Humming Voices From Vulnerable Children: A Child-Centered Research to The Outbreak of COVID-19 in Indonesia

SEPTEMBER 2020

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Abstract: This paper examines the government policy and children (7-17) views and experiences related to the outbreak of COVID-19 in Indonesia. In the poor and vulnerable area, it analyses the impact of children experience on social distancing during the pandemic COVID-19. From document analysis, interview and online survey, the consultation methodology include collaboration between adults and young leaders in collecting data from child participates. It captures their ideas on how to engage in social distancing community-based activities to support their peers, school and communities, and impact of the COVID-19 outbreak in their right to be protected from violence and abuse. The results show participants: (a) consequences of school closures and distance learning (b) Income loss and social protection limits, (c) Psychological impacts on children and (d) the frequent use of new media. Thus, the paper contributes to studies of children voice in crisis, childhood study, and expands a recent call for the most vulnerable children policy during pandemic. In particular, we argue for the significance of law and policy based on child rights principles, and find lessons learnt of hearing the voices of children, allowing their participation in policy response to COVID-19 in order to fulfil their own rights in emergency.

Keywords: child voice, rights of the child, vulnerable children, social policy response to COVID-19

Introduction
The first cases of COVID-19 were identified in Indonesia early in March 2020, with a social distancing policy (as opposed to a lockdown) being implemented on 15 March 2020 to reduce the spread of the disease. This policy emphasised that all school learning, religious and work activities would be restricted in public areas and required that people maintain a healthy physical distance. Following this, the Indonesian government decided to cancel the year’s national exams at all levels – elementary, junior high and senior high schools – and ban the annual holiday exodus from Jakarta for Ramadan in May to June 2020 (Cabinet Secretariat, 2020).

From this vantage point, as of June 2020, the government has strengthened the state budget with Rp 677.2 trillion (US$48 billion) to fight COVID-19 (Jakarta Post, 2020; MoF, 2020). By the same policy, the local authorities in some regions are prioritising village funds and regional budget re-allocation to strengthen the healthcare system, direct more spending towards social protection and provide incentives to rescue businesses from bankruptcy and workers from being laid off (MoF, 2020).
Children frequently affected by crises and emergencies. Due to the social restrictions, as of April 2020, the Ministry of Education and Culture has temporarily closed 534,630 schools. More than 68,000 students are now staying at home as a result (MoEC, 2020). As of the first week of August, there are more than 120,000 confirmed cases of people in general (BNPB, 2020). Indonesia currently has the highest COVID-19 child mortality rate among ASEAN countries. The Indonesian Paediatric Society (IDAI) revealed on 25 June that at least 1,543 children have tested positive for COVID-19, with 36 of them having died as the virus devastates the country’s fragile health system (Asia News Network, 2020).

This paper will discuss the outbreak of COVID-19 in Indonesia from the perspective of children. COVID-19 has directly or indirectly affected more than 80 million children aged 0–17 (MoWEC, 2018). Without space to express themselves during the outbreak, vulnerable children are overwhelmed, insecure and sometimes alone in their distress (DCI, 2020). Their right to participate and be protected appears to be particularly at risk in these circumstances. By far, the majority of research on and advocacy for children’s issues are dominated by adult-controlled child policy approaches (Maisesa, 2016). Consequently, the voices of children are often not heard or taken seriously, with the children typically regarded as objects of research (Mauthner, 1997; Fielding, 2001; Christensen & Prout, 2002 in Bélanger & Connelly, 2014).

However, there has been a significant shift in recent years in regard to the focus placed on listening to children. Many researchers have adapted the 1989 United Nations Convention on the Rights of the Child (UNCRC), which requires children to participate as cultural agents (Mitchell, 2006), active participants (Jennifer & Cowie, 2009) and social actors (Cuevas-Parra & Tisdall, 2018) in the decisions that affect their lives. Following Article 12 of the UNCRC, this study will use a research model approach based on the perspectives and voices of children regarding topics that concern their best interests.

This paper began with a detailed description of the background of Indonesia policies in response to the outbreak and the importance of the voices of children. Following this, the paper will proceed to outline the methodology and how children analyse the situation and mobilise their participation in regard to the physical distancing policy during the COVID-19 outbreak. What follows is the heart of this analysis: elaboration on the impact of the COVID-19 outbreak on children’s rights and the identification of the most vulnerable children based on analysis of the situation. Finally, the paper will conclude by providing suggestions for policy makers.
Methodology

A mixed-method data collection approach was selected as the most appropriate research method to address the study’s objectives. The author, as a policy analyst of Wahana Visi Indonesia, undertook a four-month period of collecting and analysing data in relation to the COVID-19 outbreak from April to July 2020 in Indonesia. The aim of the study is to understand children’s experience of the outbreak and involve those who are under the age of 18 by enabling them to express themselves to policy influencers and makers.

To determine suitable methodological triangulation, more than one method must be used to gather data (Denzin, 1970). In this study, the primary data to be used was defined through use of an online survey created with Google Forms. This entailed a combination of observations, focus group discussions (Einarsdóttir, 2007), writing letters and interviews including collaboration between adults and children. Focus was placed on asking open-ended and closed-ended questions. The survey presented a set of questions, including ‘what do you feel during social distancing period?’ and ‘if you had a chance to meet the government, what would you like to ask them?’. To 3,100 children aged 7-17 - 4% of which were children with special needs - in 30 provinces. Moreover, the interview and focus group discussion employed here were comprised of 19 children ranging between 13 and 17 years of age from six districts in three provinces.

In terms of background and credentials, the children involved represented those from remote and underdeveloped areas, living in poverty, performing child workplace labour, in special needs groups, in groups located in city/slum areas, who are child of migrant worker and who are suffering gender segregation. The additional data was compiled from a variety of document sources, including 170 ‘Letters for Mr President’ written by children aged 7-17 from frontier, outermost and least developed regions. This was supported by secondary data from Rapid Needs Assessments reports undertook by Wahana Visi Indonesia via telephone surveys.

The final list, confirmed in the second round by serial discussion of children coalitions from Indonesia Joining Forces to End Violence Against Children, consisted of 36 participants. The analysis of the qualitative and quantitative data adopted a thematical technique, as suggested by Maxwell and Miller (2008), by playing and categorising emerging patterns or themes in order to gain a deeper understanding of the information.

The principle of protection was taken into account when involving the children’s voices, with all respondents receiving information about the purpose of the research, how they can get the results and requests for their approval/willingness to participate. This research guaranteed the confidentiality of the data, avoided presenting any information that has the potential to harm any respondent and acknowledged the diverse cultures of the research sites (Cuevas-Parra & Stephano, 2020).
The involvement of children required using Lundy’s model of participation presented in Figure 1 (Lundy, 2007), which is grounded in the UNCRC and represents a rights-based approach to involving children in decision-making. According to Lundy, for participation to be compliant with Article 12 of the UNCRC, children must have the right to express their views and to be listened to and taken seriously.

Child-led research was integrated with consideration of the four elements of Lundy’s model. The goal of the child-centred research was to analyse the situation and mobilise the participation of children in relation to the physical distancing policy. This section explains, in detail, the perspectives of children in regard to how they engage in social distancing community-based activities to support their peers, school and communities.
The four elements have a rational chronological order: space, voice, audience and influence. One of the key elements for promoting the right of children to express their views is giving them a safe space with opportunities to form and express their opinions. This element refers to children having a safe space to deliver their ideas, such as online surveys, Zoom meetings, safe online child forums, WhatsApp child-led campaigns, letters, social distancing interviews or child safeguarding webinars.

The second element is voice, facilitating children to express their views. This involves the children’s active participation and engagement in observing their social context and investigating, interpreting and disseminating data. This element informed the project from its design to its data analysis, with the children engaged in the research for their greater benefit (Bélanger & Connelly, 2014; Cruz-Cunha & Portela, 2015; Lundy, 2020). To involve the children’s voices implies hearing the children, listening to what they have to say and letting them express their questions and anxieties, in regard to the difficulties of the current pandemic.

Child researcher 3 stated:

‘On June 10, 2020 I began my research by conducting online interviews with 2 children to explore information related to children’s issues during the pandemic COVID-19. From the interview, it was found that there were children who had to work in oil-palm plantations to meet their needs during the pandemic, because parents’ financial resources were insufficient’. (16-year-old female researcher)

With child researcher 4 adding that:

‘I interviewed disable child. When I see Charles, my heart says that I must know the situation, condition and feelings of Charles before and after COVID-19 with his disability. It is difficult when preparing questions that do not offend the respondent and how i make interesting questions so that the respondent also respond actively.’ (17-year-old male researcher)
Therefore, children have the right to have their views given due weight. The third element, audience, refers to how the views of children should be listened to. It ensures that these views are communicated to someone with responsibility to listen and discuss what adults can put in place to meet the children’s needs and how children can get involved. Child researcher 3 pointing out that she will speak out to the government about her experiences.

‘…As the child joining forces team, we will speak out to the government, convey the facts of children’s research problems and make recommendations so that children can still have their rights in the fields of education, health and protection during the COVID-19 period in Indonesia.’ (16-year-old female researcher).

The views of the children demonstrate that child-led campaign coalitions can be an example. Webinar meetings (e.g. with the Ministry of Education and Culture, Ministry of Women Empowerment and Child Protection, Presidential Staff Office, Ministry of National Development Planning and the Indonesian Child Protection Commission) are regularly involved. As a result, child-led campaign coalitions produced a policy brief based on research findings and presented 14 recommendations of what government should act of the disease during Children’s Day on 23 July. This demonstrated that relevant authorities do receive the information and take time to review it. Therefore, evidence-based research and the advocacy of child coalitions may help increase the legitimacy of the views of children, thereby making them more influential in policy processes (Maisesa, 2019).

The final element defined by Lundy that must be acted upon is influence. It should be ensured that authorities take the views of children seriously and perform an action. It suggest the actions of policy makers, in this case, a feedback to the child coalitions. To evaluate the policy cycle, the children’s views on the impact of COVID-19 have been classified into four categories, while the dimensions of vulnerability have been analysed based on vulnerability factors (World Vision, 2015). The next section explains, in detail, the four major impacts on children during the COVID-19 outbreak.

The impact of COVID-19 from the perspective of children

Table 1 and Figure 1 have explained the methodology, children’s participation and delivering their views to the government and their peers and community. Figure 2 presents the impact of the COVID-19 outbreak, while Table 2 identifies dimensions of vulnerability among children. The author and child researchers were well-qualified to provide insights in regard to the four areas of impact: 1) distance learning, 2) poverty and social protection, 3) mental distress and 4) the use of online media. The potential risks associated with children being affected by a combination of these will be examined first. This will be followed by identification of the children who are most vulnerable due to the impact of social restrictions in relation to the COVID-19 outbreak.

The findings are in line with Figure 1 (below) and stress the importance of the dimensions of vulnerability in relation to COVID-19. World Vision (2015) identified four key vulnerability factors that define the most vulnerable children:
1. Extreme deprivation. This is acute, material poverty or deprivation of parents or caregivers. Extreme deprivation can lead to a number of risks, such as violence against children.

2. Abusive or exploitative relationships. These are relationships characterised by violence or the use of a child to benefit others sexually, mentally or commercially, or in which the child is consistently harmed through intentional acts or negligence.

3. Serious discrimination. This is severe social stigma that prevents children from accessing services or opportunities essential to their protection or development.

4. Vulnerability to negative impact from a catastrophe or disaster. The consequences of events triggered by natural hazards or manmade events that can seriously threaten the development of a child. This can result in loss of family members, an inability to meet basic needs and sexual exploitation, amongst other things.
1) Adverse consequences of school closures and distance learning

The pandemic has created countless new challenges. Initially, when the government decided to close all schools and enforce distance learning, this policy was not taken in line with the emergency status of each region. The local governments directly followed the national policies; therefore, many adaptations to online learning methods did not fit the local conditions (Maisesa, 2020). Four major concerns have arisen for students, teachers and parents (who must stay at home with their children while they are out of school) while schools are closed.
'First, during social distancing, a lack of adequate facilities such as internet bandwidth and access to gadgets, the internet service, television and technology has been found to inhibit the learning process. The survey result pointed that 91% of online respondents (out of 3,100 random children) forced to rely on distance learning, 34% considered their home to be uncomfortable, while 16% did not have any personal gadgets (Maisesa, 2020). However, in a telephone survey of 943 randomly-selected children of low economic status, only 15% could access online distance learning, with 32% essentially forced into a ‘holiday’ with no learning activities (WVI, 2020).

One online survey respondent noted that:

_The thing that makes me sad in the midst of this Corona outbreak is the online teaching and learning process. Some children cannot access internet and some even do not have a smartphone and eventually they cannot follow the online teaching and learning process._ (17-year-old male respondent)

Second, in line with this, students are more likely to face difficulties in self-regulation, motivation and understanding the learning material (Maisesa, 2020). As the teachers are not physically present, students may be unable to manage their time well or may face difficulties in understanding the subjects and the teacher’s instructions (WVI, 2020). Furthermore, children who are poor, marginalised or suffering from disabilities may require extra support in distance learning.

Third, the experiences of teachers and children in rural areas and areas where technology may be inaccessible can be different. Offline learning is not merely another take on distance learning; home visits also present teachers with the challenge of attempting to contact students in areas with limited infrastructure and a lack of technology.

In fact, few teachers are prepared to walk many kilometres to reach their students, as the children may not be at home or could be busy working and helping their parents with company’s farm (Maisesa, 2020). Child researcher 1 elaborated:

’...In fact many teachers did not teach [dismiss their schools] because of the lack of supporting facilities for long distance learning, many children missed lessons, only a few teachers took the initiative to home visits, children felt disadvantaged and had an negative outcome on lesson scores because they did not understand the subject’, (16-year-old female researcher)

Among the children’s rebukes, distance teaching and learning imply a certain pedagogical problem. For instance, children feel teachers are still rigidly sticking to the curriculum and only utilising tasks and methods that are neither interesting nor creative. Consequently, the academic performance of students may be affected. This is likely to occur in underdeveloped regions of Indonesia that do not receive sufficient distance learning services.

Finally, a current challenge for parents is the burden of supporting their children in teaching and learning activities. Before social distancing was enforced, this was solely the role of schools and teachers, now, however, the role is taken by the parents. Special support is needed for parents from groups who have limited abilities both in terms of educational and economic challenges. Parents with low levels of education who need economic continuity may make their children help them in their work in the oil palm industry or paddies fields, rather than make them participate in distance learning. One of the child researchers found that in big cities such as Jakarta, there is a growing number of street children. Given these drawbacks, children are being left behind by distance learning (Frenette et al., 2020). In addition, the number of low achievers or children who are suspended or expelled from school as a result of having to work or move to another place is likely to increase.
2) Income loss and social protection limits

After months of discussion, the child researchers in this study found a correlation in regard to child protection issues during school closures. They observed an increased number of children were involved in workplace labour and the worst forms of child labour for a longer period of time, with vulnerable populations disproportionately affected. In addition, the risk of child marriage – with the prevalence of child marriage in Indonesia being high even before the COVID-19 outbreak (BPS, 2019) has increased. These trends are due to the economic conditions of these children’s families decreasing, with the likelihood of nine out of ten households impacted on due to COVID-19 (WVI, 2020). The online survey also showed that 30% of respondents with caregivers doing informal sector work or earning daily wages are at risk of brought further into poverty. Without the support of institutional care, working parents may increasingly rely on all members of the family for seasonal labouring (Berckman, Maisesa, 2020; WVI, 2020). They may be unable to leave their children behind at home and require them to work to contribute to the family’s income. Child researcher 2 commented:

‘During the learning from home, many children take to the streets and markets to sell betel nuts, vegetables and others. About 25 children to 45 children took to the streets. They ran on the street to offer their wares with minimum supervise of their parents’. (15-year-old female researcher)

Child researchers 3 and 6 added:

‘The children do not study but work in the oil palm plantations from 7 am to 5 pm. They get wages of 60 thousand rupiah (4 US$) per day.

‘After returning home, the children did not have time to study anymore’. (16-year-old female researcher)

Children aged 9 years and over become workers helping in the farm from 6 am to 5 pm with wages varying from 25 thousand rupiah to 50 thousand rupiah per day (1-3 US$).

The tasks carried out include harvesting, farm hoeing, cleaning branches’, (13-year-old female researcher)

The children of families who are poor and with low levels of education may be excluded in data collection for social assistance. The telephone survey results show that 15% of households do not have health insurance, with 54% unable to access maternal and child health services (WVI, 2020). Examples of children with potentially limited access to social protection include those in border and remote areas, with no legal identity and children of migrants or survivors (thus meaning they have an identity card for a different area). Online respondents referred to their need for social assistance:

‘My family is discriminated by the neighborhood association, because our identity card is from different area. Thus, although we are originally from Bogor and West Java, we can’t get any assistance at all’. (16-year-old female respondent)

This is strongly linked to recent findings that 19% of middle-class households received government support while 48% of poor households have not received any social protection support (WVI, 2020). It is clear that the problem is not only the social protection policy, but also the distribution of social assistance and data integration systems to facilitate those who should be the ‘right beneficiaries’. 
3) Psychological impacts on children

When social restrictions began in mid-March 2020, three key trends were identified, as shown and elaborated on in Figure 2. First, as children have to continue to be indoors and are unable to do activities outside the house, mental distress occurs in the forms of boredom, fear, worry and anxiety (Maisesa, 2020). A correlation between worship and social relations was also demonstrated. One of the respondents, a 13-year-old girl, commented ‘The house of worship is not running in my residence area, the distance between the mosque and the house only about 10 steps, but we have to worship at home’. Furthermore, the provision of spiritual care for children, as well as dialogical and active participatory, are important parts of psychosocial support.

Second, widespread school closures left many children facing an increased risk of mental and physical harm, with many parents not paying sufficient attention to take mitigating steps. Child researcher 6, who is 13 years old and has a broad understanding of violence against children, stressed that ‘Physical and verbal abuse are exist by parents because the child stay at home and are not willing to do house chores’. This data is supported by telephone survey findings that 62% and 11% children have experienced verbal and physical violence, respectively (WWI, 2020). Children of migrant workers and with disabilities are more vulnerable in regard to responsibilities for self-caring and household chores, as demonstrated by the following comment: ‘...although she is separated from her mother in grade 5 SD, she acts as a substitute parent to take care of her two-year old sibling, does homework chores, helps her father in the farm...’, (17-year-old male researcher)

‘Third, the school closures have increased the domestic responsibilities of children (e.g., collecting water, herding animals, selling wares, cleaning the house, cooking rice, looking after younger siblings) as they have extra time at home. However, not all children and young people faced with extra housework tasks during this period are willing to do it. Extra housework given by parents can distract kids attempting to study at home and place an extra burden on them. This is particularly an issue for children with no access to basic services and facilities.

4) The frequent use of new media

The fourth area of research interest focused on is the use of online media. With the closure of schools and public spaces, children and young people are spending more time with online media. Through the online media, children can engage in virtual community-based activities; however, not all children have access to a reliable internet connection. Furthermore, they are at increased risk of harm online the more frequently they use online media.

The research findings show that respondents have had exposure to pornography, online violence, false information hoaxes and game addiction, with only 34% of respondents having parents who control and regularly supervise their internet usage. Researcher 3 noted the potential consequences of online media: ‘As in Facebook, usually on the face book, the status made by people is severe, there are also advertisements that fall into the category of pornography’. (16-year-old female respondent)

Other respondents also commented that ‘Hoax news always circulate in the community’ (15-year-old boy) and ‘Hoax about Covid-19 pandemic is everywhere’ (14-year-old boy).
Given the critical importance of safeguarding children and adults in regard to virtual media and online literacy, the information, education and communications shared and disseminated online should first be filtered. Technology is an advantage that perfectly fits both the needs of generation Z and the need to reduce the spread of COVID-19. “...although she is separated from her mother in grade 5 SD, she acts as a substitute parent to take care of her two-year old sibling, does homework chores, helps her father in the farm…”, (17-year-old male researcher).

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Conclusion and recommendations

This analysis has demonstrated that the engagement of children in analysing the current situation and mobilising their participation As has been shown, children are able to examine the impact of the COVID-19 outbreak on their rights and identify vulnerability factors. Children been involved in this analysis with consideration of the four elements highlighted by Lundy’s model of participation: space, voice, audience and influence (Lundy, 2007). Thus, the COVID-19 pandemic has resulted in an increase in the number of children joining virtual public spaces and national coalitions through advocacy gatherings to participate in decision-making processes.

Four areas of impact were thematically analysed and categorised: 1) distance learning, 2) poverty and social protection, 3) mental distress and 4) use of online media. Research findings indicate that more children a) are at increased risk of harm online during the global COVID-19 pandemic, b) are being left behind academically by online/offline schooling, c) are at risk of missing school and dropping out and d) are at risk of being forced into child labour due to poverty and lacking access to technology. The impact of COVID-19 is likely to be worse for children in vulnerable and underrepresented groups. This research recommends that dimensions of vulnerability should be taken into account in regard to COVID-19. The most vulnerable children are those who face more than one dimension of vulnerability, particularly those already in multiple vulnerable situations. This includes children living in poverty, with disabilities/special needs, children living on the street, at risk of dropping out of school, on the move, forced to participate in the workplace, exposed to harm online, who are married, with no legal identity and who are experiencing child-care issues during school closures.

This paper contributes to studies of children’s voices in crises and childhood studies. In light of these findings, policy makers must consider two main issues. First, they should take consideration of vulnerability factors and focus on gathering more evidence in regard to child protection and the cognitive and psychosocial needs of children. Second, resilience and protection systems must be founded and implemented to ensure that children’s rights are respected even, and especially, when they are in vulnerable situations. Ongoing efforts are also needed to ensure that children and young people play a key role in making decisions and are allowed to participate in policies responding to COVID-19 in order that their own rights can be met during this situation.
Acknowledgements:
We would like to acknowledge contributions from Wahana Visi Indonesia https://wahanavisi.org/en/ and World Vision International; as well as Child Led-Campaign's Indonesia Joining Forces.

References


