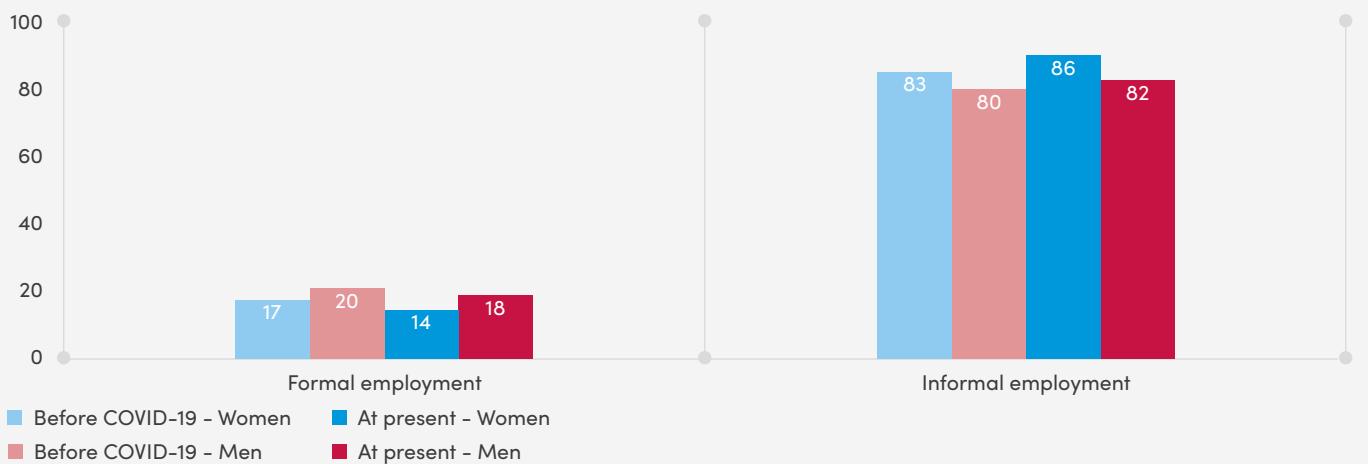
(figure 6). COVID-19 has also pushed workers into informal jobs, with more women than men noting shifts from formal to informal jobs. Women are still more likely than men to engage in informal employment overall (figure 7).

**Figure 6:** Proportion of people by main economic activity (employment/unpaid domestic and care work), before COVID-19 and at present, by sex (percentage) (n=867 current employment; n=866 previous employment)



Note: Estimate for men engaged in unpaid domestic and care work at present and before COVID-19 should be interpreted with caution as the number of responses is less than 25 each. Across employment and unpaid care and domestic work at present and before COVID-19, gender differences are statistically significant ( $p < 0.05$ ) ( $p = 0.000$ ). Differences for women in employment and unpaid care and domestic work at present and before COVID-19 are statistically significant ( $p < 0.05$ ) ( $p = 0.00$ ). Differences for men in employment at present and before COVID-19 are statistically significant ( $p < 0.05$ ) ( $p = 0.01$ ).

**Figure 7:** Proportion of people engaged in informal and formal employment, before COVID-19 and at present, by sex (percentage) (n=652 current employment; n=724 previous employment)



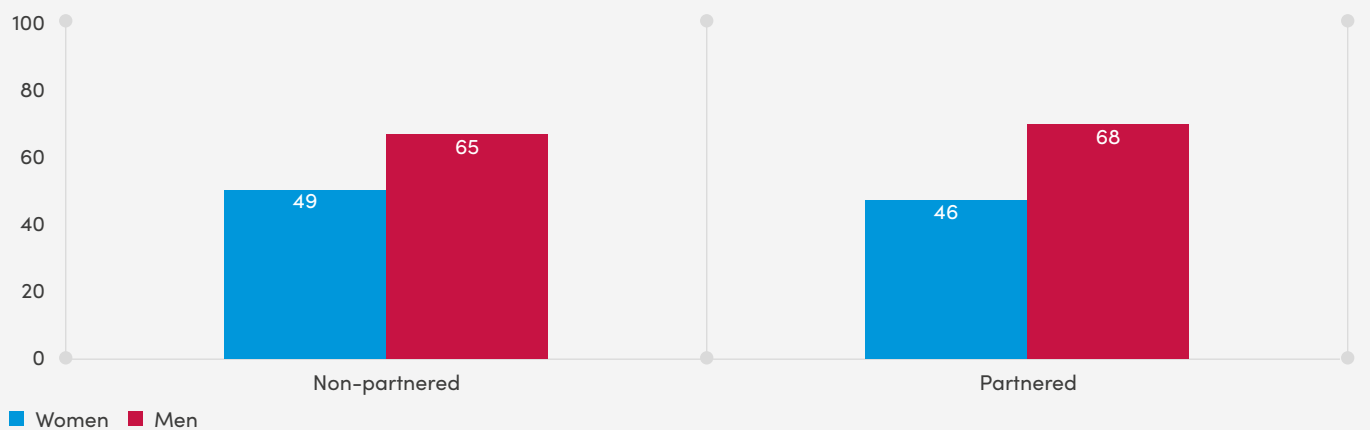
Note: Gender differences are statistically significant ( $p < 0.05$ ) across formal and informal employment at present ( $p = 0.00$ ).

## THE PANDEMIC IS WORSENING GENDER POVERTY GAPS, AS WOMEN ARE LESS LIKELY TO HAVE AN INCOME AND MORE LIKELY TO LOSE IT WHEN THEY DO

In Indonesia, 47 per cent of women and 67 per cent of men noted having a source of personal income at the time of the survey. Gender gaps in this regard are large, with both non-partnered and partnered women at a

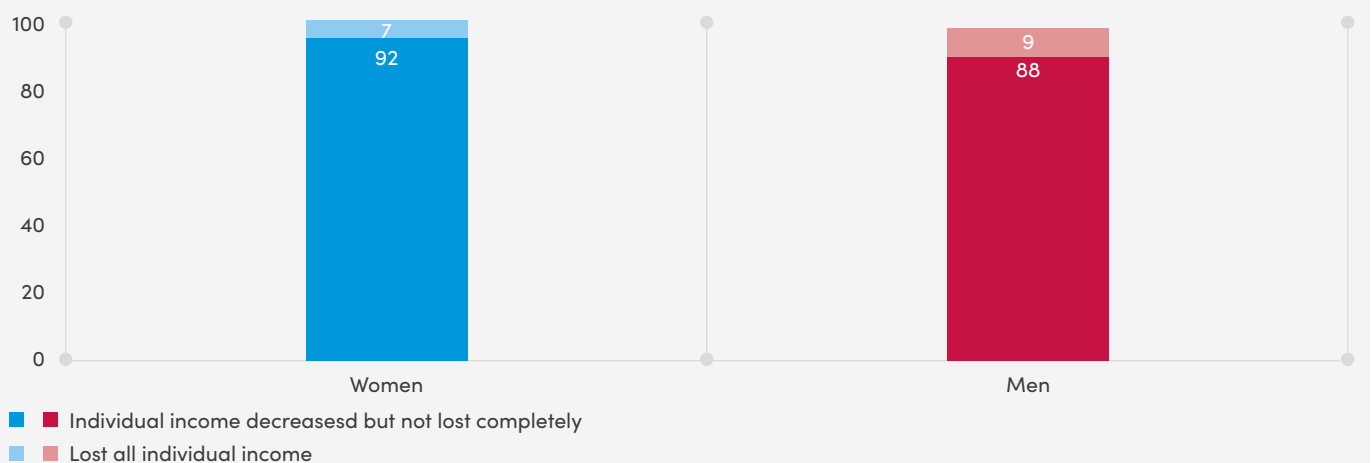
disadvantage (figure 8).<sup>4</sup> As a result of the economic recession triggered by the pandemic, 92 per cent of women and 88 per cent of men saw drops in their income (figure 9).

**Figure 8:** Proportion of people who have a source of personal income, by sex and partnership status (percentage) (n=2,359)



Note: Partnership status was classified as partnered if respondents were married and non-partnered if respondents were separated, widowed, divorced or single (never married). The responses “I do not know” and “Refuse to answer” were not depicted in the figure. All gender differences are statistically significant ( $p < 0.05$ ).

**Figure 9:** Proportion of people who saw changes in personal income since the onset of COVID-19, by sex and type of change (percentage) (n=975)



Note: The figure depicts the proportion of people who saw decreases, among those who noted any change in their personal income. People who noted their income did not change were not considered for this calculation. The proportion of people who saw increases in their income was only 2 per cent of the sample and thus were not depicted.

<sup>4</sup> Non-partnered women and men tend to be younger and are less likely to earn an income.

## CHANGES IN HOUSEHOLD INCOME AND OTHER FACTORS ARE RENDERING WOMEN MORE VULNERABLE TO FOOD HARDSHIP

Most people that experienced a change in household income (73 per cent) saw drops since the onset of the pandemic (98 per cent of women and 97 per cent of men who noted a change in household income saw it decrease). Of these women, 53 per cent had no personal income, compared to 32 per cent of

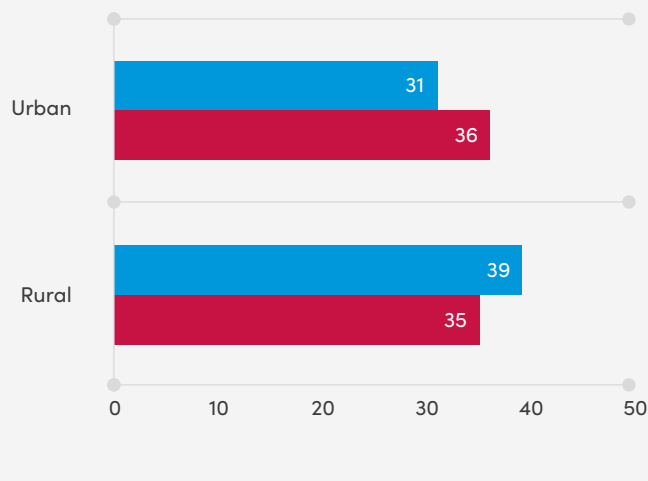
men. Drops in household income, in many cases, were accompanied by food hardship. In Indonesia, more than 30 per cent of adults are experiencing moderate and severe food hardship, with more women in rural areas experiencing this challenge in comparison to men (figure 10).

**Infographic 1: Severe food hardship in Indonesia**



**FACED SEVERE FOOD HARDSHIP SINCE THE ONSET OF THE PANDEMIC.**

**Figure 10: Proportion of people experiencing moderate or severe food hardship, by sex and location (percentage) (n=2,346)**



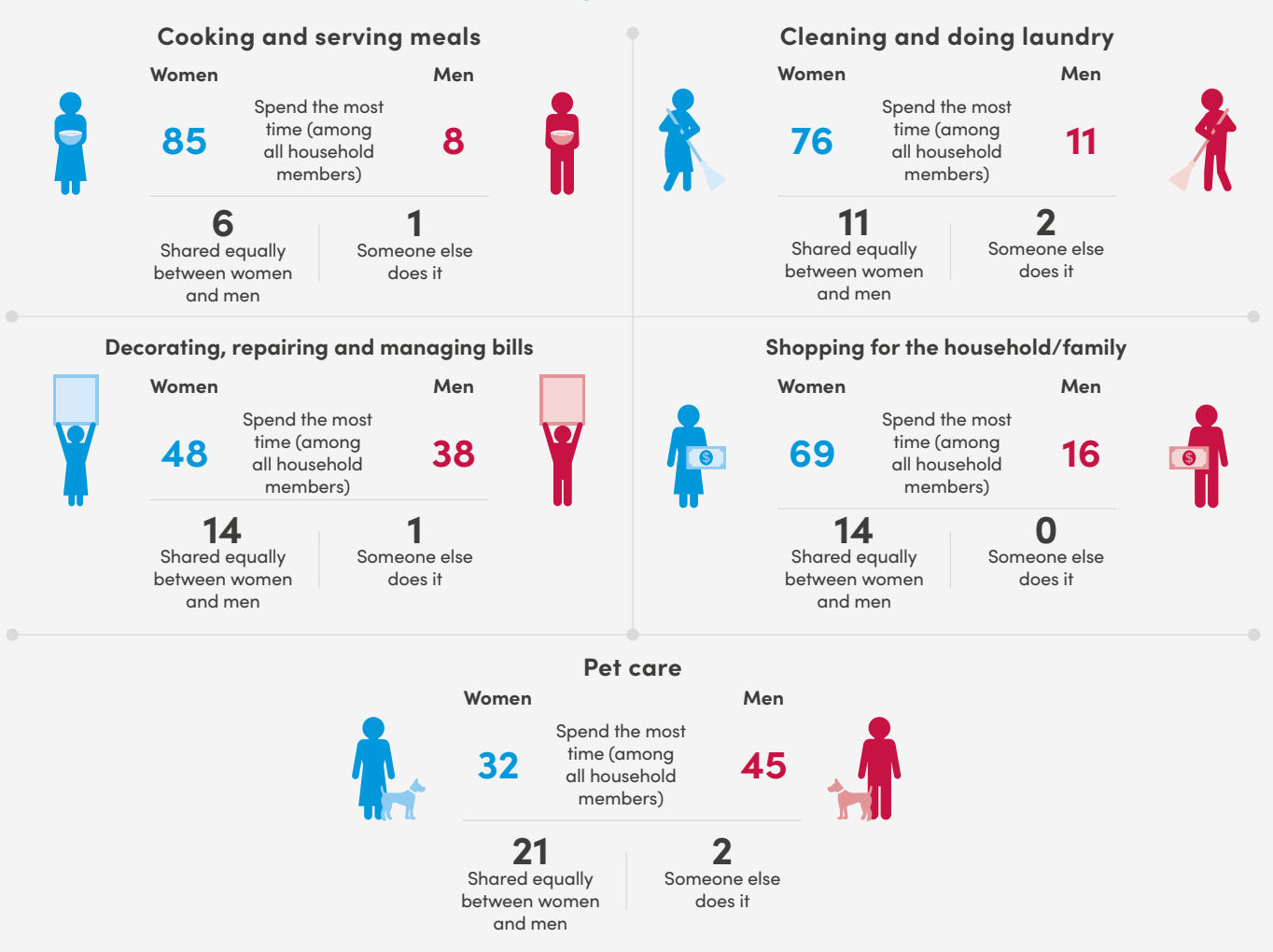
Note: Food hardship measures the lack of access to food in enough quantity or quality. Data collected utilizing FAO FIES questionnaire sequence were analysed using the Rash model to assess the performance of the scale. The data passed the statistical validation tests, and the raw score (the number of affirmative answers to the eight questions) can be considered as an ordinal measure of food security. Therefore, an individual is considered as experiencing food hardship if the raw score is four or higher. At this raw score the probability of experiencing food hardship is higher than 50 per cent.

## COVID-19 MULTIPLIED UNPAID CARE AND DOMESTIC WORKLOADS, BUT REDISTRIBUTION OF TASKS DID NOT TAKE PLACE

Women, overall, are more likely to take on domestic and care chores at home (figures 11 and 12). In Indonesia, women take on most of the cooking, cleaning, shopping and unpaid care work. The onset of the pandemic multiplied these responsibilities, with 19 per cent of women and 11 per cent of men noting increase in time spent feeding, washing and providing physical

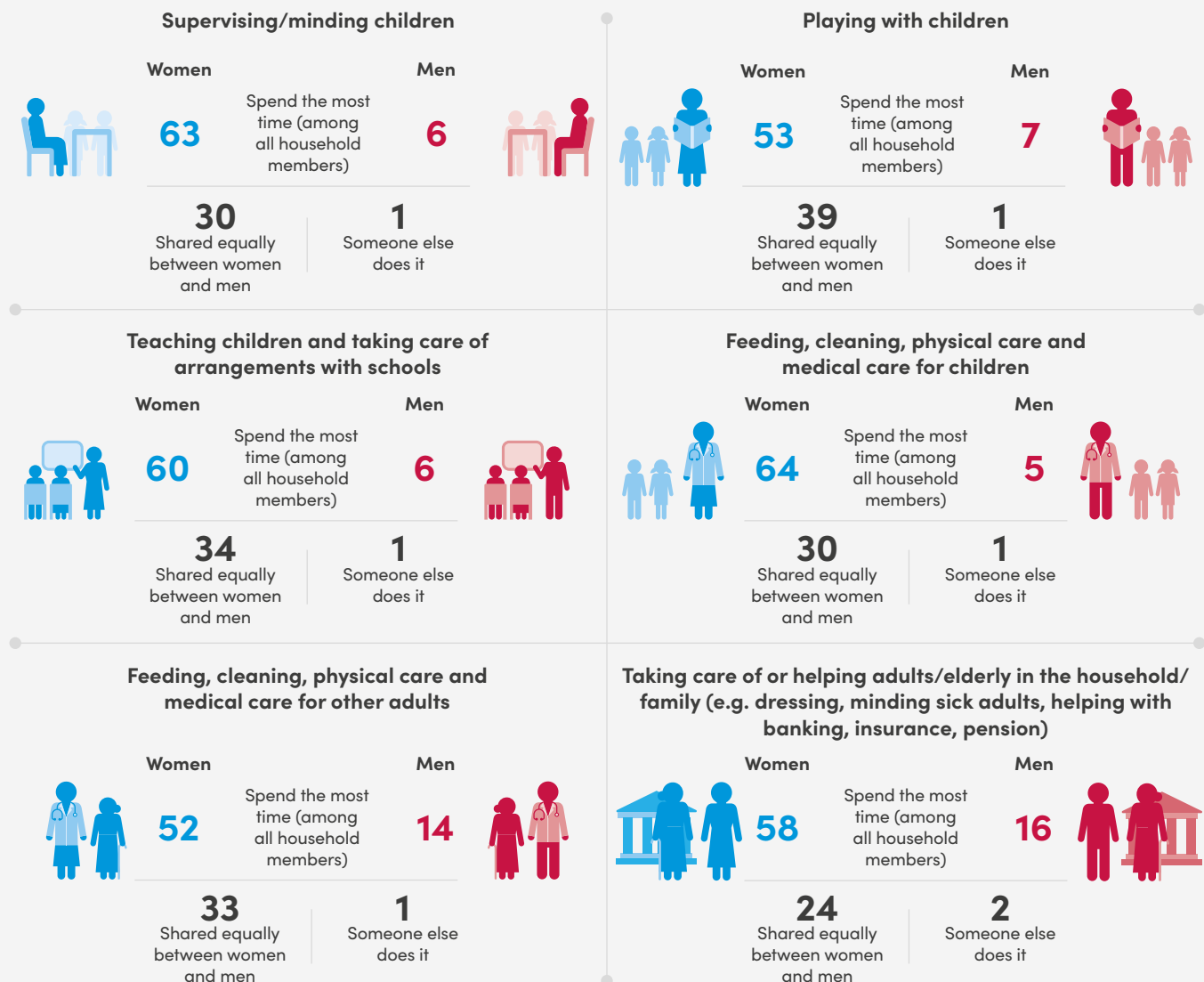
and medical care for children. An estimated 43 per cent of people noted that children missed school because they lacked access to remote learning technologies, or they were unable to pay for schooling (figure 13). More women than men are in charge of teaching children and managing related arrangements with schools.

**Figure 11: Proportion of people who noted women/men in the household spend the most time performing different unpaid domestic work activities (percentage)**



Note: "Women in the household" refers to a clustered category of women respondents who reported being primarily in charge of the activity and respondents of any sex who reported a female household member was primarily in charge of the activity. "Men in the household" refers to a clustered category of men respondents who reported being primarily in charge of the activity and respondents of any sex who reported a male household member was primarily in charge of the activity. "Shared equally between women and men" refers to respondents who reported an activity is equally undertaken by women and men in the household. Respondents who reported that the activity does not take place in the household, indicated they did not know or refused to answer were excluded from the analysis. Estimates should be interpreted with caution when the number of respondents is less than 25, including respondents who indicated "Someone else does it" in the analysis of: 1) decorating, repairing and managing bills; and 2) shopping for family. All gender differences are statistically significant ( $p < 0.05$ ) for all unpaid domestic work activities.

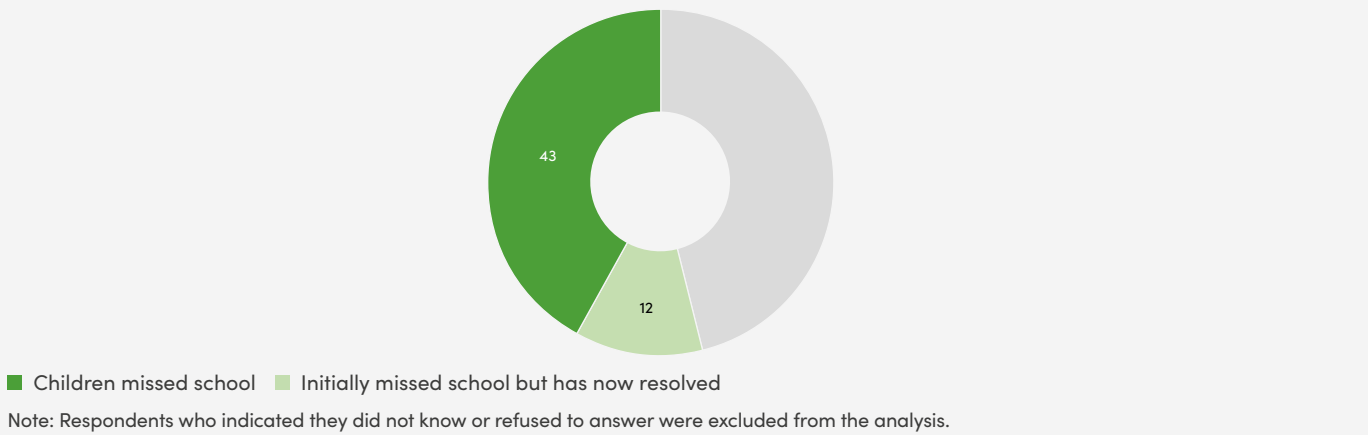
**Figure 12: Proportion of people who noted women/men in the household spend the most time performing different unpaid care work activities (percentage)**



Note: "Women in the household" refers to a clustered category of women respondents who reported being primarily in charge of the activity and respondents of any sex who reported a female household member was primarily in charge of the activity. "Men in the household" refers to a clustered category of men respondents who reported being primarily in charge of the activity and respondents of any sex who reported a male household member was primarily in charge of the activity. "Shared equally between women and men" refers to respondents who reported an activity is equally undertaken by women and men in the household. Respondents who reported that the activity does not take place in the household, indicated they did not know or refused to answer were excluded from the analysis. Estimates should be interpreted with caution when the number of respondents is less than 25, including respondents in Indonesia who indicated "Someone else does it" in the analyses of: 1) supervising and minding children, playing with children and taking care of or helping adults/ elderly (own household of family); 2) teaching children and taking care of arrangements with schools and feeding, cleaning, physical care and medical care for dependent and non-dependent adults; and 3) feeding, cleaning, physical care, and medical care for children. All gender differences are statistically significant ( $p < 0.05$ ) for all unpaid care work activities.



**Figure 13:** Proportion of people who noted that children living in the household missed schooling due to a lack of access to remote learning technologies or inability to pay for schooling (e.g. fees/supplies) since the onset of COVID-19 (percentage) (n=1,681)

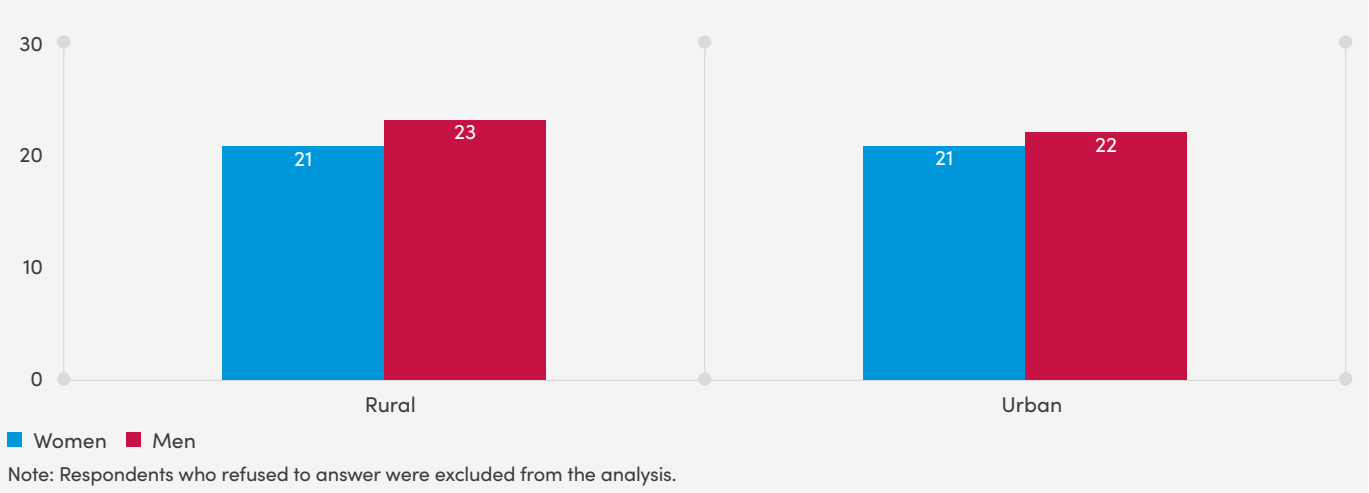


## THE PANDEMIC HAS OVERLAPPED WITH ENVIRONMENTAL CHALLENGES, MAKING IT HARDER FOR WOMEN TO COPE

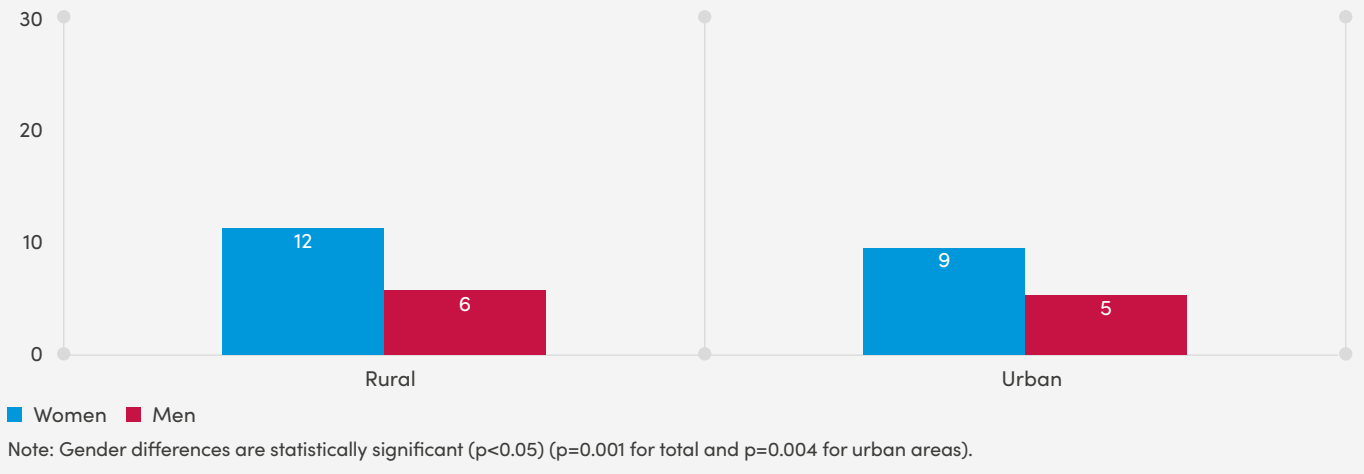
Environmental crises such as flash floods, droughts and other extreme weather events have overlapped with the pandemic. This, coupled with changes in the availability of public transportation (figure 14), affected access to natural resources for women and men. In Indonesia, an estimated 10 per cent of women and 6 per cent of men

noted that their access to water sources was compromised since the onset of COVID-19, with both urban and rural areas being affected (figure 15). In most households in Indonesia, the unpaid chore of water and fuel collection falls on women’s shoulders (figures 16 and 17). In addition, 8 per cent of people noted losing access to power.

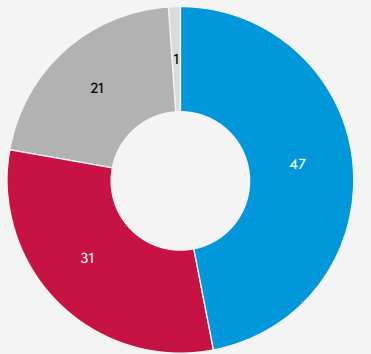
**Figure 14:** Proportion of people who lost access to public transportation since the onset of COVID-19, by sex and location (percentage) (n=2,362)



**Figure 15:** Proportion of people whose water source was compromised since the onset of COVID-19 and continues to be, by sex and location (percentage) (n=2,361)

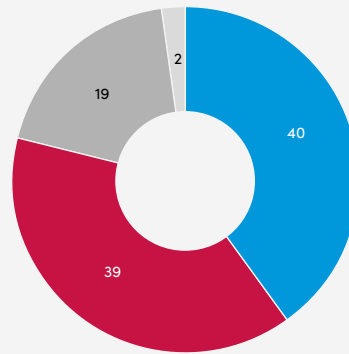


**Figure 16:** Proportion of people who noted women/men spend the most time fetching water (percentage) (n= 1,585)



■ Women in the household 
 ■ Men in the household  
■ Shared equally between women and men  
■ Someone else does it

**Figure 17:** Proportion of people who noted women/men spend the most time collecting fuel/firewood (percentage) (n=1,433)



■ Women in the household 
 ■ Men in the household  
■ Shared equally between women and men  
■ Someone else does it

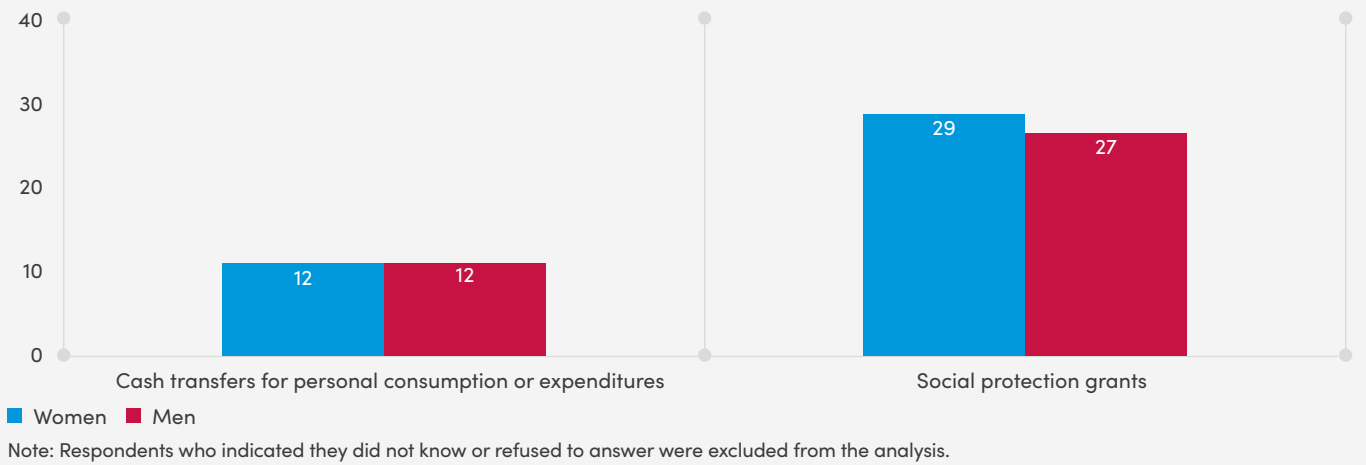
Note: "Women in the household" refers to a clustered category of women respondents who reported being primarily in charge of the activity and respondents of any sex who reported a female household member was primarily in charge of the activity. "Men in the household" refers to a clustered category of men respondents who reported being primarily in charge of the activity and respondents of any sex who reported a male household member was primarily in charge of the activity. "Shared equally between women and men" refers to respondents who reported an activity is equally undertaken by women and men in the household. Respondents who reported that the activity does not take place in the household, indicated they did not know or refused to answer were excluded from the analysis. Estimates for "Someone else does it" for fetching water should be interpreted with caution as the number of respondents is less than 25. All gender differences are statistically significant ( $p < 0.05$ ) for the analysis of "time spent collecting fuel/firewood".

## GOVERNMENT SUBSIDIES AND OTHER SUPPORT ARE INACCESSIBLE TO MANY

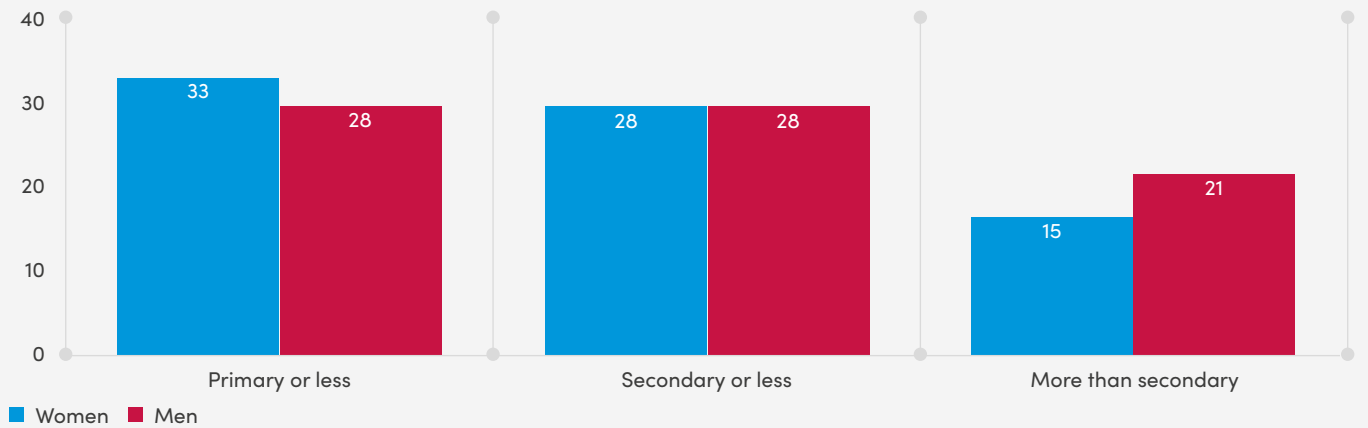
The COVID-19 pandemic affected the livelihoods of people around the world, including in countries where the virus did not spread substantially. In response to the pandemic, the Government of Indonesia set up subsidies for wages, employment (skill training), food, electricity and telecommunications (data package for online schooling) and credit for micro, small and medium-sized enterprises (MSMEs), but access to these benefits was limited, with some gender differences. Among all forms of government support, social protection grants had the furthest reach, aiding 28 per

cent of the population, whereas cash transfers only reached 12 per cent of the population (figure 18). In the absence of wealth data, analysis by educational attainment shows how people in different groups have accessed these resources. Women with lower levels of education benefitted more than men (figure 19). Other measures, such as the distribution of food or agricultural inputs and supplies of personal protective equipment, reached approximately 30 per cent of people in Indonesia. In addition, very few received personal hygiene supplies (figure 20).

**Figure 18:** Proportion of people who received government support since the onset of COVID-19, by sex and type of support (percentage) (n=2,361 social protection grant; n=2,358 cash transfer)

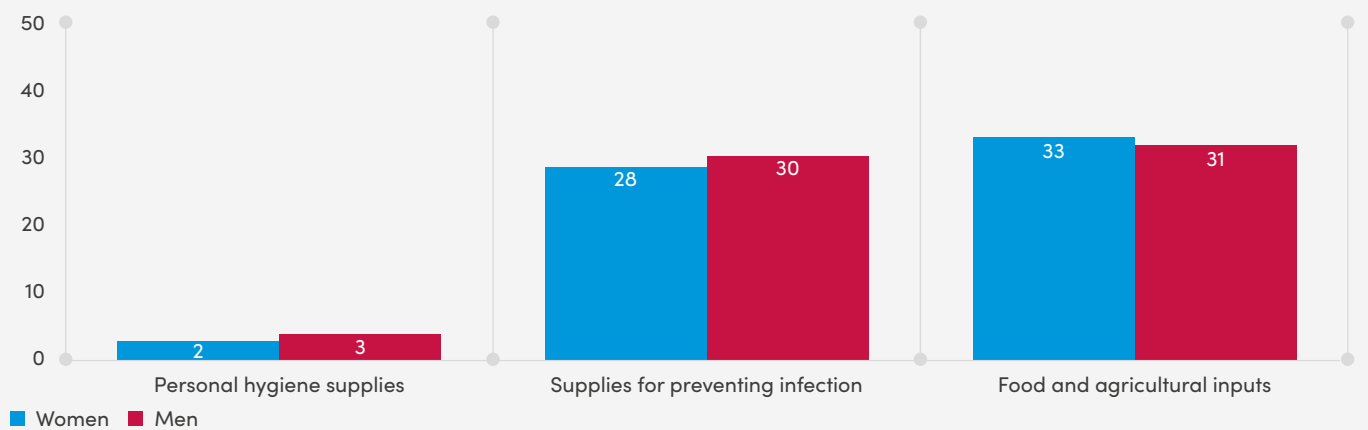


**Figure 19: Proportion of people who received social protection grants since the onset of COVID-19, by sex and education level (percentage) (n=2,348)**



Note: Education levels have been classified into three categories, "Primary or less" includes all respondents who received no formal education, some primary education and those who completed primary school. "Secondary or less" includes all respondents who received some secondary education and those who completed secondary school. "More than secondary" includes all individuals who received technical and vocational training, some university/college education, some post-graduate education and those who completed university/college education and post graduate education. Respondents who indicated they did not know or refused to answer were excluded from the analysis.

**Figure 20: Proportion of people who received government support in the form of personal hygiene supplies (n=2,361), food or agricultural inputs (n=2,362), and supplies for preventing infection (n=2,362), by sex (percentage)**



Note: For women who reported having received personal hygiene supplies as government support, estimates should be interpreted with caution as the number of respondents that chose this response category is less than 25. Respondents who indicated they did not know or refused to answer were excluded from the analysis.

## ANNEX I: UNWEIGHTED SAMPLE DISTRIBUTION (PERCENTAGE) (N=2,364)

	Women	Men
<b>Total</b>	49	51
<b>Location<sup>5</sup></b>		
Urban	56	56
Rural	44	44
<b>Age group<sup>6</sup></b>		
18–28	28	28
29–39	26	26
40–50	27	26
51–61	14	14
62+	5	7
<b>Marital status</b>		
Married	75	72
Married but separated	1	1
Widowed	7	1
Divorced	2	3
Single (never married)	15	23
<b>Education</b>		
Some primary education	4	5
Primary education	25	23
Secondary education	49	52
Vocational/ college	7	7
Tertiary education	15	13
<b>Disability</b>		
Self-reported	21	13

5 Urban/rural location is self-declared. Population who noted they reside in cities or towns were considered urban dwellers for the purpose of this analysis. This classification may differ from that used in official statistics in Indonesia.

6 Due to rounding, percentages may not total 100.