KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

UNFPA

YAYASAN PLAN INTERNATIONAL INDONESIA

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Australian Aid

ADOLESCENT GIRLS AND YOUTH IN CRISIS

VOICES FROM CENTRAL SULAWESI, INDONESIA

I hope we can have a permanent house soon, recover our livelihoods, and I hope to become a successful daughter who does not dwell on problems. I also hope that I will become a daughter that will make my parents proud.

Adolescent girl, 17

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Indonesia. Kementerian Kesehatan RI. Direktorat Jenderal
Kesehatan Masyarakat
Remaja perempuan dan kaum muda dalam krisis : suara dari sulawesi tengah Indonesia.—
Jakarta : Kementrian Kesehatan RI. 2020

ISBN 978-602-416-905-3

1. Judul I. ADOLESCENT HEALTH SERVICE
II. PSYCHOLOGY, ADOLESCENT

ADOLESCENT GIRLS AND YOUTH IN CENTRAL SULAWESI HAVE RAISED THEIR VOICES. FOLLOWING THE EARTHQUAKE AND TSUNAMI, THEY NOW FACE MULTI-DIMENTIONAL VULNERABILITIES AND THEIR ENVIRONMENT HAS FOREVER CHANGED. DESPITE THE CHALLENGES THAT THEY FACE, ADOLESCENT GIRLS AND YOUTH CONTINUE TO DEMONSTRATE THEIR SELF WORTH, CONTRIBUTE TO THE SURVIVAL OF THEIR COMMUNITIES, AND REMAIN OPTIMISTIC FOR THE FUTURE. BY ADDRESSING ALL ASPECTS OF THEIR VULNERABILITY AND SUPPORTING THEIR RESILIENCE, A PATH FORWARD FROM THIS POST-DISASTER SITUATION WILL BE PAVED.

Foreword Ministry Of Health The Republic Of Indonesia

Adolescents and youth constitute a large portion of Indonesia's society, however, the fulfilment of their needs often goes unnoticed and unaddressed during disaster response efforts. This is true even though adolescents and youth face unique health risks that require our immediate attention and support.

During health crisis situations, disruptions to family and social structures may occur, including: family and community separations; academic disruption; and social network disconnections. This may cause fear, depression, and boredom among displaced adolescents.

I welcome and deeply appreciate the research publication of **"Adolescent Girls and Youth in Crisis: Voices from Central Sulawesi."** This study reveals the experiences of adolescents and youth from a gender perspective on the post-disaster health crisis situation in Central Sulawesi 2018.

Adolescents and youth, particularly adolescent girls and young women, face various vulnerabilities such as access to clean water and sanitation, nutrition, health services, sense of safety, education, economic security, and violence (e.g. sexual violence and forced marriages). However, if given the proper opportunity, adolescent girls and young women can provide meaningful contributions to the planning, implementation, monitoring, and evaluation of various emergency response and post-disaster recovery programs.

In addition to shedding light on the various vulnerabilities of adolescents and youth—disaggregated by sex and age—within the local context of Central Sulawesi, this study also provides detailed recommendations that will hopefully raise the awareness of stakeholders and draw their attention to the specific needs of this group. We also hope that these recommendations will be taken under consideration during policy deliberations on the needs of adolescents and youth—male and female—and will allow them to actively participate during crisis situations.

We would like to express our sincere gratitude and appreciation to the Central Sulawesi Provincial Health Office, UNFPA, DFAT Australia, YPII, and everyone who has contributed their time and thoughts to this research and report. Indeed, the results of this study provide invaluable insight on how to meet the health needs and rights of adolescents and youth in crisis situations in Indonesia.

Jakarta, July 2019

Director of Family Health,

dr. Erna Mulati, MSc, CMFM

Foreword Director of Yayasan Plan International Indonesia

The earthquake and tsunami in September 2018 have brought significant attention to Central Sulawesi, Indonesia. As part of our mandate in the Country Strategy 4, Yayasan Plan International Indonesia has responded to the post-disaster situation. Furthermore, we stepped to a collaborative effort with the United Nations Populations Fund (UNFPA) to have research on adolescent girls and youth in a post-disaster situation as we have a shared concern. Henceforth, I am delighted to write the foreword of this report.

To distinguish from the series from 'Girls in Crisis' research reports in Plan International, this research contributes to the specific context within Indonesia and a particular type of crisis. Hence, it adds the nuance in the research area, which is needed in the Indonesian context. We aspire that children, adolescents, and youth in Central Sulawesi could feel the sense of normalcy after the disaster. The current lesser freedom of movement is a significant contrast to the pre-disaster situation where adolescent and young women had more freedom of movement. Before the disaster, adolescent girls and young women were more comfortable with spending time anywhere in the neighborhood and were permitted to go outside the community in the evening. The majority of adolescent and young women (85%) reported that they do not have a private area for self-care. It becomes a more significant concern during menstruation period where they must do self-care more frequently.

In a 'normal' situation, adolescent girls and youth have been struggling to keep their life safe from harassment and securing jobs. Even more challenging is their experience in post-disaster. Many places were closed, including schools and workplaces. They moved to shelters and temporary buildings with lots of strangers. They have to walk meters, sometimes in the dark to get into the shared bathroom.

As they shared their stories, we, as one of the custodians of the stories determined to support them. Their stories are to be heard by others; by governments and other organizations working in emergency responses.

This research report provides a considerable window of information on the experiences of adolescent girls and youth in the post-disaster context. It also covers substantial topics they had encountered and shared to us. Vulnerability and resiliency have been the nature we had found in the two groups in this research. Both adolescent girls and youth have demonstrated their strength in confronting the difficult circumstances. Nonetheless, the poignant encounters existed, and they coped with it.

It is my hope and expectation that the report provides insights and reference resource for all professionals working in emergency context as well as adolescent and youth-focused, leading to improve the emergency relief.

Chairperson of YPII

Dini Widiastuti

Foreword UNFPA Representative In Indonesia

Adolescent girls and youth are specific groups with ideas, roles and resourcefulness. In times of emergencies, they have specific needs and vulnerabilities, - that requires multisectoral response with active engagement of all humanitarian organizations: government, civil society organizations, aid agencies and the adolescent and youth themselves.

The 28 September 2018 disaster that strucked Central Sulawesi province left serious multifaceted impacts. It affected family and social structures and severely disrupted public facilities and basic services. It claimed 2,101 lives, injured 4,438 others and displaced around 133,631 people in the province's hardest hit Palu, Donggala, Sigi and Parimo districts. At the displaced people camps, access to basic needs and basic communal facilities, like food, clean water, toilet-bath-wash, health and Reproductive Health (ReproHealth) posts, schools and protection mechanism were lacking. This situation, further compounded by the lack of privacy in the tents, in the camps and in the communal facilities, may likely expose adolescent girls and youth to various risks, including gender-based violence. Especially those who lost loved ones were also in need of immediate access to psychosocial support to help them cope and rebuild their lives.

In coordination with the Ministry of Health, UNFPA and Yayasan Plan Internasional Indonesia (YPII) conducted a joint research with a focus on adolescent girls and youth in post disaster in Central Sulawesi. The research aims to understand adolescent girls and youth's perception of how the crisis affected their daily life, their coping mechanism to emergency situation and explore their vulnerabilities and resilience. It also identified actionable recommendations to improve humanitarian assistance by key stakeholders: government and humanitarian agencies.

This research was developed with the contribution of youth groups and youth forum members in Central Sulawesi, *Perkumpulan Keluarga Berencana Indonesia* (PKBI) Palu, Central Sulawesi Provincial Health Office with funding support from Australian AID (DFAT).

Adolescents and young people's rights, security, and well-being that are central to UNFPA mandate, can be better achieved with a shift of paradigm: from working *for* young people, to working *in partnership with* young people. Fostering their involvement would help ensure youth-friendly approaches in the humanitarian phase, recovery and longer term development. By working together with youth, we can tap into their initiatives and resourcefulness to address their own vulnerabilities and challenges in disaster situations. We need to invest in young people and build their potentials to enable these future leaders contribute to families and society.

I hope this research report with its findings and recommendations will contribute to improving multisectoral humanitarian response to protect the rights and wellbeing of adolescent girls and youth. It is further hoped that through a comprehensive adolescent girls and youth programme their meaningful participation and leadership in crisis situation could be further enhanced.

Jakarta, June 2019

UNFPA Representative a.i in Indonesia

Najib Assifi


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Acronyms and Abbreviations

	Indonesian	English
APBD	*Anggaran Pendapatan dan Belanja Daerah*	Provincial or District Government Budget
APBN	*Anggaran Pendapatan dan Belanja Negara*	National Budget
AMPL	*Air Minum dan Penyehatan Lingkungan*	Drinking Water and Environmental Sanitation
BAPPENAS	*Badan Perencanaan Pembangunan Nasional*	Indonesian Ministry of National Development Planning
BLH	*Badan Lingkungan Hidup*	Environmental Agency
BLK	*Balai Latihan Kerja*	Job Training Center
BPBD	*Badan Penanggulangan Bencana Daerah*	Regional Disaster Management Agency
BPJS Kesehatan	*Badan Penyelenggara Jaminan Sosial Kesehatan*	National Health Insurance System
BPOM	*Badan Pengawas Obat dan Makanan*	Food and Drug Administration
CEFM		Child, Early, and Forced Marriages
CIKASDA	*Cipta Karya dan Sumber Daya Air Daerah*	This refers to a Regional Office under the Ministry of Public Works and Housing
DEKON	*Dana Dekonsentrasi*	Deconcentrating Fund
Destana	*Desa Tanggap Bencana*	Disaster Responsive Village
Dinkes	*Dinas Kesehatan*	Provincial or District Health Office
Dinsos	*Dinas Sosial*	Social Services
Disdikbud	*Dinas Pendidikan dan Kebudayaan*	A Provincial, District, Sub-District Education Office with responsibility for education
Disnakertrans	*Dinas Tenaga Kerja dan Transmigrasi*	Office of Manpower and Transmigration
Disperindag	*Dinas Perindustrian dan Perdagangan*	Office of Industry and Commerce
Dispora	*Dinas Pendidikan Dan Olahraga*	Education and Manpower Office
DP3A	*Dinas Pemberdayaan Perempuan*	Office of Women's Empowerment

	Indonesian	English
	dan Perlindungan Anak	and Child Protection
DPMD	*Dinas Pemberdayaan Masyarakat dan Desa*	Office of Community Empowerment and Village
DSP	*Dana Siap Pakai*	Government Available Fund
ESDM	*Energi dan Sumber Daya Mineral*	Energy and Mineral Resources
FGD		Focus Group Discussion
GBV		Gender-based Violence
Germas	*Gerakan Masyarakat Hidup Sehat*	Healthy Community Lifestyle Movement
Juklak	*Petunjuk Pelaksanaan*	Implementation Guide
Juknis	*Petunjuk Teknis*	Technical Guide
Kades	*Kepala Desa*	Village Head
KII		Key Informant Interviews
KPPPA	*Kementrian Pemberdayaan Perempuan dan Perlindungan Anak*	Ministry of Women Empowerment and Child Protection
MKM	*Manajemen Kebersihan Menstruasi*	Menstrual Hygiene Management
Musrembang	*Musyawarah Perencanaan Pembangunan*	Multi Stakeholder Consultation Forum for Development Planning
NGO		Non-Governmental Organization
P2TP2A	*Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak*	Integrated Center for Women and Child Empowerment
PKPR	*Pelayana Kesehatan Peduli Remaja*	Youth-friendly Services
PMR	*Palang Merah Remaja*	Red Cross Youth
Posrem	*Posyandu remaja*	Post for Integrated Services for Adolescents
Posyandu	*Pos Pelayanan Terpadu*	Post for Integrated Services
PPAM	*Paket Pelayanan Awal Minum*	Minimum Initial Service Standar (MISP)
PKBI	*Perkumpulang Keluarga Berencana Indonesia*	Indonesian Planned Parenthood Association (IPPA)
PRB	*Pengurangan Risiko Bencana*	Disaster Risk Reduction (DRR)
PTSP	*Pelayanan Terpadu Satu Pintu*	One-door Integrated Services
PUSPAGA	*Pusat Pembelajaraan Keluarga*	Family Learning Center

	Indonesian	English
SPAB	*Satuan Pendidikan Aman Bencana*	Disaster Safe Schools
SRHR		Sexual and Reproductive Health and Rights
STBM	*Sanitasi Total Berbasis Masyarakat*	Community-based Total Sanitation
UNFPA		United Nations Population Fund
UNHCR		United Nations High Commission for Refugees
YPII	*Yayasan Plan International Indonesia*	Plan International Foundation

Executive Summary

The earthquake, liquefaction, and tsunami that hit Central Sulawesi on 28 September 2018 severely impacted four major districts in the province and displaced a large portion of its population, including adolescent girls and youth. This research aims to understand how the post-disaster situation in Central Sulawesi has affected the lives of adolescent girls and youth and how they have responded to the challenges they face.

This study was conducted in December 2018, in affected areas across the city of *Palu*,and districts of *Donggala* and *Sigi*. The research adapted the approach developed by Monash University's Gender, Peace, and Security Centre and Plan International. This approach has been used in the 'Adolescent Girls in Crisis' research series and has five main features to its method, namely: 1) grounded theory approach; 2) feminist approach; 3) adolescent-centred approach; 4) intersectionality approach; and 5) rights-based approach.

Participants of this study include male and female respondents within four age brackets (adolescents: 10-12, 13-15, 16-18; and youth: 19-24), parents or guardians, community leaders, NGO staff, and public servants. Data was obtained from 20 Focus Group Discussions (FGDs) with adolescents and youth and 58 Key Informant Interviews (KIIs) with parents or guardians, community leaders, NGO staff, and public servants.

The four main findings of this report include the following:

1. Adolescent girls and youth experienced a multi-dimensional impact from the disaster and have responded to the crisis in a way that is different from other groups in Central Sulawesi.
2. There are similarities between the experiences of adolescent girls and youth in Central Sulawesi and those in other crisis situations; however, local context defines the specificity of impact and resilience in *Palu*, *Donggala*, and *Sigi*.
3. Adolescent girls and youth have diverse needs that may require different responses. While there may be similarities in their vulnerabilities and sources of resilience, each sub-group within this population has its own unique qualities.
4. The presence of adolescent girls and youth in the assessment and implementation of emergency and recovery efforts remain relatively non-existent, despite their various vulnerabilities and show of resilience.

Vulnerabilities

Listed below are the vulnerabilities that are of main concern for adolescent girls and youth in the post-disaster situation in Central Sulawesi:

Secluded Areas, Dark Roads, and Male-Dominated Crowds: Unsafe Spaces and the Threat of Sexual Violence

Adolescent girls and young women expressed their fear of sexual harassment and violence (ranging from voyeurism to attempted rape by male displacees), especially on their way to and at the latrines. Adolescent girls and boys both reported incidents of peer violence and corporal punishments from their parents or guardians.

The Easy Solution: Child, Early, and Forced Marriages

The occurrence of child, early, and forced marriages (CEFM) have worsened due to the weakening of social and economic structures and the heightened vulnerabilities of adolescent girls and youth. Religious interpretations and cultural beliefs are public justifications for post-disaster CEFM. However, unintended pregnancies were also considered to be a factor for child marriages.

Day Curfews, Night Curfews: Restricted Freedom of Movement

Adolescent girls and young women do not feel safe to freely move within the camps, especially during the evenings. This is primarily due to inadequate lighting, limited access to basic facilities, and other factors that create violence-prone areas (please refer to the 'Too hot, too cold, or too wet: Inadequate camp and shelter conditions' section below). Respondents also reported that their parents are concerned that another earthquake and tsunami will hit again.

Dirty Latrines and Muddy Waters: Limited Access to Clean Water, Sanitation Facilities, and Basic Hygiene

Adolescent girls and youth reported limited access to sanitation facilities and inconsistent or inadequate supply of water in the camps. The lack of basic hygiene in the latrines are a source of discomfort for those who use the facilities. These factors, in combination with the lack of privacy—in latrines and shelters—are a challenge for proper menstrual hygiene management for adolescent girls and young women.

Too Hot, Too Cold, or Too Wet: Inadequate Camp and Shelter Conditions

Adolescent girls and youth reported extreme temperatures, lack of privacy, and leaks in their shelters. With regard to the overall conditions of the camps, they are concerned about the lack of lighting, and the limited access to sanitation and waste management facilities that may cause health problems.

To Cure not Prevent: The State of Healthcare Services in the Camps

Healthcare services in the camps are primarily used as a source to seek treatments for common ailments and conditions. Sexual and reproductive health services are available but largely underutilized by adolescents and youth. Moreover, there is minimal awareness of mental health services in the camps and a systematic referral mechanism is not available

Less Hours, Fewer Teachers: Schooling Woes and Academic Uncertainty

Adolescents are now able to attend school again, however, school hours may be shorter and teachers are not always present in the classroom. The return of regular schooling is comforting to most, but students who are in grades 6, 9, and 12 are concerned about the national exams as no exemptions are given, even to those who have been displaced by a natural disaster.

No Job, No Future: Loss of Livelihood and Economic Security

Youth between the ages of 18 and 24 are concerned about their livelihoods and the economic security of their families. After the disaster, some became unemployed while others loss the resources or assets to support their family. Those who are able to continue their work are worried about relocation and the impact it will have on their livelihoods.

Instant Noodles and Eggs: Limited Dietary Options and Nutritional Intake

While the quantity of food is plentiful, , the food items lack in variety and nutritional value. Adolescent girls and youth are bored with the consumption of instant noodles and they are concerned about the potential health consequences this may have.

Sources of Resilience

Factors that contribute to the resiliency of adolescent girls and youth during this post-disaster situation include the following:

Strength in Numbers and Public Places: Sense of Security in Safe Spaces

As safety concerns within and around the camps persist, adolescent girls and youth appreciate the importance of having a safe space to conduct their daily activities. Adolescent girls and youth are particularly fond of youth-friendly spaces, while their male peers enjoy the courts as an outlet for communal sports activities. Both share the view that mosques and *musholas* are a shared space where many activities can be done together.

Stronger Together: **Family and Peer Support**

Adolescent girls and youth find comfort and strength from the support they receive from their family and friends, especially through dialogue with one another. Their male peers find that the best mechanism to cope with the post-disaster situation is through the sharing of responsibilities and participating in communal activities with peers have allowed them to best cope with the post-disaster crisis.

Going Beyond Myself: Serving a Larger Purpose

Adolescent girls and youth demonstrated their ability to have a positive influence within their peer networks. They also demonstrate altruistic behaviours among their family and communities. In particular, youth contributes to their communities and provides support to the economic security of their families.

Say a Prayer and Have Faith: Religious Piety and Optimism for the Future

Faith plays a vital role in the optimistic outlook of adolescents and youth. In fact, many observe religious practices more diligently in the aftermath of the disaster, as a mechanism to cope with their challenges.

Conclusions and Recommendations

When given the opportunity to raise their voices, adolescent girls and youth have the ability to clearly articulate their vulnerabilities and sources of resilience in a post-disaster situation. It is evident from this report that adolescent girls and youth are uniquely impacted by the post-disaster situation and that they possess positive coping mechanisms to manage adversities.

Policy-makers, local governments, humanitarian and civil society organizations alike need to ensure adolescent and youth participation in all efforts to identify and overcome their vulnerabilities, especially through youth-friendly emergency responses and recovery efforts.

To ensure the rights and well-being of adolescent girls and youth in crisis situations this study recommends the following:

1. Conduct sex- and age-segregated needs assessments and design interventions that focus on adolescent girls and youth to ensure that they are involved in the planning, implementation, monitoring and evaluation of emergency responses and recovery efforts.
2. Promote and establish meaningful participation of adolescent girls and youth in all decisions that affect their lives (e.g. inclusion of adolescent girls and youth in audits of camp conditions to minimize their vulnerabilities and needs).
3. Provide Minimum Initial Service Packages of Reproductive Health to improve the delivery of SRHR information, access, and services to adolescent girls and youth. Also, include the participation of males to elevate the quality of SRHR services.
4. Take all necessary measures to prevent all forms of violence against adolescent girls and boys (i.e. prevention, mitigation, remedial action, and referral mechanisms).
5. Integrate the participation of parents or guardians in emergency response and recovery programs that address the needs and capacity of adolescents and youth.
6. Ensure access to safe spaces and develop programs that will build the capacity of adolescents, youth, and parents on disaster risk reduction and preparedness.
7. Maximize the role of mosques and *musholas*[1] as a catalyst to rebuild communities after a disaster. Faith-based activities has the potential to effectively educate adolescent girls and youth, as well as their parents or guardians on issues such as CEFM, SRHR, and disaster risk management.

It should be emphasized that the vulnerabilities and resilience of adolescents and youth are multi-dimensional and interconnected. As such, all efforts and interventions to address their needs and leverage their capacity in a disaster situation should also be interlinked with one another. Lead government agencies in humanitarian clusters should coordinate with their respective members to deliver integrated programs aimed at adolescents and youth. For instance, the Ministry of Women Empowerment and Child Protection has a key role in advocating the interests of young people and to ensure that emergency and recovery programs address their needs and concerns. Similarly, humanitarian and aid organizations that focus on children, adolescents, and youth can also play a vital role through advocacy to the relevant ministries and through research and evidence-based data.

As this is the first study to focus specifically on the voices and experiences of displaced adolescent girls and youth in Central Sulawesi, the research is expected to generate findings on vulnerability and sources of resilience among adolescent girls and youth, and to produce recommendations for policy-making decisions, responses, and recovery programs in Indonesia.


THANK YOU.....

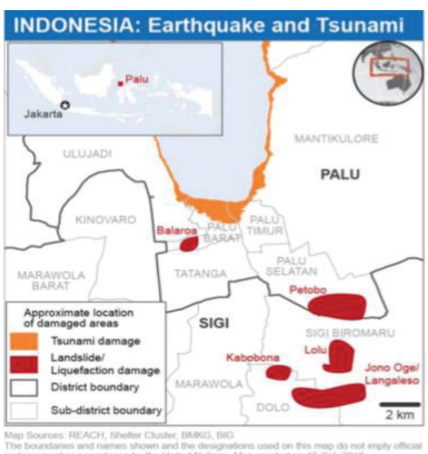
1. Introduction

Under the coordination of the Ministry of Health, the United Nations Population Fund (UNFPA) and *Yayasan Plan International Indonesia* (YPII) have prepared the following report on the vulnerabilities and resilience among adolescents and youth in Central Sulawesi, Indonesia. Understanding the post-disaster context will provide the government and aid organizations with a stronger foundation to effectively collaborate with adolescents and youth, and to properly address their vulnerabilities and enhance their resilience.

1.1. THE CENTRAL SULAWESI CRISIS

A 7.4 magnitude earthquake hit the Central Sulawesi province of Indonesia on September 28, 2018 at 5:02 pm local time[2]. At a shallow depth of 10 kilometers below sea level, this earthquake triggered a tsunami that struck *Palu* and *Donggala* with waves reaching 0.5-3 meters in height. The tsunami also caused a decrease in soil strength—a process known as liquefaction—and landslides in *Palu* and *Sigi*. In the aftermath of this horrific natural disaster, a series of aftershocks continued to shake the province, including a 5.0 magnitude earthquake that hit the province the following day.

Figure 1. The Central Sulawesi Disaster Areas



The earthquake and tsunami in Central Sulawesi caused severe destruction to *Palu*, *Sigi*, and *Donggala*. Official reports from November 7, 2018 estimated 2,101 deaths, 1373 missing persons, and 4,438 serious injuries.[3] 173,552 persons have been internally displaced and only a small portion have been able to leave the province. The city of *Palu* was most severely affected with a death toll exceeding 1,700.

Figure 2. The Human Impact of the Central Sulawesi Disaster

Human impact of the Central Sulawesi disaster	
2.101	people dead
1.373	people reportedly missing
4.438	people with serious injuries
173.552	--IDPs

Buildings and infrastructure also experienced severe damages.[4] An estimated 15,000 houses were completely destroyed in areas that are no longer habitable, while 17,000 additional houses were damaged in areas that may allow for future reconstruction.

There were also damages to more than 70% of *Palu's* pipeline network for water supply, 44 healthcare facilities, and 2,736 schools. In addition, roads, electricity, and telecommunication services experienced disruption for a few days following the disaster.

Beyond the human casualties and infrastructural damages, the greatest impact of the Central Sulawesi disaster has been the inability to provide basic needs to 1.5 million people.[5] An estimated 67,000 families need shelter assistance, while at the same time, access to clean water, sanitation facilities, and basic hygiene have been severely compromised.

This inability to deliver basic needs is of particular concern for adolescents and youth. Compared to adult women and children, the needs of adolescents and youth are often overlooked. In particular, adolescent girls and young women are among the most vulnerable during a crisis situation because of their vulnerability to gender-based violence (GBV), human trafficking, early marriages, etc.

A crisis situation can also accelerate or delay adulthood among youth.[6] The sudden need to financially support their families during the aftermath of a disaster may accelerate adulthood. In contrast, an example of delayed adulthood is the prolonged and extended dependency on parents due to limited job opportunities. Adolescent boys and young men in protracted conflicts are particularly vulnerable to becoming child soldier recruits.[7]

Adolescents and youth in Central Sulawesi are certainly not exempt from these vulnerabilities. With more than 380,000 adolescents and youth in four of the affected cities/districts (25% of the population)[8], concerns of GBV, abduction, and substance abuse (e.g. glue sniffing) have been raised during child protection and women's rights sub-cluster meetings.

A Rapid Needs Assessment (RNA) was conducted by YPII prior to the delivery of their emergency response for children psychosocial support. The results of their RNA highlighted the following issues that particularly impacted girls and women: lack of privacy in internally displaced persons (IDP) camps; limited number of and lack of separation between male and female latrines; limited access to clean water; lack of electricity during the evenings, open space for bathing; and poor hygiene among the affected population.[9]

During the RNA, YPII also encountered many unaccompanied children in the camps. This highlights the risk for human trafficking, sexual violence, and forced marriages. Central Sulawesi has the fourth highest prevalence of child marriage in the country[10] and this disaster has the potential to increase this trend should it not be properly addressed.

Joint efforts to address and fulfill the needs of affected populations—including adolescents and youth—are still on-going. The Government of Indonesia, UN agencies, and international and local non-governmental organizations (NGOs) have continued their collaborative efforts to provide emergency- and long-term assistance; however, gaps and constraints persist due to the overwhelming needs on the ground. At present, the post-disaster situation in Central Sulawesi persists, and the vulnerability among adolescents and youth have yet to be addressed in full.

1.2. LITERATURE REVIEW

1.2.1 Impact of Post-Disaster Crisis on Adolescents and Youth Worldwide

Disasters affect male and female survivors differently.[11] If a disaster occurs within a society that is governed by gender-based power relations, the impact of the disaster will reflect the power relations between men and women.[12] According to Mehta, "Disasters work like the magnifying glass of a society...They magnify what is good and what needs sincere help. Disasters do not affect everyone equally...This is true for gender issues as much as other issues."[13]

Evidence from previous disasters have shown that the impact of a disaster is generally worse for women compared to men due to inequalities that pre-date the disaster.[14] To this point, the mortality rate for women during a major disaster is higher than the mortality rate of men.[15] This was evident during the 2004 Indian Ocean tsunami, where more women died in Indonesia, Sri Lanka, and India. Many were stay-at-home mothers and were unable to swim or climb trees.[16] Similarly, more women died during the 1991 cyclone in Chittagong and Cox's Bazar, Bangladesh.[17] The life expectancy of women also drops more drastically compared to men, especially as the magnitude of disaster increases.[18]

Women continue to be disproportionately impacted during the aftermath of a disaster. UNFPA reported that over 500 women and girls die every day from pregnancy and childbirth complications during emergency situations.[19] Similarly, in 2017, UNOCHA reported that three in five maternal deaths took place during a humanitarian crisis.

Another major concern that affects women during a humanitarian crisis is the increased prevalence of violence, which is a constant theme in many post-disaster situations.[20,21] GBV is exacerbated during humanitarian crises and can affect 70% of women in some conflict settings.[22] In Haiti, for example, the issue of sexual abuse and exploitation worsened significantly after the 2010 earthquake as perpetrators exerted their power for sex in exchange for basic services.[23]

Violence against women significantly affects the physical, psychological, and social well-being of women and girls.[24] Physically, victims of sexual violence have an increased risk for unwanted pregnancies, HIV/AIDS and other STIs, and long-term gynecological problems. Psychologically, all forms of violence may cause fear, anxiety, shame, and loss of trust among victims. Socially, they may be stigmatized, rejected, and experience social exclusion from their community.

While more attention has been given to the protection of women in emergency situations over the past decade, the prevalence of violence against women remains persistently high.[25] This may be due to: 1) low priority setting for GBV prevention as part of the life-saving humanitarian response; 2) lack of funding for GBV prevention programs; 3) lack of coordination to mobilize funds and actions related to GBV prevention; and 4) lack of a consensus on the most immediate life-saving interventions to address violence against women.

For men, the impact they experience following a disaster has also been recognized by the humanitarian community.[26] However, the number of in-depth studies that focus on how they respond to a humanitarian crisis remains limited. Several studies that focus on situations in the Middle East and Myanmar have examined the impact of humanitarian crises on boys and men, including their vulnerabilities, incidences of sexual violence, and their changing gender roles and relationships.[27,28,29]

1.2.2. Growing Focus on Adolescent girls and Limited Focus on Youth

Due to their sex (female) and age (10-19), adolescent girls are prone to 'double discrimination' in emergency situations.[30] Because of these characteristics, adolescent girls are simultaneously vulnerable to child abuse and violence against women.[31] Adolescence is also a transitional period from childhood to adulthood, during which they experience significant physical and psychological changes.[32] These unique characteristics and vulnerabilities have made them a growing priority during emergency situations, however their specific needs are still overlooked.[33] Adolescent girls often fall through the cracks of humanitarian responses because they are too old for child-friendly programs yet too young for women services.[34]

Additionally, this focus on adolescent girls is also due to their growing presence in emergency situations. In 2017, United Nations High Commissioner for Refugees (UNHCR) estimated that of all displaced persons who were forcibly removed by conflict or violence (approximately 65.6 million), half were under the age of 18.[35] This figure does not include displaced persons due to natural disasters, however it illustrates the high proportion of children and adolescents who live in crisis situations.

Furthermore, prioritizing the needs of adolescents is believed to be an investment that[36]:

- Is aligned with the Conventions on the Rights of Child and the Elimination of All Forms of Violence Against Women.
- Can consolidate the achievements to decrease child mortality rates, elimination

of gender gaps in primary school enrollment, and access to water and healthcare.
- Can accelerate the fight against poverty, socio-economic disparities, and gender discrimination.
- Will enhance efforts to address emerging issues such as climate change, economic turmoil, and the increasing frequency and severity of humanitarian crises.
- Recognizes adolescents as part of the present generation of global citizens who have a right to protection, care, and access to essential commodities, services, opportunities, and support.

In contrast, research and reports on youth between the ages of 19 and 24 in crisis situations are limited. This shortage reflects the lack of attention to youth in humanitarian programming. UNHCR has identified the following three reasons on why youth is an invisible population in humanitarian crises[37]:

- Conceptual: The absence of a universal definition for youth. This often causes youth to fall under the category of children or adults.
- Institutional: Lack of prioritization because they are not perceived to be a vulnerable group in a humanitarian crisis.
- Operational: Lack of funding allocation for youth programs. Programs will often target youth from within a child- or adult-specific program.

1.2.3. Adolescent Girls and Youth in Emergency Situations

Existing literature on adolescents and youth in emergency situations primarily focus on the impact of disasters on this population. A summary of reports and findings on this topic can be found in Annex 1.

While the majority of findings highlight the ways in which disasters affect adolescents and youth, some reports also highlight the presence of resiliency, a key protective factor that helps them cope during difficult times.

According to the University of Melbourne's Youth Research Centre, the key protective factors that assist adolescents and youth during times of emergency include sense of safety and security, self-worth, social connection, self-efficacy, and sense of purpose, hope or meaning (Figure 3).

Figure 3. Key Protective Factors that Build Resilience among Adolescents in Emergency Situations.

Sources of resilience was reported in Plan International's 'Adolescent Girls in Crisis' series. Examples from the Rohingya and Lake Chad Basin crises include: family and peer networks; optimism for the future; capacity and will to help their community; entrepreneurial attitudes; and existence of role models.

Gaps in the existing literature include:

- Lack of focus on the experiences of young men and women between the ages of 19 and 24.
- Existing reports generally explain the impact of armed conflict—not disasters—on adolescents. There is still a need for research that examines the impact of disasters on adolescent girls, adolescent boys, and youth specifically.
- Research on disasters in Indonesia since the 2004 tsunami has mostly focused on the experiences of children as a whole. There is limited research on adolescent girls and young women.

1.3. RESEARCH QUESTIONS AND GOALS

This report draws on the direct experiences of adolescents and youth who are currently facing the post-disaster situation in Central Sulawesi, Indonesia. Through their own voices, this research seeks to answer the following questions:

1	How do adolescents and youth perceive and experience insecurity in the post-disaster situation in Central Sulawesi?
2	How do adolescents and youth navigate their insecurities?
3	What are their needs and what opportunities exist to support them in this post-disaster situation?

By asking these questions, this report also seeks to present findings on a broader range of significant issues, including how the crisis has affected their daily lives, their personal coping mechanisms, how they support their families, and their short- and long-term priorities.

Lastly, this report will translate the findings into actionable recommendations on how the government and humanitarian aid workers can improve their efforts to collaborate with and respond to the needs of adolescents and youth in a post-disaster situation.

1.4. METHODOLOGY

This report adapted the methodological approach that was developed by Plan International and Monash University's Gender, Peace and Security Center. This approach has the very explicit goal to transfer the power and control of the research process to adolescent girls so that the findings will build upon their priorities and adequately reflect their hopes and concerns, concepts and understandings.

This study was modified to not only include adolescent girls and adolescent boys between the ages of 10 and 18, but also youth—defined in this report as young women and young men between the ages of 19 and 24. This approach allowed the researchers to better understand, through their own voices, the vulnerabilities and sources of resilience of adolescents and youth in the post-disaster situation in Central Sulawesi.

This approach has five features[38]:

1	It uses a grounded theory approach[39], which draws upon voices and experiences of adolescents and youth to establish the knowledge base for this research, recognizing that they are best positioned to express their needs;
2	It adopts a feminist methodology[40], which positions the advancement of rights and empowerment of adolescents and youth as central to the research process. They are the narrators that we will listen to;
3	It is adolescent and youth-centered in its efforts to amplify and validate the knowledge of young people;
4	An intersectionality approach[41] that recognizes the diversity of experiences among adolescents and youth in crisis. In doing so, it identifies where and why these experiences may vary among sex and age groups.
5	The research uses a rights-based approach with a focus on the rights of the child.

This report mainly used a qualitative methodology in which data was collected through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).

1.5. DATA COLLECTION

FGDs and KIIs with adolescents, youth, parents or guardians, and community leaders were conducted in December 2018 in the following locations:

- City of *Palu* (*Gawalise* and *Balaroa* camps)
- *Sigi* District (*South Sibalaya* camp)
- *Donggala* District (*Wombo* camp)

Additional interviews with NGOs and local government officials were conducted in their respective offices or work stations.

Planning

In preparation for the data collection process, UNFPA and YPII collaborated with a consultant to design the appropriate data collection tools, including FGD and interview guides for adolescents, parents or guardians, community leaders, and local government officials. The development of these tools is meant to ensure the collection of a wide range of data that is both age and gender appropriate, and enables the triangulation of data from different participants.

The FGD and interview guides include questions on topics that have been identified in the literature as major concerns for adolescent girls. Certain questions are direct inquiries on their personal and first-hand experiences, while other questions may ask for their observations and perceptions regarding the concerns and challenges of displaced adolescent girls and youth.

Implementation

During the data collection process, respondents were divided into two main groups: adolescents and youth. Adolescents were further divided into three age brackets (10-12, 13-15, and 16-18) while youth remained in one (19-24)[42]. The purpose of these age brackets is to: 1) ensure freedom of expression in a non-threatening environment; and 2) analyze the intersection of age and sex in the experiences of displaced adolescents and youth. This approach is particularly important for experiences that are heavily age-dependent (e.g. CEFM, access to education, and adolescent pregnancy).

A total of 20 single-sex FGDs were conducted, with four to 12 participants in each group. Each discussion was facilitated and documented by two same-sex peer educators from the Indonesian Planned Parenthood Association (IPPA). By assigning peer educators, adolescents and youth were able to feel more secure in expressing their voices and opinions.

FGDs with adolescent boys were also conducted for the following purposes: 1) to ensure an inclusive community approach to the data collection process; 2) to identify similarities and differences between the experiences of male and female respondents; and 3) to cross reference their responses with the accounts of adolescent girls and youth. Furthermore, FGDs allowed researchers the opportunity to observe the attitudes and behaviors of male respondents with their female counterparts.

A total of 58 KIIs were conducted with the following respondents: adolescent girls and young women; adolescent boys and young men; male and female parents or guardians; community leaders; local authorities; Civil Society Organizations (CSOs); and Non-governmental Organizations (NGOs). KIIs provided greater context on topics raised during the FGDs and it allowed for data triangulation on critical issues. Table 1. below provides a breakdown of the number of FGDs and KIIs based on the sex and age group of the respondents.

Table 1. Number of Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs)

DATA TYPE	ADOLESCENTS			YOUTH	ADULTS	TOTAL
	AGE 10-12	AGE 13-15	AGE 16-18	AGE 19-24		
Focus Group Discussions (FGDs)						
Females	3	3	3	1	-	10
Males	3	3	3	1	-	10
TOTAL FGDs	**6**	**6**	**6**	**2**	**-**	**20**
Key Informant Interview (KIIs)						
Females	7	7	7	6	-	27
Males	3	3	3	3	-	12
Female Parent/Guardian					3	3
Male Parent/Guardian					4	4
Community Leader					3	3
Camp Coordinator/CBO/NGO					3	3
Government Official					6	6
TOTAL KIIs	**10**	**10**	**10**	**9**	**19**	**58**

FGDs and KIIs both used a semi-structured interviewing format. FGDs consisted of two main parts: 1) mapping of safe and unsafe locations; and 2) discussions pertaining to their life in the camps (e.g. experiences and concerns) and their sources of resilience. The mapping exercise was based on personal assessments of areas that were considered to be safe or unsafe within the camps; while discussions on personal concerns and sources of resilience were arranged by themes to provide a focus and to better facilitate their thinking process.

To ensure relevancy, KII questions were developed to correspond with the respondent. For example, adolescents and youth were asked questions regarding their personal experiences and the experiences of their fellow peers. Topics covered a wide range of areas including: daily activities, camp conditions, access to food and nutrition, experiences of violence, personal contributions to others, engagement with the humanitarian community, and personal expectations for the future.

In contrast, adult respondents were asked about the experiences of adolescent girls in the camps from their perspective. They were asked to describe their thoughts and opinions on the safety and security of the camps, child, early, and forced marriages (CEFM), access to education, provision of aid, etc. Their responses provided important cultural context for this research and it helped to validate, challenge, or explain the views of adolescents and youth. Sample KII questions can be found in Tables 2 and 3 below.

At the end of each FGD and KII, adolescents and youth were asked a set of close-ended quantitative questions on the physical aspects of the toilets, availability of private areas for self-care purposes, and access to healthcare services. This information was used to increase the range of data that might have been missed during the FGDs and KIIs.

Table 2. Sample Questions for Adolescents and Youth

....

What activities do you enjoy most in the past week?

....

"Everyone can be helpful to family, friends, community." Do you agree with this statement? If yes, in what ways are you being helpful? If no, why do you think that you cannot help others?

....

Is there any place around here that you feel is unsafe for girls? Where are these unsafe locations? Why are they unsafe?

....

Table 3. Sample Questions for Parents or Guardians

....

What changes did your daughter or son experience as a result of the disaster? How did they change?

....

Have you ever talked to your son or daughter about his/her fears or concerns? If yes, what are they worried about?

....

Table 4. Sample of Quantifiable Questions for Adolescent girls and Youth

....

Are the toilets fully covered? For example: do the walls cover your entire body? Do the toilets have a roof? Are there cracks in the walls)? "Yes" or "No"

....

Do you think the toilets are sufficiently illuminated? "Strongly agree," "Agree," "Neutral," "Disagree," Strongly disagree."

....

1.6. DATA ANALYSIS

Data analysis for this research as conducted by a research team based at Soegijapranata Catholic University's Department of Psychology. The assigned team has extensive research and evaluation experience in disaster relief and recovery, gender, and psychosocial support in Indonesia.

The fundamental process of data analysis for this research was to systematically highlight the voices of adolescents and youth, and to emphasize the distinguishing experiences of adolescent girls and young women during the post-disaster situation in Central Sulawesi.

FGDs and KIIs were transcribed by those who were not involved in the data collection process in order to ensure impartiality. Data was then coded, categorized, and triangulated. Triangulated data was either confirmed or challenged by the researchers and the findings were later presented to UNFPA, YPII, and other researchers for further deliberations.

1.7. RESEARCH ETHICS

Ethical considerations were underscored and strictly adhered to during all stages of the research process. The research design and data collection tools received ethical clearance from the Research Ethics Committee at *Soegijapranata* Catholic University. The same materials were also submitted to *Pelayanan Terpadu Satu Pintu* (PTSP)—the government office with the authority to verify ethical research standards.

To fully understand and properly address the ethical concerns of working with adolescents and youth, the research and data collection teams were briefed on Plan International's Child Safeguarding Policy. They solidified their commitment to comply with the ethical guidelines by signing the Child Safeguarding Policy document. Data collectors, in particular, were briefed on the importance of receiving informed consent prior to the commencement of an FGD or KII.

During the data collection process, the creation of a safe environment for adolescents and youth was a non-negotiable requirement with clear criteria that had to be met. These criteria include the following:

- FGDs and KIIs must take place in youth centers or child-friendly spaces within the camps.
- FGDs with adolescent girls and young women must be conducted by female peer educators who are also fluent in the local language.
- Data collection tools were designed to reduce the risk of discomfort for to respondents. Researchers were also trained on how to appropriately respond to disclosures of violence.
- Data collectors must build a strong rapport with respondents prior to the commencement of an FGD or KII.
- Respondents were informed that their participation was voluntary and they were not required to respond to any questions that made them uncomfortable.
- The principals of confidentiality and anonymity must be clearly communicated and informed consent must be received from the participants and/or their parents or guardians.

1.8. LIMITATION OF THE RESEARCH

There are several limitations to this research. First, the research team did not have equal access to all sub-groups of the adolescent and youth population. For instance, interviews with persons with disabilities and youth between the ages of 19 and 24 were difficult because they mostly lived outside the camps. For this reason, the findings of this report are only representative of adolescents and youth who reside within the camps. Other marginalized populations such as abandoned children and pregnant women or girls are also less represented in this report.

In addition, limited resources, time, and space resulted in the lack of in-depth probes into the various vulnerabilities of adolescents and youth. The lack of depth was also impacted by the inexperience of the peer interviewers. While they provided a sense of comfort and safety for the respondents, peer interviewers do not have the benefits of previous experience, which would have allowed them to know when certain responses warranted follow up questions.

2. Research Findings

The research findings in this section are structured around the three main questions that were outlined in Section 1.

First, the report details the core vulnerabilities of adolescents and youth in the post-disaster situation in Central Sulawesi.

Second, the report will highlight the coping mechanisms that shape the resilience of adolescents and youth in the post-disaster situation.

And third, the report will situate these findings within the context of previous research and it will describe opportunities to provide support.

These research findings will provide the basis for the conclusions and recommendations in Section 3.

2.1. VULNERABILITIES OF ADOLESCENT GIRLS AND YOUTH

2.1.1. *Secluded Areas, Dark Roads, and Male-Dominated Crowds:* Unsafe Spaces and the Threat of Sexual Violence

....

The place is dark and I'm afraid someone will block my way, especially when I'm walking back to the camp in the evenings. I was chased by someone once... but I don't know who [chased me]. When I reached an illuminated area, the person was gone. I'm not sure if it was a ghost or a person.

Young woman, 20

Adolescent girls and young women conveyed mixed feelings regarding the safety and security of living in the camps. They feel safe in public spaces where IDPs assemble and engage in community activities (e.g. mosques, public kitchens, and open fields). Mosques and prayer rooms (*mushola*) are considered to be the safest locations as they are places of worship; however, adolescent girls and young women are most concerned about public spaces where lighting is limited and men often congregate (e.g. volleyball courts and entrance gates). Furthermore, there is an overall fear of ghosts or spirits, especially in secluded and dark spaces around the camp. In this regard, latrines are considered to be the most dangerous location due to the poorly lit or nonexistent lighting in the area. A more detailed description of the safety concerns at latrines will be discussed later in this report.

....

The cemetery [is unsafe].,,Yes [I was raped there] and one day when I went to pee, there was a ghost with a flying head. The street lamp is very poorly lit. The jackfruit tree and the tamarind tree over there also have 'guards' [referring to ghosts].

Adolescent girl, 11

....

The camp headquarter is a threatening place. Many adolescent boys smoke and drink alcohol there. We—adolescent girls—want to go there but we're afraid to do so. [They verbally abuse us] and make us give them our money.

Adolescent girl, FGD, 13-15 age group

....

The camps are safer than living at home, even for houses and communities that were not completely destroyed by the disaster. In the event of another earthquake, adolescent girls and youth believe that living in their house would pose a greater risk compared to living in the camps because falling tents would cause less harm than collapsing walls. They also believe that returning home is still dangerous due to the occurrences of looting, which was particularly prevalent during the first week after the disaster.[43]

....

Home is not safe. Everyone lives in the camps. There have been a lot of burglaries recently and if I stay home when a bad person breaks in there is no I can ask for help.

Youth, 22

....

This tent is made from tarpaulin, unlike our house. The tent will not hurt if it falls [on me] while a collapsing house is dangerous.

Adolescent girl, 13

....

The camp in *Wombo*, a village in the district of *Donggala*, has a unique safety concern due to its location. Situated at the periphery of the village and adjacent to a public cemetery and forest, adolescent girls and young women fear the presence of ghosts or spirits in the cemetery and snakes from the forest. They also describe instances where fellow displacees were possessed by spirits on their way to the latrines. For these reasons, many displacees will either stay at the camps during the day and return to their homes at night, or they will remain at the camps during the evening, but they will not leave their tents.

Similar to their female peers, adolescent boys in *Wombo* also referred to the cemetery and forest as unsafe locations. Generally, however, adolescent boys expressed more concern over secluded places outside of the camps compared to locations within its periphery. This would include poorly lit roads linking the main road to the camps—areas that may be prone to burglaries, wild animals, and the presence of ghosts or spirits. Within the camps, adolescent boys only expressed fear of specific locations where spirits are believed to dwell (e.g. a specific toilet or tree). Late adolescent boys and young men were more confident in their ability to defend themselves from danger, and were thus less likely to admit fear of any particular location within or outside the camps.

Peer Violence

Peer violence is the most prevalent form of violence experienced by early adolescent girls in the camps. This includes mocking, name-calling, use of insulting language, and physical abuse. The perpetrators of peer violence are more likely to be adolescent boys, however there are also instances of female-instigated violence.

Peer violence in the form of incessant mocking will most often lead to crying; however, in some instances it can also result in physical altercations between the perpetrator and victim. Peer violence is also commonly caused by competition over playing resources (e.g. swings at the playground).

Early adolescent boys will also resort to violence due to misunderstandings with another person or a group of people. Violence and brawls among this group were common prior to the disaster and it remains unclear whether the situation of peer violence has improved for worsened since then.

For late adolescents and youth, peer violence appears to occur less frequently compared to those in the younger age category. In fact, only one late adolescent girl reported an instance where she hit her fellow peers.

Parents and community leaders do not perceive peer violence, both verbal and physical, to be actual acts of violence. Their understanding of the term ‘violence’ seems to only include domestic violence and sexual abuse. Similarly, early adolescents also consider the act of hitting to be a part of everyday play, even though they are aware of the pain they inflict upon their peers.

....

Yes, I fought with a boy. I hit [the boy]. I did it because I didn’t want to be mocked anymore.

Adolescent girl, 16

....

He likes to cause trouble. Once he hid my sandals until I cried..[another time] he hit my head...he also bullies other girls.

Adolescent girl, 11

....

Yes, I am often hit in the chest. My cousin is also bullied by my friends. I [often] cry but I also try to be patient.

Adolescent girl, 11

....

Yes, I have [seen violence among adolescents here]. I am [the perpetrator].

Male adolescent, 11

....

Violence by Parents or Guardians

While living in close proximity to their family members provides a sense of security within the camps, violence inflicted by parents or guardians is also a common experience for adolescent girls between the ages of 10 and 15. This type of violent behavior is mostly committed by a male parent or guardian in the form of verbal and physical abuse (e.g. hitting, kicking, etc.). Early male adolescents, especially those who are deemed to be unruly, also experience various forms of violence by their parents.

According to early adolescent reports, parents use violence—verbal and physical— as a form of punishment for disobedience or to instill discipline. Situations that may trigger violence include:

- Children do not complete their household chores (e.g. doing the dishes and sweeping the floor).
- Children act violently towards their siblings.
- Children do not comply with family rules (e.g. observe prayer times and failing to return to the tents before dark).

Despite adolescent reports of physical violence by their parents, community leaders and parents deny that such forms of violence occur.

There are two ways of interpreting this situation: 1) denial among adults; and 2) a different understanding of the Indonesian term *kekerasan dalam rumah tangga* or domestic abuse. Parents and community leaders may perceive corporal punishment as a means to educate or discipline their children and not a form of violence. Alternatively, there may be a perception that domestic abuse only refers to violence between partners and not between parents and their children. The latter point was eluded to by a community leader who referenced a domestic abuse report of a husband who physically harmed his wife.

....

I was once hit by my father because I put things away in the wrong place. It was painful and I was unable to walk [for a while].

Adolescent girl, 11

....

My mother hits me when I do not listen to her.

***Adolescent girl,* FGD, 10-12 age group**

....

Sexual Assault and Violence by Displaces

Many adolescent girls and young women reported instances of being watched while using the public sanitation facilities. As a form of defense and in order to protect themselves from male perpetrators, some adolescent girls and young women have resorted to covering their entire body when showering. Male perpetrators have been reported to spy through the holes in the wall partitions or from higher ground.

In *Palu*, an adolescent girl reported being watched and recorded when she was taking a shower. This case was reported to the camp management team and local authorities, but efforts to correct the underlying safety concerns at the latrines have been insufficient. Privacy at the latrines did not improve and the area remains poorly lit.

....

The latrine at the end of the camp is unsafe. It is dark and there is no lighting. The walls are so short our upper body is visible from outside when we take a shower.

Adolescent girl, 17

....

The latrines are the most dangerous location because of poor lighting. I am always worried that someone will peek through the walls. Someone in this camp once took a photo and video of me when I was using the latrine.

Adolescent girl, 13

....

When I went to the latrine, someone followed me and went to the adjacent latrine and peeked through. I did not know him.

Adolescent girl, 16

....

Almost all adolescent girls and young women consider latrines to be unsafe and the inaction to improve the conditions have caused continued and heightened anxiety among those who use these facilities. These feelings worsen if they are only able to shower during the evening hours when it is dark.

One report of sexual violence includes an attempted rape that occurred when the victim was asleep. Similarly, another adolescent boy reportedly forced himself onto his girlfriend (an early adolescent girl) even after repeated warnings to stop.[44] There were also two witness testimonies of unwanted incidences of touching and kissing from male perpetrators. Adolescent girls are hesitant and scared to report sexual assault and violence because of the threats that they receive.

Due to the limited reports of sexual violence, it is difficult to assess whether sexual violence occurs more frequently in a particular age group.

....

While I was sleeping [and] the lights were off, someone came on top of me and tried to kiss me. I felt his breath even though I initially thought it was [the wind from] the fan. I woke up when I touched his hand [accidentally]. The person disappeared behind the curtain. I immediately sat up and saw his head. He walked away through the back door.

Adolescent girl, 15

....

I am afraid...afraid of getting beaten [by the perpetrators]. They will be beaten by their parents but their parents will also be me.

Adolescent girl, 11

....

We saw [her and her boyfriend]...at the mosque in the early morning. We took a photo of them for evidence to show the boy. Yes [her boyfriend was touching her body]. [She] should have been angry but she didn't do anything except to say 'don't do that.'

Adolescent girl, 11

....

Unlike the experiences of adolescent girls and young women, their male counterparts do not feel threatened by acts of sexual violence. No reports were received, and in fact, male respondents confirmed the verbal harassment that adolescent girls and young women receive when walking by groups of congregating boys and men.

2.1.2. ***The Easy Solution:*** **Child, Early and Forced Marriages**

The practice of CEFM existed in Central Sulawesi even before the disaster hit. In 2015, Central Sulawesi had the third highest incidence rate for early marriages in the country, with approximately a fourth of those cases occurring in *Palu* and *Sigi*.[45] CEFM not only affects adolescent girls and young women; in fact, it is common to find cases of CEFM that involves both adolescent girls and boys.

....

[Before the disaster], many residents of this area [had early marriages]. Junior- and high school [age]. [The girls] get pregnant, while their parents were unaware of their social interactions.

Young Man, 22

....

[My daughter got married early] because of the unhealthy relationships among young people.

Parent, 42

....

[Early marriages] are common here. It is not a problem, it depends on the parents. It happens because a girl and a boy get too close and they should get married. It's better [to get married sooner], otherwise they may do things that their parents do not approve of.

Parent

....

Based on respondent testimonies from both male and female respondents, this report confirms government data that suggests the common nature of CEFM in Central Sulawesi. For instance, a 23-year old female respondent reported that her first marriage took place when she was just 15 years old, and her first pregnancy soon thereafter. Parents and community leaders also acknowledge these occurrences, though they claim the prevalence is not as high as they were 20-30 years ago.

There is a clear power imbalance in the decision-making process of child marriage. Parents, who have the power advantage over their children, often resort to CEFM in order to avoid certain social taboos such as promiscuity and its possible consequences (e.g. out-of-wedlock pregnancies). Parents may also resort to marriage to ease their own concerns and shame if rumors of their child's perceived promiscuity circulate within the community.

Certain religious interpretations on marriage also impacts the prevalence of CEFM. Parents and community leaders believe that their religion allows for marriage when a girl experiences menarche (i.e. first occurrence of menstrual period) and boys experience their first "wet dream" (i.e. involuntary ejaculation of semen as they sleep). In fact, early marriage is viewed as a preventive measure to avoid adultery and sin. As a long-practiced tradition in this community, early marriage has become imbedded within the local culture and is thus perceived as normal.

....

These days, the relationships between young people are extraordinary...out of the blue [girls] will get pregnant [and] their parents have no idea.

Female parent

....

Yes, a friend of mine got married when we were in Grade 9. She was pregnant before the wedding. [She married] an older man who is over 20 years old.

Adolescent Boy, 17

....

My cousin got married. She should have started Grade 9 if she continued her studies but she preferred to get married instead.

Adolescent girl, 11

....

2.1.3. *Day Curfews, Night Curfews:* Losing their Freedom of Movement

Since the disaster, adolescent girls and young women have had to adapt to significant changes and restrictions to their movements. Prior to the disaster, adolescent girls and young women were free to carry out their activities within and around the neighborhood at all hours of the day. A curfew of 8 or 9pm was commonly enforced by parents, but this was largely accepted by their children. Since the disaster hit, however, adolescent girls and young women have been limited, in terms of their movements, to activities within the camps. Even certain areas within the camp have additional restrictions due to security concerns (e.g. latrines and poorly lit areas). During the evenings, they are asked to remain in the shelters, thus limiting their movements even further.

Exceptions are granted to adolescent girls and young women who have specific reasons to leave the camps. This includes adolescents who attend school and young women who work in the afternoons.

....

[In the past], I could go anywhere as long as I asked for permission [from my parents]. It is different now. I do not dare go out anymore. I'm just afraid...afraid that an earthquake will hit again.

Adolescent girl, 16

....

My parents don't allow me to go anywhere. I'm not as free as I used to be. They're always worried that something bad might happen such as another aftershock.

Adolescent girls, 17

....

Parents tend to relax evening restrictions when it comes to religious activities at the mosque or *mushola*. Communal evening prayers are a common practice for Muslims, and many parents believe that their families should pray more during times of crisis. For these reasons, parents are less concerned about the safety of their daughters when they go to pray at the mosque, even though they will interact with their male peers.

The three main factors that drive parents to limit the movements of their female children (adolescents and youth) are: 1) their unfamiliarity with the camp and the people who reside in the area; 2) the secluded and poorly lit environment in which some camps are located; and 3) fear of another earthquake and the possible separation with family members. These concerns are also shared by many adolescent girls and young women.

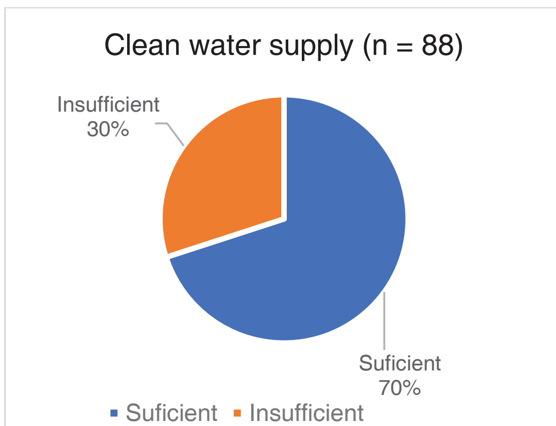
Male adolescents and young men have less restrictions to their movements compared to their female peers. While they enjoy more freedom to move around the camps, adolescent boys expressed concern over the variety of activities they can participate in and the size of places they can frequent (i.e. activities are often limited to sports). Young men have more options compared to adolescent boys as they can be involved in aid distribution as well as sports.

2.1.4. ***Dirty Latrines and Muddy Waters:*** Limited Access to Clean Water, Sanitation Facilities, and Basic Hygiene

Access to Clean Water

With regard to the water supply, approximately 30% of adolescent girls and young women reported insufficient and inconsistent amounts of clean water for sanitation purposes. For instance, clean water may be available in the mornings but the supply will become less reliable in the evenings; It may also be available one day but not the next. These inconsistencies are further compounded by the decreasing quality of water due to rainfall.

Figure 4. Clean Water Supply in the Camps



....

The wait-time to use the latrine is long... [Water] is available but it becomes less available at night. Since water is scarce, I must use water efficiently.

Adolescent girl, 16

....

There have been a lot of changes (since the earthquake). Prior to the earthquake, I used to take a shower in the mornings and evenings. Now, I don't shower in the mornings because water is difficult (to access in the morning).

Adolescent girl, 17

....

Sanitation Facilities and Basic Hygiene

....

Men and women use the same toilets. Men will use the women's toilet even though two stalls are designated for men and two are designated for women.

Young Woman, 21

....

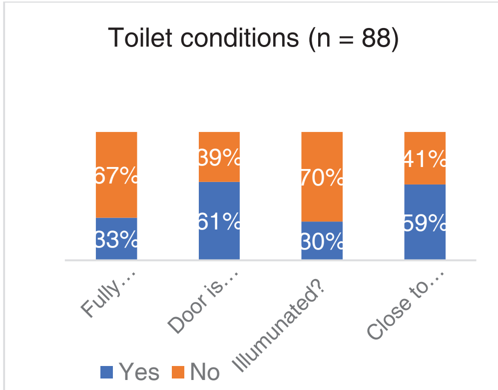
The latrines will sometimes have a foul odor. Some people will defecate without flushing [the pit]. The lights will sometimes work but occasionally they won't.

Adolescent girl, 13

....

The conditions of sanitation facilities—primarily latrines—in the camps, are a major issue for adolescent girls and young women. More specifically, their concerns include: 1) the insufficient and disproportionate number of available facilities compared to users; 2) the lengthy wait-time before use; and 3) the lack of a functioning plumbing system, which requires people to retrieve water from a public water source and manually fill the water supply in the latrines.

Figure 5. Toilet Conditions



The physical structure of the latrines also poses safety and privacy concerns for adolescent girls and young women. Reports on its physical conditions include: partially covered latrines (67%); unlockable doors (39%); and poorly illuminated latrines (70%) and pathways (47%). There were also reports on the far distance between latrines and shelters (41%). It's important to highlight that approximately 18-20% of female respondents were unsure of the quality of lighting as well as the distance to the latrines.

Personal hygiene concerns were also raised by adolescent girls and young women. Latrines are often unsanitary and have a foul odor because it may be left unflushed, or flushed but with minimal water. Indeed, direct observations from the day of the visit found that urine and feces were left unflushed in the latrines.

Similar to their female peers, most adolescent boys and young men were also concerned about the inconsistent availability of clean water and the cleanliness of the latrines. Since water trucks often come after the camps have run out of water, some adolescent boys and young men resort to using the river to bathe. While similar in their concerns regarding water supply and basic hygiene, adolescent girls and young women have the added challenge of managing their menstrual period and the risk of being watched by male displacees.

....

Sometimes the water supply is sufficient and sometimes it is not. It depends on the water supply [from the government]. There was a time when no water was available at all. I didn't take a bath since there was no other choice.

Young Man, 22

....

If I want to do a sanitary activity, I must travel quite far. If I want to defecate, I need to carry water to the toilet.

Adolescent Boy, 15

....

Adolescent girls and young women have had to adapt and make compromises to the challenges highlighted above. This includes:

- Performing routine sanitary activities in the midst of dirt and foul odors.
- Minimizing their use of water, even during their menstruation period. This puts them at risk of compromising their personal hygiene.
- Utilizing the river to bathe and perform other sanitary activities.
- Utilizing the bathroom in their damaged house despite the risk of a reoccurring earthquake.
- Delaying sanitary activities while waiting for more water to become available.

2.1.5. *Too Hot, Too Cold, or Too Wet:* Inadequate Shelter and Camp Conditions

Extreme Temperatures

Adolescent girls and young women reside in two types of shelters: temporary shelters and transitional shelters. At the time of the visit, temporary shelters were only available in *Palu* (built by humanitarian organizations) and *Donggala* (community built), while transitional shelters were only available in *Sigi*.

....

[I am] not comfortable because [the shelter] is always flooded...water floods the floor and the mat [we use to sleep] becomes wet. I move to my in-law's house when the rain comes. It's about 5km from here.

Female youth, 21

....

[The shelter gets] wet when it rains...there are leaks. I can't stand the cold weather...our mats will often get wet too if the rain leaks [through the holes]. The holes are usually fixed with tape or band-aids.

Adolescent girl, 12

....

While the conditions in each shelter have its own specific issues, extreme temperatures ranging from excessively hot during the day to unbearably cold during the evenings were reported across all shelters. Adolescent girls and young women prefer to be outside during the day but activities during that time are limited. They also try to take afternoon naps but most aren't able to sleep.

Rain further exacerbates the situation in shelters because of the leaks in the roofs or walls. This is true even in temporary shelters, although the situation in community-built shelters are reportedly worse. When it rains, the shelters are flooded with water that flows from the small gaps between the walls and floor.

During the rainy season, when the rainfall is more frequent and the winds are stronger, living conditions in the shelters may become untenable.[46] An adolescent girl from *Donggala* reported that flooding is already a problem even when rain is not a daily occurrence. There were also a few incidences of wind damage in in *Palu*. Both incidences will become more frequent during the peak months of the rainy season.

Overcrowded Shelters

In addition to extreme weather conditions, overcrowding and privacy in shelters—particularly in shelters designed for 2 or more households—is a concern for the majority of late adolescent girls and young women. In fact, 85% of adolescent girls and young women do not feel that they have a private area for self-care (e.g. changing clothes, private hygiene, etc.). Furthermore, overcrowding is a source of discomfort and inconvenience because certain family members may be forced to relocate to another location to sleep.

The combination of restricted movements, limited space, and lack of activities during the day have resulted in excessive television viewing and mobile use among adolescents and youth. Both behaviors were observed during the visit.

Among adolescent girls and young women who have experienced both types of shelters, the transitional shelters are considered to be the better option because of its larger size and better management the camps and facilities (e.g. sport courts, mosques, and public toilets).

Other camp conditions that concern adolescent girls and young women include:

- Improper waste management including the inadequate number of waste bins, inappropriate disposal of trash (i.e. littering), irregular trash collection, and waste buildup.
- Unreliable electricity supply, which results in frequent power outages. During these times, the use of televisions, mobile phones, and electric fans, are interrupted. For those who reside closely to the generator, many complain of the noise and its effects on their concentration and sleep quality.

....

[It takes] some time for the garbage collectors to pick up the trash. [The trash] is only collected when it starts to overflow and generate a foul odor.

Adolescent girl, 13

....

There are a lot of flies. When we eat, flies will swarm around our food and we will often get a stomachache or diarrhea.

Male adolescent, FGD, 13-15 age group

....

With exception for the issue of privacy, adolescent boys expressed similar concerns regarding shelter and camp conditions (i.e. extreme temperatures in the shelters, rain, and the overall cleanliness of the camps). Males between 19 and 24 were less concerned about shelter temperatures because they work outside of the camps for most of the day.

2.1.6. *To Cure not Prevent:* The State of Healthcare Services in the Camps

Physical Health Services

Adolescent girls and young women are aware of the various physical health services in the camps and do not perceive it to be a major concern. Thoughts from male and female respondents on available health services include the following:

- Health centers are located in close proximity to their shelter and a doctor or midwife is readily available to provide services throughout the day and into the night.
- Adolescent girls and young women visit the health center to seek treatment for common illnesses and conditions.
- Some have never visited a health center, even for medical consultations or preventative measures.
- Female respondents are satisfied with the physical health services in the camp.

Mental Health Services

Mental health is a significant concern for adolescent girls and young women. Many speak about the earthquake, tsunami, liquefaction, and the impact it’s had on their lives. They continue to worry that another earthquake will hit, and unfortunately this fear is often realized with the many aftershocks that have occurred.

Unlike the general awareness of physical health services within the camps, adolescent girls and young women do not know of any specific mental health services that are available to them. In fact, the Ministry of Social Affairs and aid organizations have provided psychosocial support in the form of activities and games at child-friendly spaces, but a referral mechanism for psychosocial support does not yet exist. Furthermore, community leaders and group representatives do not possess the knowledge and skills to identify intense psychological distress or persistent trauma.

These services are particularly important because adolescent girls and young women have experienced varying degrees of grief. There are many stories of adolescent girls and young women who lost close family members including, for instance, their grandmothers, cousins, and in-laws. The grief of losing a family member due to this disaster is further compounded by the distress of handling their bodies and making funeral arrangements.

Adolescent girls and young women frequently use the word 'trauma' as a catchall phrase for all negative feelings related to the disaster. While certain experiences may indeed be a traumatic event, not all symptoms should be labelled as such. It is possible that the overuse of the term by aid workers and volunteers has caused the general public to over-generalize and incorrectly diagnose all symptoms of psychological distress as trauma.

....

[The] earthquake keeps coming...I can't sleep well at home, I'm too terrified. I am still pretty afraid [because] I'm a tsunami survivor.

Young woman, 20

....

Yes, I am traumatized. For example, when I take a shower or go on a walk, I feel traumatized. I took a shower and ran outside while I was still naked [when liquefaction occurred].

Adolescent girl, 13

....

The psychological impact of the disaster can trigger both physical and emotional reactions (e.g. nausea triggered by proximity to the sea as well as feelings of sadness, embarrassment, etc.). Many respondents conveyed their own personal experiences, which includes a story of a young women who was recorded running to safety in the nude after her dress was torn apart by the tsunami. Similarly, a girl had to run outside of her house in the nude once liquefaction hit her neighborhood, and another had to witness her home collapse entirely.

The psychosocial well-being of adolescent girls and young women are influenced by their current reality and uncertain future. This includes the following factors:

- The perception of safety and security in the camps (e.g. threat of voyeurism in the latrines by male perpetrators).
- The limited space within shelters, which has restricted their movement and activities since being displaced.
- The fear of flooding in the camps and shelters as the rainy season approaches.
- Fear and anxiety for the future, including education, house ownership, and job security.

Early adolescent boys also expressed concern of reoccurring earthquakes. They also remain psychologically affected by the disaster due to the shock they experienced and the injuries they sustained. Being separated from their families and bearing witness to the collective cries of the people were also terrifying experiences. Despite these events, there was no strong indication of prolonged psychological distress or trauma.

....

I am worried about the temporary shelter. We hear it will be built, but we don't know when.

Young man, 20

....

I hope the shelter is built near Balaroa, but I don't know. The government said that they are still looking for land availability.

Young man, 22

....

Late adolescent boys and young men are no longer suffering from the psychological impact of the disaster. While they do have concerns about potential disasters in the future, they do not show any signs of excessive and sustained anxiety related to this particular disaster.

Young men are more concerned about the uncertainty of housing assistance from the government. Those who are still housed in emergency shelters are anxiously awaiting the establishment of temporary shelters; and for those who are already in temporary shelters, their concern is over the development of permanent housing.

The sense of anxiety over housing assistance is particularly high among youth who reside in *Wombo village in the district of Donggala*, becausee they have been receiving the least amount of aid. In *Palu*, the concern is not whether the temporary shelters will be built, but where they will be located (will they be far from their previous neighborhood?).

Other factors that affect mental health are life skills, emotional intelligence, and social well-being. In this regard, early adolescent girls and boys both lack constructive conflict management skills, as evident from the frequent peer violence in the camps. This may reflect the violent behaviors that their parents use to address undesired behavior. Those who are older and unemployed lack the opportunities to develop their vocational skills, which further adds to their anxiety on economic security.

While a referral mechanism for psychosocial support does not yet exist, the return of schooling has reinstated a familiar routine for adolescents. This is a restorative step towards their emotional and social well-being.

Sexual and Reproductive Health Services

Overall, adolescent girls and young women have insufficient knowledge pertaining to sexual and reproductive health and rights (SRHR). Approximately 86% of adolescent girls and young women know that services are available for women's health issues, including menstruation, and 84% report that medicine is available at the health centers. Adolescent girls and young women do not actively seek information on SRHR from health providers; In fact, services are mostly used as a source to collect sanitary items, pain medication, and for consultation on leukorrhea (i.e. vaginal discharge).

Adolescent girls and young women are mostly unexposed to information regarding their sexual and reproductive health. They have never been educated on this matter by their parents, teachers, or religious leaders. For the most part, adolescent girls and young women rely on the internet for SRHR information, and they will occasionally discuss the issue with their peers.

....

My parents never talk to me about sexual behavior. They only teach me about overcoming life problems and how to survive. I rely on the internet for information on sexual behavior.

Adolescent girls, 17

....

I only get information on sexual behavior from IPPA peer educators. About not engaging in sexual behaviors before marriage...on contraception...how it prevents pregnancies. The only contraceptive method that I can remember is spiral.

Adolescent girl, 15

....

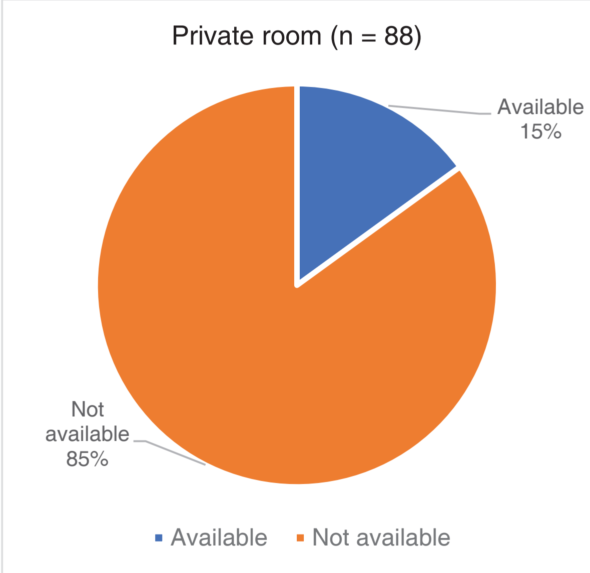
In order to address the lack of SRHR knowledge, government agencies and aid organizations have actively disseminated information to adolescent girls and young women in child-friendly spaces or youth centers. Some late adolescent girls confirmed that they have participated in the Indonesian Planned Parenthood Association's (IPPA) peer-educated SRHR promotional activities. During these sessions, participants conveyed questions regarding sexual and reproductive health issues, including leukorrhea[47] and irregular periods.

Following these sessions, adolescent girls and young women did not take further action to visit a health center for consultation. Their reluctance to do so is influenced by the following factors:

- Private issues or health concerns are typically shared with people they know and are familiar with (e.g. mothers or friends).
- Many adolescent girls and young women are reliant on their parents to visit health centers for a variety of reasons (e.g. complexity of accessing free health care services using the BPJS health card).
- They perceive that consultation visits to a health provider is only necessary when there is a problem (not for preventative services).

Safe sex practices and pregnancy prevention are two critical issues for adolescent girls and young women. As mentioned in the previous section, some have already been exposed to non-consensual sex or engaged in sexual activities without a full understanding of the risks (i.e. unintended pregnancies or sexually transmitted infections). To this point, some adolescents reported limited knowledge on contraception and were unable to recall specific contraceptive methods. Indeed, health providers confirmed two incidences of pregnancies among adolescents who were 15 and 16 years old, respectively.

Figure 6. Availability of a Private Room for Self-Care



Sexual and reproductive health is also impacted by the presence of a private area to carry out the necessary measures of self-care and personal hygiene. The inability to properly manage their menstruation may increase their risk for infection and infertility; it could also disrupt their psychological well-being by reducing their sense of dignity and confidence.[48] Figure 6 highlights the lack of privacy for self-care.

Between the ages of 10 and 12, some adolescent girls have not yet experienced menarche and their parents or guardians have not adequately prepared them for the experience. At this age, they are also unaware that sexual and reproductive health services are available at the health centers.

SRHR knowledge is equally important for adolescent boys and young men. They should bear equal responsibility in the prevention or control of pregnancies and/or STIs. Their knowledge on the matter, however, is minimal, and often times less than their female peers. Parents or guardians do not educate their sons on the matter, and likewise, their sons do not ask to be informed. According to their own accounts, adolescent boys and young men have never attended nor have they been asked to participate in SRHR informational sessions. As a result, they have never received accurate information regarding SRHR from reliable sources.

2.1.7. *Less Hours, Fewer Teachers:* Schooling Woes and Academic Uncertainty

Three-months following the disaster, adolescent girls now have the ability to resume their education. They are able to attend the same school they went to before the disaster, or they have the option of participating in emergency schools in their camps.

With regards to the learning process, adolescent girls face the following challenges:

- Irregular, and often times shorter, school operating hours. This is affected by the absence of teachers and classroom sharing.
- Dirty classrooms, extreme heat, and visible cracks in the walls, which are anxiety-inducing for students.
- Long travel distances for students who attend their previous school. This also poses an increased financial burden on their parents who are mostly unemployed.

....

[I] cannot entirely focus on my education. In addition to less classroom instruction hours, there have also been many aftershocks.

Adolescent girl, 17

....

After the earthquake, I often study in the tents. In the mornings we will study in the tents and in the afternoons, we'll study in the classroom.

Adolescent girl, 14

....

While education services have vastly improved since the emergency phase, students who were impacted by the disaster have inevitably fallen behind their fellow peers who attend regular schools. This is of particular consequence to adolescent girls who are in their final year of primary-, junior high-, and high-school. There are no exemptions for the national exams, even for students who are in emergency situations.

For those who are pursuing higher education, campuses have relaxed the attendance regulations, which is comforting to those who are affected by the disaster and unable to attend class. Classes are still held in the same buildings, but faculty members attend classes less regularly.

As mentioned above, one of the main challenges for effective learning among adolescent girls and young women is the extreme heat and lack of space in the shelters. Community learning hours are also unavailable as often arranged in their villages.

Adolescent boys expressed similar concerns regarding their education. Fewer hours are spent at school, in part due to the absence of teachers, and they are also less motivated to study in the camps. Similar to their female peers, the year-long preparations for the national exams have been disrupted, and if this situation continues they fear they will underperform in the national exams.

....

It is not mandatory to attend [school]. Teachers are still traumatized and sometimes they will come and sometimes they won't. If the teachers come we will stay [at school] and study. If they don't, we will go home.

Adolescent boy, 17

....

Education is not an issue for male respondents between the ages of 19 and 24 who have either completed their schooling or joined the workforce. Those pursuing higher education also feel less inconvenienced because, while their learning process on campus may be disrupted, they do not have the pressure of national exams to prepare for.

2.1.8. *No Job, No Future*: The Loss of Livelihoods and Economic Security

....

[The change has impacted my] income. I do not have a livelihood anymore. I used to sell snacks, vegetables, raw fish. Everything was destroyed, [it is] gone.

Young woman, 21

....

Yes, there was [jobs for women] at the village office. They would operate a microbusiness producing cakes and a home business producing fried shallots. These businesses are all gone now.

Community leader

....

The consequences of the disaster have manifested itself in a variety of ways that impact the livelihoods and economic security of adolescent girls and young women. This includes the following examples:

- Previously employed women are now unemployed.
- Collapse of micro businesses due to loss of assets during the disaster.
- Business slowdown and lower demand for products (e.g. street food).
- Loss of employment for labors due to the destruction of their workplace.
- Job loss for many married men.
- Farmers are unable to cultivate their land due to land damage or the distance between the land they cultivate and the camps they live in.

Amid limited job opportunities, displaced families have benefited from cash-for-work and labor-intensive programs launched by the government and aid organizations. These programs tend to target male adults because of the physical nature of the work. Young women on the other hand, do not have the same type of paid community labor opportunities, which limits their ability to earn an income and contribute to their family's economic security.

In the short-term, loss of livelihood and economic security will result in lower quality of food intake, limited finances for education, and almost no available funds for savings. Some adolescent girls and young womenalmost entirely depend on the government and aid organizations for basic needs. Access to aid, however, is restrictive for adolescent girls and unmarried youth because families must be represented by an adult.

....

I used to contribute to my family's income by selling fried fruit snacks. I sold them at school. I don't do that anymore because students don't have enough money and school hours are shorter.

Adolescent girl, 17

....

That's it [the problem]. We don't know how to feed [our families] for the next seven months. Currently we are able to rely on aid but we don't know [if aid will continue] after six months. Or, perhaps the government will provide us with solutions, I have no idea how it will go.

Community leader

....

Over the long-term, if job opportunities do not present itself families will fall deeper into poverty, access to basic needs will become a long-term challenge, and dependency on aid organizations will grow. Adolescent girls and young women will become more vulnerable to CEFM, which may be seen as a quick solution out of poverty. Married females with children may also become prone to divorce and it could affect their custody rights.[49]

Adolescent girls and boys are mostly unable to contribute to the economic security of their families. They are sympathetic to their parent's financial struggles, but for the most part they are only able to accept the constraints that have been placed on household spending. For families that did not experience a loss of their livelihood, the emotional burden for the children is much less.

....

There are many things that we must cover ourselves once aid runs out. Electricity, drinking water, etc. I'm sure there will be other household elements that the government will not cover. [We] cannot expect everything to be made available by the government. Each family has their own specific needs.

Young man, 24

....

If the location of the temporary shelter is far from my workplace, I will have a longer distance to travel.

Young man, 22

....

Male respondents between the ages of 19 and 24 still maintained their jobs working in factories or construction sites. In the immediate wake of the disaster, their jobs were temporarily suspended, however, their work has now resumed as normal. With the anticipation that their families will receive standard housing from the government, male respondents are concerned about the additional expenses that their parents will need for the house. They are also concerned about the eventual distance between the new house and their current workplace.

2.1.9. *Instant Noodles and Eggs:* Limited Dietary Options and Nutritional Intake

The food supply from the government and aid organizations is sufficient, readily available, and accessible in the camps. Adolescent girls and young women report eating adequate amounts of food and their families also have the resources to cook them.

....

...We deliver the food items [such as] rice, instant noodles. Everyday [adolescents] consume instant noodles, again and again. [They] did not consume that much [before the disaster].

Community leader

....

We actually need vegetables but...they are not available, only once in a while.

Adolescent girls, FGD, 10-12 age group

....

Even though the quantity of food is not an issue, adolescent girls and young women are not consuming the types of food that meet dietary requirements for an active and healthy life. They have a carbohydrate-heavy diet, primarily dominated by instant noodles. Many have complained of the overconsumption of instant noodles and the impact it has on their palate. Aid workers often hear the following complaint: "*Torang so rasa pait selalu makan mie*" or "our palate can only sense bitterness because we only consume instant noodles."

Their source of protein comes from eggs and canned fish, but some report zero chicken intake since the disaster. Vegetables can occasionally be obtained from aid organizations or purchased at the market; this, however, is uncommon. In fact, many female respondents report that vegetable intake is rare because their parents will try to limit spending. It is the hope of many that aid organizations will make vegetables more readily available during food distribution.

Nutrition is even more important for adolescent girls and young women who are pregnant. Consuming a similar diet to other, non-pregnant, girls puts maternal health and child development at risk.[50] There is no information on whether pregnant girls/women receive special dietary treatment, despite government calls to monitor and ensure adequate nutritional intake for adolescents.

Nutritional intake is also important for adolescent boys and young men. Their views on the matter include the following:

- Pre-disaster dietary intake was better than their post-disaster diet.
- The constant consumption of instant noodles in unhealthy and has caused sickness
- Consumption of instant noodles and eggs is repetitive and boring.

....

It is not healthy. We eat the same food again and again. Noodle, egg, noodle, egg. We get sick from eating noodles constantly.

Male adolescents, FGD, 13-15 age group

....

2.2. SOURCES OF RESILIENCE AMONG ADOLESCENT GIRLS AND YOUTH

In the face of multi-dimensional insecurities, adolescent girls and youth possess a certain level of resilience, which has allowed them to support their families, navigate their lives, and build support among their peers. Indeed, resilience is the most valuable factor in the overall recovery of a community. Factors that affect resilience among adolescent girls and young women in Central Sulawesi are listed below.

2.2.1. *Strength in Numbers and Public Places:* Sense of Security in Safe Spaces

Adolescent girls feel safe to engage in various activities in youth-friendly spaces created by aid organizations. They can participate and enjoy competitive games without worrying about peer violence.

Among the available safe spaces, youth-friendly spaces created by UFNPA is considered to be the best. They are able to participate in activities, and knowledge dissemination, and volunteers or aid workers will intervene should a conflict arise. It is also a space where they can seek support or ask for help.

Adolescent girls also use the youth-friendly spaces as a place for informal peer counselling. It is a place to gather, share experiences, and release psychological tension. Youth-friendly spaces have become an integral part of their overall well-being.

....

After Isha [night prayer] at the mushola, I usually stay there if I'm not in the mood to return to the tent. My friends [spend their time] there.

Adolescent girl, 17

....

There are many people who pray and recite verses from the Quran in the mosque, so I feel calm.

Young woman, FGD, 19-24 age group

....

I observe that [the relationships between boys and girls] in the mosque are almost like family.

Young woman, 24

....

Adolescent girls and young woman also consider the mosque and *mushola* to be safe spaces, which they visit several times a day to pray, recite the Quran, conduct other activities and converse with friends.

Unsurprisingly, adolescent boys and young men report more safe spaces compared to their female peers. They appear to equate their hangout spots as their safe spaces, often pointing to the sport courts, community centers, gate posts, and *mushola*.

It should be emphasized that not all respondents feel safe in the various locations identified above. For example, some early adolescent boys do not find the community centers and gate posts to be safe, noting that 'naughty boys' often hangout there.

2.2.2. *Stronger Together:* Family and Peer Support

Family

Adolescent girls report stronger family cohesion following the disaster. Closer bonds among family members are developed and there appears to be a higher sense of loyalty to and solidarity with each other.

Certain insecurities such as restricted freedom of movement and the perceived lack of campus safety, ironically has had a positive impact on stronger family cohesion and support. While movements may be restricted and activities are limited, this situation has also created an opportunity for family members to interact more frequently with each other. Similarly, the perceived lack of campus safety has encouraged families to take care of each other. Stronger family cohesion is viewed as a protective factor against the distressing times of displacement.

An indicator of stronger family cohesion is support. Adolescent girls and young women feel supported by their families in the following ways: being permitted to attend school and receiving financial support; being permitted to participate in activities arranged by aid workers; and being reminded to pray to God and recite the Quran.

We have become closer as a family [after the disaster]. My parents also pay more attention to me...they remind me to recite verses from the Quran more diligently.

Adolescent girl, 15

It is not only about the support [that I receive] from my family. My support to my family is also important. Wes should share family responsibilities together.

Young man, 22

In comparison to adolescent girls and young women, their male counterparts appear to receive less verbal support from their parents. For adolescent boys and young men, parental support is typically viewed as the fulfillment of their daily needs (e.g. food and transportation to school, etc.). For those who are older and work, providing support is equally important as receiving support from their families. Therefore, factors that contribute to the strengthening of family resilience include: mutual contributions to routine domestic activities, economic security, and routine reminders to observe religious practices.

Friendships

Amid safety concerns in the camps, adolescent girls are not afraid to build new friendships and strong connections among peers in their age group. Social interactions (e.g. mundane conversations, sports, etc.) with their peers are a source of happiness and excitement. For older adolescents, their friendships also allow them to commiserate with each other on their day-to-day challenges (e.g. access to clean water and punishments from parents).

[Support from friends] is incredible. We are united. We play together, [we] eat together.

Adolescent girl, FGD, 10-12 age group

Alhamdulillah, we have support from friends, we motivate each other.

Adolescent girl, 17

[Friends motivate me by] telling me to go to school together.

Adolescent boy, FGD, 10-12 age group

The value of friendships and peer support is slightly different for youth between the ages of 19 and 24. Many in this age group prefer to live outside the camps, thus limiting the peer network of those who remain. While social interactions are still enjoyable, young women in this age group prefer to focus on their domestic responsibilities, especially if they are married and have children.

Unlike adolescent girls and young women who may have different preferences for social activities, young men are able to engage in the same peer activities as adolescent boys (e.g. communal sports such as football, volleyball, takraw, and badminton). Furthermore, adolescent boys and young men have more flexibility on how to spend their evenings. For instance, those who are employed may choose to rest during the weeknights and play sports during the weekends. There was no reference to sharing of experiences and emotions among friends, which suggests that adolescent boys and young men tend to keep their emotions to themselves.

2.2.3. *Going Beyond Myself:* Serving a Larger Purpose

As young members of the community, adolescent girls and have demonstrated their ability to contribute to and have influence on their family, peers, and community.

Contributions to their family:

- Domestic tasks such as cleaning of the shelter and doing dishes.
- Economic security by selling family-made snacks, tending to family-owned food stalls, pursuing casual work to increase family income.

Contributions to their peers:

- Share or lend their pocket money to those in need.
- Listen to each other and suggest solutions when needed
- Share food with those in need.
- Accompany friends who are alone at night.

Contributions to their community:

- Teach children to recite the Quran.
- Assist aid workers in the distribution of commodities (e.g. rice to families and diapers to babies).
- Donate money to families who a do not receive financial assistance from aid organizations.
- Clean the mosque.
- Share their knowledge related to income-generating activities.

Adolescent boys and young men tend to make contributions though community activities. For example:

- Mentor younger children in performance art and facilitate their shows.
- Assist aid workers and volunteers in the management and distribution of aid.
- Clean camp areas and participate in other community activities

While adolescents and youth are able to demonstrate their agencies in the various ways listed above, the decision-making power in the family still lies with the parents, especially the father or male guardian. For adolescent girls in the post-disaster situation, this implies that their parents still have the authority to make demands and give advice. For married women or girls, the decision-making power falls to their husbands.

Similarly, late adolescent boys and young men feel powerless in decision-making processes in the community. Conversations regarding camp management are largely dominated by adult men who give little significance to their thoughts and opinions. This has caused reluctancy among adolescent boys and young men to offer alternative solutions to camp conditions problems.

....

I gave [other girls] the dresses I used to wear when I was single...because we are all in the same boat, we have experienced misfortune, so we need to help each other.

Youngwoman, 21

....

When I am asked for rice, I give it. If a friend asks to use my motorcycle, I will lend it.

Adolescent girl, 12

....

When there is an opportunity for youngsters to perform, I rent a car [for their transportation]. If they want to perform, I don't mind [partially covering the rental cost]. The most important thing is for them to be more motivated.

Young man, 24

....

At the Remaja Islam Masjid, I take part in cleaning by scrubbing the bathroom, mowing the grass, and mopping the floor.

Adolescent boy, 17

....

Being a contributing member of society—within their family, among their peers, and in the community—has had a positive impact on adolescent girls and young women. For some, the most important contribution may be financial, for others it may be being a good friend.

2.2.4. *Say a Prayer and Have Faith:* Religious Piety and Optimism for the Future

....

[After the disaster] I pray and recite the Quran more often.

Young Woman, 21

....

[After the disaster] I pray more diligently.

Young Woman, 17

....

Faith is an integral part of coping among many in the community, including adolescent girls and young women. In fact, to cope with the post-disaster situation, many feel it necessary to become closer to God through prayer and Quran recitation. They also enjoy listening to religious sermons at the mosque or *mushola*.

Faith also plays a major role in the optimism that all adolescent girls and young women have forthe future. Despite having reasonable concerns, they do not want to dwell in their sadness;they believe that Central Sulawesi will recover and that their situation will improve (e.g. permanent housing will be restored and schooling will return to normal).

As they look ahead, adolescent girls remain hopeful that they will be able to pursue a higher education, secure a decent job, and be successful in what they pursue. They aspire to be highly skilled professionals, such as health personnel and teachers.

In comparison, young women, particularly those who are married and with children, have a simpler hope for the future: financial security for their families. They are directly impacted by financial constraints and they hope for a stable and decent livelihood for their spouse and a better future for their children

Adolescent boys and young men were similarly optimistic about the future. While they too have concerns over the current situation, they are confident in their ability to bounce back from the tribulations and pursue their aspirations. For those who are in school, they hope to continue their education and pursue a promising career; while those who are working hope to maintain their employment and financially support their families.

....

We hope we can have what we had in the past. [That] we can recover and become happy again.

Adolescent Boy, FGD, 10-12 age group

....

Yes, we can recover...I want to fulfill my dreams of becoming a soccer player.

Adolescent Boy, FGD, 13-15 age group

....

We hope that Palu will be safe and that no more disasters will hit.

Adolescent Boy, FGD, 16-18 age group

....

2.2.5. *Engage and Thrive:* Coping through Community Participation

Adolescent girls actively participate in community activities organized by government agencies or aid organizations. Located in safe spaces or youth-friendly spaces, these activities include interactive games (e.g. traditional- and board games), arts and craft (e.g. drawing, origami, etc.), knowledge dissemination (e.g. general health, SRHR, HIV/AIDS, etc.), psychological counselling and trauma healing (e.g. relaxation, imagination, etc.), and religious activities (e.g. sermons, prayers, etc.).

For adolescent girls, engagement in community activities has strengthened their coping mechanisms to address critical issues in the post-disaster situation. Examples include:

- SRHR knowledge dissemination by IPPA helps adolescent girls better manage their sexual and reproductive health needs despite the challenges of living in the camps.
- Psychological first aid training and psychosocial activities organized by aid workers allow adolescent girls to properly manage their distress.
- Routine community activities provide adolescent girls with the opportunity to develop social bounds with their peers.
- Assuming roles within activities (e.g. becoming a focal point for an aid organization) allows adolescent girls to develop basic organizational skills and boost their confidence.

Participation is less prevalent among young women because the activities do not meet their specific needs and interests. Based on the types of activities listed by adolescent girls and young women, there appears to be limited opportunities to participate in vocational-skill trainings. Participation among young women may also be limited because they work or have to tend to their children.

At the time of data collection, adolescent girls and young women reported a significant decrease in community activities. This notable change was due to the transitional phase from emergency response to recovery period, during which aid organizations are consolidating needs assessments and developing new programs.

Early adolescent boys are still willing to participate in community activities that are arranged by aid organizations. The same is not true for late adolescent boys and young men. Late adolescent boys, in particular, feel neglected because they are either too old or too young to fit into existing programs. They do not feel consulted on programs designated for adult males, while adolescent programs primarily focus on girls. As a result, late adolescent boys will opt to leave the camps and find other activities.

Similarly, young men do not participate in these community activities and believe they are mostly designed for children and girls. However, unlike adolescent boys, young men have activities outside the camps that occupy their time. For those who pursue higher education, they can spend their days on campus, or if they are employed, their time will be spent at their workplace. Unfortunately, those who do not study or work are left with no activities at all.

While the disaster has certainly highlighted the lack of male participation in certain activities, this was already the case prior to the disaster. Existing sexual and reproductive health programs, for example, primarily target adolescent girls and young women; other youth and religious programs also exist but they are inconsistent and not appealing for all adolescents.

....

I have never participated [in any activity]. I once joined a gathering for adolescents but was told that a 21-year old person is not allowed to join. That's fine, I did not participate. I want activities for people of my age, any activity. There are not many activities available to us; only making birds from paper just like the children.

Young woman, 21

I rarely [participate in activities] anymore since I started to work. Now, I only participate if there is an activity in the evenings.

Young woman, 22

2.3. NEGATIVE COPING MECHANISMS

Adolescents and youth also developed negative coping mechanisms to deal with the post-disaster situation. This includes:

- Prolonged television viewing and excessive mobile use to tackle boredom at the shelter.
- Resorting to violence to resolve conflict among peers.
- Alcohol abuse by adolescent boys in public spaces such as the community center.

The most problematic coping mechanism among both adolescent girls and boys is substance abuse. More specifically, adolescents will engage in glue sniffing, which is cheap and easily accessible, or inhalation of other volatile solvents for the sole purpose of getting high.

In adolescents, glue sniffing can cause the following physical and psychological effects: dizziness, nausea, loss of interest in normal activities, mood swings, etc. At present, glue sniffing will lead to a minor reprimand or an arrest by local authorities. Information on substance abuse has been disseminated but more substantial treatment options are not available.

2.4. DISASTER RESILIENCE

A key component of disaster resilience is having the knowledge and skills of Disaster Risk Reduction (DRR). Unfortunately, both adolescents and youth demonstrated the following indicators that are indicative of limited DRR knowledge and skills:

- Sole response to an earthquake is to immediately run outside (not drop, cover, and hold).
- Over-reliance on their parents for information on what to do in the case of a disaster (no information from aid workers on how to respond or organize when a disaster hits).
- Lack of disaster vulnerability recognition, including the inability to accept that their neighborhoods are no longer habitable.
- Lack of awareness and appreciation for the risks of doing activities in damaged houses

2.5. DISCUSSION

Our findings confirm that adolescent girls and young women experience a unique multi-dimensional impact from the post-disaster situation in Central Sulawesi. They suffer a confluence of the following: 1) lack of safety; 2) CEFM practices; 3) limited access to clean water, sanitation facilities, and basic hygiene; 4) unfavorable shelter and camp conditions; 5) disrupted education; 6) lack of healthcare services; 7) economic insecurities and loss of livelihood; 8) food and nutrition insecurities; and 9) limited capacity on DRR.

Our findings also validate previous research, which found that adolescent girls and young women possess resilience to cope with disasters. More specifically, our research sheds light on the acquisition of resiliency and strength from their peer networks, safe spaces, belief system, and their sense of optimism for the future.

In a crisis situation, adolescents and youth should not be treated as a monolithic group. These findings demonstrate that adolescent girls and young women have a set of unique experiences that are not shared by their male peers; the same is true for adolescent boys and young men. This notion is consistent with other findings that highlight the different impacts of displacement among adolescent girls and boys.[51]

Two main vulnerabilities for adolescent girls and young women are sexual violence and lack of access to SRHR services. They are particularly vulnerable to becoming a target of voyeurism while taking a shower or engaging in other sanitary activities in the latrine. They are also vulnerable to unwanted touching by male displacees while they are asleep. While there was only one report of such an incidence, many are concerned for their safety due to the lack of privacy in the shelters. Lack of privacy, coupled with the lack of protective measures at the shelters and in the latrines, increases their anxiety as well as their risk of sexual violence.[52]

Three gaps were identified concerning the issue of SRHR: 1) lack of knowledge; 2) lack of initiative to consult a health professional, not only for treatment, but for preventative measures as well; and 3) lack of private space to effectively manage their sexual and reproductive health needs. These findings reaffirm the insufficiency of SRHR services in protracted crisis situations, despite calls from various stakeholder to find alternative and more effective ways to introduce SRHR services.[53]

For adolescent boys, a particular vulnerability is the lack of activity options available to them. With options often limited to sports, adolescent boys tend to have a period of inactivity that increases the protection risks of the wider community due to feelings of neglect and boredom.[54] In the camps, boredom can be a push factor for gender-based violence and the perpetuation of alcohol abuse among certain adolescent boys

Our findings also demonstrate that certain age groups have unique vulnerabilities, which supports the notion that gender and age both have an impact on post-disaster outcomes.[55] For example:

- Unlike late adolescents and youth, early adolescents are vulnerable to corporal punishments from their parents.
- Adolescents across all age groups but particularly those in Grades 9 and 12, are vulnerable to falling behind with their education.
- Youth are mostly concerned about their economic security and livelihood. This is particularly true for those who lost their jobs or livelihood assets.
- Unlike adolescents who have a large peer network in the camps, unemployed youth tend to have a smaller peer network.

Sites of insecurity that affect both adolescent girls and boys as well as youth are:

- CEFM: Parents often resort to early and forced marriages for their children as a quick solution to premarital relationships and neighborhood gossip.
- Lack of nutrition: All households receive the same food items that lack in diverse options and nutritional value.
- Inadequate camp and shelter conditions: limited space, extreme temperatures, and health risks associated with poor waste management.
- Limited DRR knowledge and skills: There is a lack of knowledge on how to minimize their vulnerability and properly respond to natural disasters in the future.

Pregnant adolescents are a sub-group of the population who face unique vulnerabilities during crisis situations such as this. UNFPA and Save the Children have identified that pregnant adolescents experience a higher risk of pregnancy complications during a time of limited access to emergency obstetric care.[56] They are also more prone to health problems caused by the unsanitary conditions and extreme temperatures in the camps, and the prenatal development of their fetus also suffers from the lack of nutrition.

This research found interconnected or interdependent links between the various impacts of the disaster. For instance, the presence of sexual violence is enabled by the lack of privacy and safety in and around the camps. Similarly, the same issue of privacy coupled with the unreliable source of water has led to the improper management of menstruation and other sanitation practices. Economic instability has also restricted access to nutritious food options, and may influence the overall health and well-being of the displacees.

Moreover, the various sites of insecurity, combined or independent of each other, exacerbates the psychosocial issues that are a direct result of the disaster.

Our findings show that adolescent girls and young women suffer from incidences of sexual violence and have unmet sexual and reproductive health rights. This is consistent with the findings by Plan International in Rohingya, South Sudan, and Lake Chad Basin. However, the forms and root cause of sexual violence in these regions differ from the post-disaster situation in Central Sulawesi. Furthermore, adolescent girls and young women in this study were not only worried about sexual violence and other crimes, they were also concerned about future earthquakes that may separate them again from their families.

This research also identified other findings that were not found in previous studies, namely the combined impact of inactivity, lack of space, and restricted freedom of movement. This results in the excessive use of mobile phones and prolonged tv viewings among adolescents and youth. Unlike other crisis situations, the earthquake and tsunami in Central Sulawesi largely affected middle-class families. Future recovery programs may want to consider incorporating mobile phones as part of disaster recovery programs due to its wide reach and appeal among adolescents and youth.

This research was unable to capture the impact of death due to the disaster. While many lives were lost, only two respondents provided information on the loss of their family members. This should be noted because the psychological impact from the loss of a family member distinctively defines the depth and length of the grieving period.[57]

Our findings can also validate previous research on the resilience of adolescent girls and young women to cope with the post-disaster situation. It also highlights the following sources of resilience, which includes safe spaces, family and peer support, sense of purpose, faith, and hope. In fact, family cohesion was the strongest source of resilience among all respondents This too is consistent with the notion that family is the key protective factor in a child's resilience.

Unlike family support that is the strongest source of resilience among all respondents, peer support and the role it has among adolescents and youth are not equal. For instance, young women in the camps who do not work or go to school have less peer support. This may be different for young women who reside outside the camps because they may find support from their fellow coworkers.

Consistent to the findings from Typhoon Haiyan[58], faith also plays an important role in the development of resilience among adolescent girls and young women in Central Sulawesi. Given the importance of faith, it is understandable that adolescent girls and young women find mosques and *musholas* to be safe spaces. Indeed, places of worship have been acknowledged as a potential location to build community resilience.[59]

This research also underscores the existing notion that adolescents and youth, particularly adolescent boys and young men, remain invisible in humanitarian response and recovery planning. This indicates the reoccurring problem of adolescent and youth participation in disaster situations. This is important to highlight for future programs because as other research have already indicated, adolescents and youth find their self-worth by contributing to others but their participation has not been fully accommodated.

Furthermore, adolescent and youth participation in SRHR programs are critical for their overall health and well-being after a disaster. This is particularly true in the case of Central Sulawesi as they are vulnerable to CEFM. This study found that premarital sex and unwanted pregnancies are oftentimes the cause for early marriages; and being aware of the risks and having the ability to overcome these issues will reduce their chances of being subjected to this practice. Unfortunately, adolescent boys have not been included in many SRHR programs despite their equal role in pregnancy prevention and their ability to improve the overall health of girls and women.[60]

Finally, in order to complement the findings of this report and further enrich our knowledge on adolescent girls and young women in disaster situations, future research could continue in following directions:

- Explore the impact of the crisis on one thematic area (for in-depth analysis).
- Conduct research that explicitly focuses on youth between the ages of 19 and 24.
- Conduct targeted research on adolescent girls and young women with disabilities.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3. Conclusions and Recommendations

3.1. CONCLUSIONS

The post-disaster situation in Central Sulawesi has presented adolescent girls and young women with multi-dimensional and interconnected sites of insecurities. Among the worst, are the various forms of violence, perpetrated by adults and peers, males and females, and that occur within or around the shelters. Other insecurities include the restricted freedom of movement, camp conditions, healthcare, economic security and livelihoods, and dietary options and nutrition.

To cope with the challenges of the post-disaster situation, adolescent girls and young women possess resilience, which they acquire from various sources, namely: friendships and safe spaces; family cohesion and support; sense of purpose; positive outlook and faith; and community engagements. Their resilience not only contributes to their own personal well-being, it also allows them to help their family, support their peers, and participate in their community.

This research reaffirms three basic principles of adolescent girls and youth in post-disaster situations: 1) the impact of a crisis situation and the resilience of adolescent girls and young women are unique and influenced by the specific local context; 2) adolescents and youth are a diverse group; and 3) adolescents and youth in crisis situations remain largely neglected in disaster responses; their needs have not been fully addressed and their resilience has not been appreciated.

The insecurities and resilience of adolescent girls and young women can both inform the government and aid organizations during the planning and implementation of recovery programs. A closer look at their insecurities can be used to better address their needs, while recognizing their resilience can inspire adolescents and youth to actively participate in their own recovery as well as the recovery of their community.

3.2.RECOMMENDATIONS

SAFETY AND PROTECTION			
	Recommendation / Action Plan	**PIC**	**Resource**
Preparation Phase	Improve the functionality of PUSPAGA in the prevention of and response to GBV.	DP3A, KPPPA	APBD, APBN
	Provide training for adolescents on the prevention of and response to GBV.	DP3A, KPPPA	APBD, APBN
	Provide services and access to information on the 24-hour referral system for cases of GBV.	DP3A, P2TP2A	APBD, APBN
	Develop information, education, and communication (IEC) materials on emergency contraception for adolescents to prevent unwanted pregnancies.	Dinkes, DP3A, KPPPA	APBD, APBN
	Establish a community-based Adolescent Forum in emergency situations.	DP3A, KPPPA, Dinkes, BKKBN	APBD, APBN
	Establish a gender-based “adolescent group” at the community level.	DP3A, KPPPA, Dinkes	APBD, APBN
	Develop a guideline for gender-based adolescent participation in emergency situations.	DP3A, KPPPA	APBD, APBN
	Develop a program for adolescents and vulnerable groups during the Multi-Stakeholder Consultation Forum for Development Planning (Musrembang).	DP3A, KPPPA, DPMD, BPBD	APBD, APBN
	Strengthen the referral mechanism for GBV cases in emergency situations.	Dinkes, DP3A, KPPPA, P2TP2A	APBD, APBN
	Develop local policies to prevent child marriage and raise community awareness on the prevention of child marriage.	Dinkes, Disdikbud, Dinsos, DP3A, KPPPA	APBD, APBN
Emergency Phase	Involve adolescents in refugee management.	Dinsos, BPBD	APBD, APBN, DSP

	Counseling training for peer counselors in temporary shelters or camps	Dinkes, DP3A, KPPPA, BKKBN, BKBD	APBD, APBN, DSP
	Provide training to the refugee camp management team on the prevention of and response to GBV.	Dinsos, DP3A, KPPPA, BPBD	APBD, APBN, DSP
	Provide training to peer counselors on the prevention of and response to GBV.	Dinkes, DP3A, KPPPA, BKKBN, BPBD	APBD, APBN, DSP
	Conduct gender-based activities in youth-friendly spaces.	Dinkes, DP3A, KPPPA, BKKBN, BPBD	APBD, APBN, DSP
	Provide a system and mechanism to submit complaints and reports of GBV cases.	DP3A, KPPPA, P2TP2, BPBD	APBD, APBN, DSP
Recovery Phase	Provide training to adolescents and parents/guardians on the prevention of and response to GBV, reproductive health, and social life skills education.	Dinkes, DP3A, KPPPA, BKKBN, BPBD	APBD, APBN
	Socialize the prevention of child marriages.	Dinkes, DP3A, KPPPA, BKKBN, BPBD	APBD, APBN
	Assist adolescents who were married at an early age.	Dinkes, DP3A, KPPPA, BKKBN, BPBD	APBD, APBN
	Involve trained adolescents in the *Posyandu Remaja* (PKPR) program.	Dinkes, DP3A, KPPPA, BKKBN, BPBD	APBD, APBN

SHELTER AND CAMP CONDITIONS			
	Recommendation / Action Plan	**PIC**	**Resource**
Preparation Phase	Establish a guardhouse (POSJAGA).	Kades/Lurah	Dana Desa
	Form a shelter security team (may involve adolescents).	Temporary Shelter Coordinator	Swadaya
	Provide emergency equipment (e.g. flashlights).	BPBD	APBD, NGO
	Training on camp or temporary shelter management.	BPBD	APBD, NGO
	Availability of adequate youth-friendly spaces.	BPBD	Dana Desa/APBD
	Training on earthquake resistance houses.	PUPR	APBN
	Training on...	BNN	APBN
	Socialization for adolescents on narcotics.	BNN	APBN
Emergency Phase	Availability of female-only changing areas.	BPBD	DSP
	Establishment of guardhouse (POSJAGA).	Kades/Lurah, BPBD	Dana Desa, DSP
	Availability of street lamps and adequate lighting in latrines.	Bappeda, BPBD	APBD, DSP
	Establishment of accessible toilets (i.e. designated toilets for disabled people).	BPBD	APBD, DSP
	Installment of partitions in shelters.	PUPR, BPBD	APBD, DSP
	Formation of security teams.	Camp Coordinator, BPBD	Dana Desa, DSP

SHELTER AND CAMP CONDITIONS			
	Availability of emergency equipment.	BPBD	APBD, DSP
	Establishment of latrines in close proximity to the shelters.	PUPR, BPBD	APBD, DSP
	Parking facilities.	Camp Coordinator, BPBD	Dana Desa, DSP
	Establish a camp management team (location and personnel) that involves adolescents.	Social Services, BPBD	APBD, DSP
	Ensure the availability of youth-friendly spaces.	PUPR, BPBD	APBD, DSP
	Narcotics rehabilitation corner.	BNN	APBN, DSP
	Build separate latrines for males and females, and ensure distance from other public facilities (e.g. kitchens). There should also be more female-designated latrines compared to their male counterparts.	BPBD, PU	DSP, APBN
Recovery Phase	Install proper street lamps and adequate lighting at latrines.	Bappeda	APBD
	Ensure the availability of female-specific changing areas.	PUPR	APBD
	Build guardhouses.	Kades/Lurah	Dana Desa
	Build accessible toilets (i.e. designated toilets for disabled people).	BPBD	APBD
	Build partitions in shelters.	PUPR	APBD
	Formation of security teams.	Temporary Shelter Coordinator	Dana Desa
	Availability of emergency equipment.	BPBD	APBD
	Establishment of latrines in close proximity to the shelters.	PUPR	APBD
	Management of public kitchens or other public facilities.	Temporary Shelter Coordinator	Swadaya

SHELTER AND CAMP CONDITIONS			
	Parking facilities.	Temporary Shelter Coordinator	Swadaya
	Activate positive adolescent activities.	Dispora	APBN/APBD
	Establish a technical management team for temporary shelters.	BPBD	APBD
	Establish a temporary shelter secretariat and management team (location and personnel) that involves adolescents.	PUPR	APBD
	Provide trash bins and ensure waste management.	BLH	APBD
	Establishment of temporary shelters and facilities that meet living standards.	PUPR	APBD
	Ensure the availability of youth-friendly spaces.	BPBD	Dana Desa
	Establish a schedule for routine community work.	Temporary Shelter Coordinator	Swadaya
	Build a fence around every temporary shelter complex.	Temporary Shelter Coordinator	Swadaya
	The size of temporary shelters must meet minimum standards.	PUPR	APBD
	Build a ‘waste banks’ at the shelters.	BLH	APBD
	Narcotics rehabilitation corner.	BNN	APBD
	Socialization on narcotics.	BNN	APBD

WASH			
	Recommendation / Action Plan	PIC	Resource
Preparation Phase	Rehabilitation of water sources.	PUPR, CIKASDA, Dinkes, BLH	APBD, APBN
	Adolescent participation in village planning for clean water and sanitation.	Dinkes, CIKASDA	APBD, APBN
	At school training for adolescents on Drinking Water and Environmental Sanitation (AMPL).	Disdikbud, Dinkes	APBD, APBN
	Community training for adolescents on Drinking Water and Environmental Sanitation (AMPL).	DPMD	Village Funds
	Conduct Community-based Total Sanitation (STBM).	PUPR, CIKASDA, Dinkes, BLH, Bappeda	APBD, APBN
	Adolescent (youth?) ambassador for Drinking Water and Environmental Sanitation (AMPL).	CIKASDA	APBD, APBN
	Develop a standard guide for Drinking Water and Environmental Sanitation (AMPL).	CIKASDA, PUPR	APBD, APBN
	Socialization of the standard guide for Drinking Water and Environmental Sanitation (AMPL).	Dinkes, Bappeda	APBD, APBN
	Education on Menstrual Hygiene Management in refugee camps.	Dinkes	APBD, APBN
Emergency Phase	Distribution of clean water.	PDAM, PUPR, BPBD	DSP, APBD, APBN
	Provide water tanks in refugee camps.	PDAM, PUPR, BPBD, CIKASDA	DSP, APBD, APBN
	Increase the quality or cleanliness of water.	Dinkes, DLH, BPBD, ESDM	DSP, APBD, APBN
	Conduct Menstrual Hygiene Management (MKM) at the refugee camps.	Dinkes, BPBD	DSP, APBD, APBN
	Form an adolescent Drinking Water and Environmental Sanitation (AMPL) Task Force.	BPBD, DLH	DSP, APBD, APBN
	Create a water source or injection well in refugee camps.	CIKASDA, ESDM, BPBD	DSP, APBD, APBN

	Emergency Community-based Total Sanitation (STBM).	PUPR, BPBD	APBD, APBN
Recovery Phase	Create a water source or injection well at every...	CIKASDA, ESDM	APBD, APBN
	Distribution of soap and other sanitation equipment during hygiene promotion activities.	Dinkes, CIKASDA	APBD, APBN
	Socialize adolescents to clean and healthy behaviors, including washing hands with soap.	Dinkes	APBD, APBN
	Provide trash bins in every room and every temporary shelter unit.	DLH	APBD, APBN
	Create and improve the clean water distribution system from the water source to the temporary or permanent shelters.	PUPR, CIKASDA	APBD, APBN

HEALTHCARE			
	Recommendation / Action Plan	**PIC**	**Resource**
Preparation Phase	Guideline on personal hygiene tools for adolescents.	Dinkes	APBN and APBD II
	Provide personal hygiene tools for adolescents.	Social Services	APBN and APBD II
	Guideline on structured psychosocial activities for adolescents during disaster situations.	Dinkes and Social Services	APBN and APBD II
	Inter-sectoral coordination and partnership for adolescent disaster response.	Dinkes	APBN and APBD II
	Health socialization for adolescents.	Dinkes	APBN and APBD II
	Increase the capacity of midwives and cadres for adolescent *posyandu* to provide adolescent reproductive health services.	Dinkes	APBD I, APBD II, DEKON
	Development of adolescent *posyandu*.	Dinkes	APBD I and APBD II
	Community-based guideline on youth-friendly spaces and adolescent involvement during disaster situations.	MoH, Dinkes, DP3A	APBD I and APBD II
	Innovative implementation of youth friendly services (PKPR) and adolescent *posyandu* that are indeed friendly to adolescents.	Dinkes	APBD I and APBD II
	Develop local government policies to provide youth-friendly health services.	Dinkes	APBD I and APBD II
	Develop Information, Education, and Communication materials on reproductive health and life-skills education at school and beyond.	IBI, Disdik,	APBD I and APBD II

HEALTHCARE			
Emergency Phase	Inter-program and inter-sector coordination and partnerships for adolescents during disaster situations.	Dinkes, BPBD	APBD I, APBD II, DSP
	Increase the capacity of health providers and adolescent posyandu cadres on reproductive health services, including in disaster situations.	Dinkes, BPBD	APBD I, APBD II, DEKON, DSP
	Support and assistance to adolescents affected by disasters and violence.	Dinkes, DP3A, BPBD	APBD I, APBD II, DSP
	Provide additional midwives from outside the disaster area.	Dinkes, BPBD	APBD I, APBD II, DSP
	Provide psychosocial support to adolescents outside of school.	Dinkes, BPBD	APBD I, APBD II, DSP
	Provide psychosocial support to health providers.	Dinkes, BPBD	APBD I, APBD II, DSP
	Involve adolescents in the implementation of health-related emergency response activities.	Dinkes, BPBD	APBD I, APBD II, DSP
Recovery Phase	Optimize health services provided by midwives and other health providers at the health facility.	Dinkes	APBD I and APBD II
	Inter-program and inter-sector coordination and adolescent partnerships during the post-disaster.	Dinkes	APBD I and APBD II
	Increase the capacity of teachers on adolescent reproductive health.	Dinas Pendidikan, Dinkes, Kesra, and BKKBN	APBD I and APBD II
	Increase the capacity of adolescent *posyandu* services.	Dinkes	APBD I and APBD II
	Increase the reach of adolescent health services (outreach programs).	Dinkes	APBD I and APBD II

HEALTHCARE			
	Review the minimum initial service standard (PPAM) guideline for adolescents and develop a pocket book for adolescent involvement, reproductive health, and adolescent services during disaster situations.		APBN, Grants
	Involve trained adolescents in the PKPR (posyandu remaja) program.	Dinkes	APBD I and APBD II
	Build a permanent health facility that is disaster-safe.	Dinkes	APBD I and APBD II
	Provide appreciation and motivation to health providers.	Dinkes	APBD I and APBD II

EDUCATION			
	Recommendation / Action Plan	**PIC**	**Resource**
Preparation Phase	Training for educators on Disaster Risk Reduction (PRB)	Disdikbud, BPBD	APBD, APBN
	Socialization of Disaster Safe Schools (SPAB)	Disdikbud, BPBD	APBN, APBD
	Implementation of Disaster Safe Schools (SPAB)	Disdikbud, BPBD	APBN, APBD
	Training on the role of peer educators or teachers in adolescent programs	Disdikbud, BPBD	APBD
	Fulfilment of supporting tools for students who will take the national exams	Disdikbud, BPBD	APBN, APBD
	Socialization of the implementation and technical guidelines for teaching-learning activities in emergency situations.	Disdikbud, BPBD	APBN, APBD
Emergency Phase	Community participation in the emergency school process.	Disdikbud, BPBD	APBD, APBN, DSP
	Reactivation of teachers in the emergency school process.	Disdikbud, BPBD	APBD, APBN, DSP
	Provide additional teachers from outside the disaster area.	Disdikbud, BPBD	APBD, APBN, DSP
	Provide psychosocial support to educators and adolescents.	Disdikbud, BPBD	APBD, APBN, DSP
	Establish emergency classrooms.	Disdikbud, BPBD	APBD, APBN, DSP
	Carryout the implementation and technical guidelines for teaching-learning activities in emergency situations.	Disdikbud, BPBD	APBD, APBN, DSP
	Provide supporting tools for students who will take the national exams	Disdikbud, BPBD	APBD, APBN, DSP

	Form a special education team at the temporary and permanent shelters.	Social Services, Disdikbud, BPBD	APBD, DSP
Recovery Phase	Assignment of school staff and educators.	Disdikbud	APBD, APBN
	Give appreciation and motivation to educators.	Disdikbud	APBD, APBN
	Establish a disaster-safe permanent classroom.	Disdikbud, BPBD	APBD, APBN
	Return of the Hope of the Nation Campaign to schools.	Disdikbud, BPBD	APBD
	Celebrate International Youth Day and Indonesia's Youth Pledge Day.	Disdikbud, BPBD	APBD
	Reestablish regular school hours and learning methods (as it was pre-disaster).	Disdikbud	APBD
	Fulfilment of supporting tools for students who will take the national exams	Disdikbud	APBN, APBD

ECONOMY			
	Recommendation / Action Plan	**PIC**	**Resource**
Preparation Phase	Develop government policies on disaster-response economy for adolescents and head of family youth.	Disnakertrans, Dispora, Bappeda	APBD, APBN
	Disaster-response economy guideline for adolescents and head of family youth.	Disnakertrans, Dispora, Bappeda	APBD, APBN
	Technical and non-technical trainings for adolescents and youth.	Disnakertrans, Dispora, Bappeda	APBD, APBN
	Strengthen youth groups in	Disnakertrans, Dispora, Bappeda	APBD, APBN

Emergency Phase	Youth involvement as human resources during the emergency response phase.	Disnakertrans, Dispora, Bappeda, BPBD	APBD, APBN, DSP
	Provide training on locally-based creative economy.	Disnakertrans, Dispora, Bappeda, BPBD	APBD, APBN, DSP
Recovery Phase	Provide training on locally-based creative economy and technical training.	Disnakertrans, Dispora	APBD, APBN
	Provide life-skill tools.	BLK, Disnakertrans, Dispora, Dinas Pertanian, Dinas Peternakan	APBD, APBN
	Ensure access to and information on job opportunities, especially for youth.	Disnakertrans, Dispora, BLK	APBD, APBN
	Socialization and	Disnakertrans, Dispora, BLK	APBD, APBN
	Workshop on business planning, development, and marketing.	Disnakertrans, Dispora, BLK	APBD, APBN
	Provide assistance to businesses.	Disnakertrans, Dispora, BLK	APBD, APBN

FOOD AND NUTRITION			
	Recommendation / Action Plan	**PIC**	**Resource**
Preparation Phase	Consultation on balanced meals during disaster situations.	Dinkes	APBN, APBD
	Ensure stability of the supply chain of nine primary food items during disaster situations.		APBN, APBD
	Routine checks of adolescent health at the *Posyandu*; Reactivation of *posyandu* and *posyandu* for adolesents.	Dinkes	APBN, APBD
	Training on how to appropriately respond to a disaster, particularly with regards to food and meals.	Dinkes	APBN, APBD
	Create balanced meals during disaster situations.	Dinkes	APBN, APBD
	Availability of iron tablets for adolescent girls in emergency situations.	Dinkes	APBN, APBD
	Local government policies on the minimum standard of food and water distribution.	Dinkes, BPOM	APBN, APBD
Emergency Phase	Provide iron tablets to adolescent girls in emergency situations.	Dinkes, BPBD	APBN, APBD, DSP
	Provide the nine primary food items during emergency situations.	Disperindag, BPBD	APBN, APBD, DSP
	Adolescent participation in the development of balanced meals.	Dinkes, BPBD	APBN, APBD, DSP
	Provide supplemental food or meals to adolescents.	Dinkes, BPBD	APBN, APBD, DSP
	Provide supplemental food or meals to pregnant women.	Dinkes, BPBD	APBN, APBD, DSP

Recovery Phase	Implement the Healthy Life Movement (Germas).	Dinkes	APBN, APBD, DSP
	Provide Information, Education, and Communication materials to adolescents on how to properly process food.	Dinkes	APBN, APBD, DSP

MULTI-SECTOR			
	Recommendation / Action Plan	**PIC**	**Resource**
Preparation Phase	Special training for Red Cross Youth (PMR) and Pramuka.	DISPORA	APBN/APBD
	Conduct disaster simulations at school at least every two months.	Provincial BPBD, NGO	APBD
	Basic training to the Disaster Response Village Team (Destana).	District/City BPBD	APBN/APBD
	Assessment and disaster-response training for adolescents.	District/City BPBD	APBN/APBD
	Training for adolescents on disaster assessment and response.	DP3A and Disdik	APBD
	Form a prepared adolescent forum at the village level.	BPBD, BPMD	APBD
Emergency Phase	Educational training on DRR and inclusion for adolescents.	Social Services, DP3A, BPBD	APBD, DSP
	Include adolescents in the community committee structure.	BPBD dan DP3A	APBD, DSP
	Training for adolescents on the basics of assessments during emergency situations.	BPBD dan DP3A	APBD, DSP
	Establish disaster-ready adolescents (*remaja siaga bencana*) that has been recognized in the village structure or committee (Mayoral Decree).	BPBD	APBN/APBD
Recovery Phase	Establish adolescent counselors at the village level (psychosocial support).	BPDA, Dinkes, BKKBN	APBD
	Educational training for adolescents on DRR and inclusion.	BPBD	APBD

Voices of Adolescent girls and Youth in Crisis

Voice of an Adolescent girl

My name is Dara* and I am 17 years old. I've been living in an IDP camp for over four months. I live in a tent with my parents, grandmother, aunt, and sister.

There have been many changes in my life since the earthquake hit.

I started working two months prior to the earthquake. I lost my job because the building collapsed. Since then I have also lost my freedom. My parents do not allow me to go out much; they are worried that another earthquake will hit this city and something bad will happen to me.

During the day, interacting with friends is not always easy. I enjoy spending time with friends here, we talk about many things. But I don't like it when they start to badmouth other people. Sometimes violence among friends will erupt. Sometimes they will hit me and it will hurt. They think that we should not take it seriously. A while back, I got into a fight with a boy who teased me.

During the evenings this camp is very quiet. It is cold and I get sick very easily. Fortunately, I am able to go to the nearby health center and access free healthcare services using the Healthy Indonesian Card.

My diet has also changed. Here, I often eat noodles and eggs because this is what we receive. Occasionally, my mother will buy water spinach from the market. I would like to eat chicken but we don't have enough money to buy it.

These are the daily problems that I face. I also have monthly problem. When I get my period, I don't have enough sanitary pads. My shelter is located at the end of this camp so I don't always know when and where the distribution of sanitary pads will take place.

I don't have many things to do. Sometimes I help to prepare food distribution at the community center in the camp. Sometimes when I am on a motorbike and see someone walking with a heavy aid package, I will give them a ride to ease their burden. The other day I participated in a UNFPA session on reproductive health and HIV/AIDS. But, that's it. I don't have any other activity. I actually like to sing but there is no singing activities here.

Life is not easy here but I still have hope and aspirations. I want to go to college next year and study to become a psychologist. I also hope that *Palu* will recover and rise again.

*Not her real name. 'Dara' is a synonym for the word girl.

Voice of a Young Woman

My name is Gadis* and I am 24 years old and single. I used to live in Balaroa, but my house and neighborhood were liquefied. My family and I have only lived in this camp for a month. We previously built an emergency shelter in a location higher up the hill and we lived there for almost three months. We moved here and built our own shelter.

I am happier in this camp. There are more people here. We can also use all the facilities in the camp. I can go to the health center if I want. We also receive aid just like all the other displacees. I don't, however, participate in any activities here because they are intended for younger girls. None of the participants are of my age.

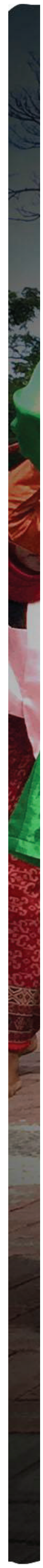
I am happier but living here is still a challenge. Our shelter is hot during the day and cold during the night. It is also cold when it rains. There are leaks in the metal roof and rainwater always seeps through the holes. It is not as comfortable as home. I don't have a private room in the shelter. I need to cover my body with fabric every time I change.

Taking a bath and other sanitary activities are challenging here. Toilets are far from my shelter and the water supply is insufficient. It is also dirty, especially after kids use it because they don't flush. I'm also always worried about someone looking inside while I'm bathing because they are able to see inside if they stand on higher ground. There was a case of a girl being filmed when she was bathing.

I rarely go beyond the camp. I am still afraid another disaster will strike again. Aftershocks still happen, I felt one this afternoon. That's why I feel restless when when I go out.

I hope the government will build a house for my family soon. I don't have any other hope. I just want to have a house.

*Not her real name. 'Dara' is a synonym for the word girl.

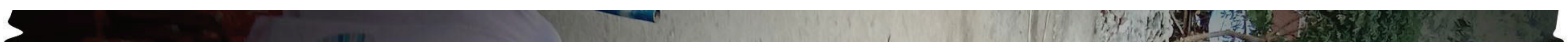


Annex 1.

Report	Organization	Summary of Findings
Adolescent Girls in Crisis: Voices of the Rohingya[61]	Plan International	Core concerns of adolescent girls: • Limited freedom of movement • Limited access to education • Lack of comfort in shelters and camps • Difficult access to clean water • Barrier to access healthcare • Fear of violence
Adolescent Girls in Crisis: Voices from the Lake Chad Basin[62]	Plan International and Monash GPS	Core concerns of adolescent girls: • Physical violence • Sexual violence • Child, early, and forced marriages • Family concern
Adolescent Girls in Crisis: Voices from South Sudan[63]	Plan International and Monash GPS	Core concerns of adolescent girls: • Child, early, and forced marriages • Unpaid economic labor • Suicidal thoughts • Sporadic access to a health professional or hospital
Situation of Adolescent Girls in Disasters: The State of Child in India 2013[64]	Plan International	• Challenges fulfilling the basic needs of adolescent girls • Adolescent girls did not participate in capacity-building activities to prepare them for future disasters
Adolescent Girls Assessment: Needs, Aspirations, Safety, and Access[65]	International Rescue Committee	• Need: Education was identified as the most important need. • Safety: Verbal harassment from young men.

		• Access: Accessing the women center is difficult due to distance, lack of parental approval, and conflicting schedules.
What Do Children Want in Times of Emergency and Crisis? They Want Education.[66]	Save the Children	• The majority of children consider education to be their priority • Failure to provide access to education will increase the chances of early pregnancies, early marriages, increased number of children, and premature loss of children during infancy
Women, Girls and Disaster: A Review for DFID[67]	DFID	• The root vulnerability among adolescent girls is the intersection between gendered access to resources and the decision-making authority related to age. • Adolescent girls are often positioned as passive actors who become neglected by humanitarian aid and development projects. • Adolescent boys may be more vulnerable compared to their female counterparts.
Child, Youth, and Disaster[68]	Oxford Research Encyclopedia of Natural Hazard Science	• Regardless of one's personal level of resilience, resources and social support must be readily available to ensure the full recovery of children and youth. • Adolescent boys and girls are impacted by disasters differently.
Providing Psychosocial Support to Children and Families in the Aftermath of Disaster and Crises[69][46] The Emotional Impact of Disaster on Children and Families[70]	American Academy of Pediatrics	• Children and adolescents will normally develop a negative emotional response to a disaster • If the negative response persists it can become a significant mental health problem • The manifestation of a negative emotional response into a significant health problem depends on variables directly related to the event and personal attributes
Adolescent girls in Disaster and Conflict: Interventions for Improving Access to Sexual and Reproductive Health Services[71]	UNFPA	Three effective interventions to improve access to SRH services: • Availability of spaces of youth centers • Availability of mobile clinics and mobile outreach teams • Engagement and participation

UNHCR's Engagement with Displaced Youth[72]	UNHCR	Constraints felt by youth in displaced communities: • Lack of safe and dignified livelihood opportunities • Discrimination, racism, and hostility from host communities • Restricted mobility • Differential treatment within their own community • Limited access to quality education Opportunities provided by humanitarian organizations: • Opportunities for education, learning, and vocational training • Opportunities for integration and community development
Youth Transition into Adulthood in Protracted Crises[73]		• Delayed transition into adulthood may be due to conflict, fragility, and violence. • Lost years of schooling and poor-quality education can impede one's chance for financial independence and family formation. • Youth do not always resort to waithood or a period of stagnation. • Accelerated transitions into adulthood may not be permanent. In fact, children who are forced into adulthood may revert back to waithood.
Sexual and Reproductive Health During Protracted Crises and Recovery[74]	WHO and UNFPA	Five key issues on sexual and reproductive health in a conflict or disaster setting: • High maternal mortality • Unmet need for family planning • Increased risk of sexual and other forms of GBV • Increased risk of sexually transmitted infections • Lack of sexual and reproductive health services for adolescents



Acknowledgements

Adolescent Girls and Youth in Crisis: Voices from Central Sulawesi, Indonesia was jointly developed by the Ministry of Health, Yayasan Plan International Indonesia (YPII), and United Nations Population Fund (UNFPA).

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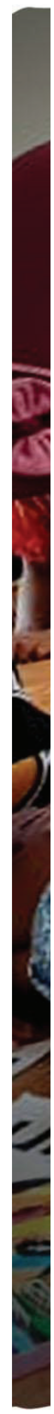
YPII and UNFPA would also like to acknowledge the financial contributions of our donor agencies: Plan Canada and the Australian Department of Foreign Affairs and Trade.



End Notes

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ISBN 978-602-416-905-3