

**AN ETHNOGRAPHIC STUDY OF
COMMUNITY-BASED CHILD PROTECTION MECHANISMS IN ACEH**



**The Center on Child Protection, University of Indonesia
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Executive Summary

A better understanding of community concerns and community-based child protection mechanisms can inform the development of national child protection systems in terms of identifying strategies for improved information systems, surveillance and response. The study described in this report set out to identify and systematically learn about the functioning of existing community-based child protection mechanisms in Aceh, Indonesia. For purposes of this research, the goal was to learn deeply about how local people understand children, harms to children, and existing community mechanisms for responding to and preventing those harms.

Ethnographic and related qualitative methods were utilized to systematically describe existing community-based child protection mechanisms. The methods used included in-depth interviews with key informants, timelines and discussions of the normal course of children's development, and group discussions. These methods were intended to document local views of childhood, child protection threats, and local means of coping and support; contrast how different community members view particular community-based child protection mechanisms; and describe how the community-based child protection mechanisms link with or do not link with elements of the national child protection system. Functional network analysis was used to document what usually happens when a particular protection problem occurs, who the key actors and decision makers are, what steps are taken or not taken, what outcomes occur, and how those outcomes are viewed by different stakeholders.

This research identified domestic violence, early marriage, school dropout, child labor, violent teachers and fighting amongst children as key communal concerns. Respondents frequently described how these protection issues were influenced and exacerbated by socio-cultural and economic vulnerabilities.

In exploring referral pathways, protection concerns were primarily kept secret, addressed within the family or shared with friends. Among these frequently relied on mechanisms of support, families were seen as potentially being able to intervene and improve a situation, though it was also recognized that families were often the perpetrators of the protection concerns as well. Friends were perceived primarily as a mechanism for psychosocial support, which was generally recognized as a valuable resource in and of itself. Keeping an issue secret appeared to be a common solution, and was reported to result from fear, hopelessness, stigma or shame, values that were often reinforced by communal norms and practices. Community leaders were rarely reported to be involved and referrals to governmental or outside agencies were extremely limited.

While these findings suggest weak linkages between national and local community systems, the research did reveal a few key leveraging points for building trust and involving community perspectives to improve linkages between local and national actors including reframing the discussion around the child rights framework, which is widely misunderstood, addressing cultural and social forces that condone violence and act as barriers to response. Addressing these issues will require long-term engagement, deeper understanding of the dynamics of these social forces and identifying local individuals and groups who are leading change.

Introduction

I. Background

In the field of child protection, there has been an increasing awareness of the importance of addressing prevention of and response to violence, exploitation and abuse from a systems perspective. Protecting and supporting the well being of children must involve consideration of the social, political and economic factors that contribute to increased vulnerability or prevent communities from responding. Most importantly, a culturally-grounded understanding of community structures and beliefs is essential for building effective national and international programs and policies that aim to improve the situation of children. This cultural knowledge is often not easily captured in surveys or demographic profiles and requires in-depth, qualitative research resulting from long term relationships and trust with communities.

Addressing child protection from a systems approach reflects theories such as social ecology. Social ecology recognizes that multiple layers of relationships constitute a network of care and support for children from the micro to macro levels. These layers include family, peers, community and national governmental policies. Each of these elements within children's social environment inform and influence children's ability to respond to risks and vulnerabilities.¹ For example, the theory suggests that a child who is living in a conflict-affected area may still fare quite well if he or she has access to other protective supports such as a stable home life, good friends and positive school environment. Alternately, a child who is abused by his parents, is harshly disciplined at school and is socially isolated from peers may fare quite badly, having relatively few spheres of support. Using a social ecological approach to research can usefully inform a critical understanding of community-level child protection.

In recent years, UNICEF, Save the Children and other international organizations have recognized the importance of a systems approach to child protection, summarized in a working paper released in October 2010. The paper recognizes the role that social norms have in shaping child protection systems within communities. As the report states: "Every family, community, and nation has a child protection system in place that reflects the underlying cultural value base and diversity within that context. As such, a particular child protection system manifests a combination of cultural norms, standards of behavior, history, resources, and external influences that over time reflect the choices participants have made regarding their system."² This working paper builds upon previous work in the field of child protection, including UNICEF's protective environment framework,

¹ Triplehorn, C. and Chen, C. 2006. "Layers of Support: The social ecology of protecting children in war." In Boothby, N., Strang, A., & Wessells, M. (Eds.) (2006). A world turned upside down: Social ecological approaches to children in war zones. Bloomfield: Kumarian Press. pg. 226.

² Wulczyn et al. 2010. "Adapting a Systems Approach to Child Protection: Key Concepts and Considerations." UNICEF: New York. Pg. 2.

which recognizes that individuals, systems, and society must all be strengthened in order to ensure protection for children.³

While policies and programming on national and international levels play an important role in the field of child protection, local communities and community based child protection mechanisms (CBCPMs)—including religious and social groups as well as child welfare committees and other formal structures—are also an essential part of child protection systems. However, as a recent global review of community-based child protection mechanism found, many CBCPMs created in response to recent disasters globally have been imposed externally in harmful ways, lacking community ownership and sustainability.⁴ This review highlighted that the majority of CBCPMs failed to consider, from a community perspective, the conceptual understanding and definitions of child protection concerns and the existing functional networks that engage with child protection concerns within communities.⁵ This community understanding is essential in order to connect governmental policies and national and international programs to community concerns so that they are effective and appropriate. Formative work on CBCPMs can identify whether linkages between communities and larger systems exist and how those can be developed or strengthened. Along with building child protection systems from larger national policy levels, it is equally if not more important to understand the ways in communities protect and respond to child protection concerns.

II. Context in Indonesia and Aceh

Current health and protection figures reflect the complex situation for children in Indonesia and Aceh, more specifically. Nearly half of Indonesian children aged between 13 and 18 years old drop out of school (44%); around three million children are engaged as child workers with harmful potentials, and about 2.5 million Indonesian children are victims of violence every year, according to the 2008 Mid-Term Review Report of Program Collaboration between UNICEF and the Government of Indonesia as stipulated in the Indonesian National Mid-Term Development Plan 2010-2014.⁶ A survey conducted by the Ministry of Women Empowerment (KPP) and the Central Bureau of Statistics (BPS) in 2006 estimated that at least 3 million women and children experienced violence every year, while data collected by the National Commission on Women Protection (Komnas Perempuan) showed that only about 20,000 victimized women and children received proper medical, legal and social assistances.⁷ A mid-term report of BAPPENAS's Cooperation Programme with UNICEF in 2008 noted that between 80,000 and 100,000 women and children in Indonesia were victims of sexual exploitation or traded for such purposes each year. About 30% of women experiencing sexual

³ UNICEF (United Nations Children's Fund) (2006a) *UNICEF: The Protective Environment*. UNICEF, New York, NY. http://www.unicef.org/protection/index_action.html.

⁴ Wessells, M. (2009). *What are we learning about protecting children? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings*. London: Save the Children.

⁵ Ibid.

⁶ BAPPENAS (Indonesian Ministry of Planning). Rencana Pembangunan Jangka Menengah Nasional 2010-2014 (*National Mid-Term Development Plan 2010-2014*). <http://www.bappenas.go.id/get-file-server/node/10836/>

⁷ Ibid.

exploitation as commercial sex workers were under 18 years old, and many of them were 10 years old. About 12% of women are estimated to be forced into marriage at or below the age of 15.⁸

An assessment on the quality of children institutions that was conducted by the Ministry of Social Affairs (KEMENSOS), Save the Children and UNICEF noted that the Population Module complementing the population census of 2000 showed that there were more than 2.15 million children under the age of 15 in Indonesia that did not live with their parents and 88% of children were raised by their extended family. In particular, 58.6% were cared for by their grandparents while another 30% by other family members. The data also showed that 4.4 million children under the age of 15 lived with single parents, with 3.4 million living with their mother and more than 1 million living with their father.⁹ This figure reflects that millions of children in Indonesia are vulnerable to becoming victims of violence, abuse, exploitation and discrimination. It also indicates a high number of neglected children. In addition, the same 2008 mid-term review report from Government of Indonesia and UNICEF stated that unequal distribution of wealth, lack of access to government services, poor law enforcement, geographic disparities that encourage migration, and ongoing harmful practices to children are contributing factors to the lack of a protective environment for children in Indonesia.

As of 2009, the Indonesian Bureau of Statistics (*Biro Pusat Statistik*, BPS) estimated the population of Aceh Province, Nanggroe Aceh Darussalam (NAD) to be 4,363,477 with approximately 40% of the population 19 years or younger.¹⁰ An estimated 21% of the population lives below the poverty level, with higher percentages of people below the poverty level in rural compared to urban districts (23.54% vs. 14.65%).¹¹ The main form of livelihood for individuals in the region is agriculture although there are active fishing, mining, construction, trade and tourism industries.

Aceh suffered a devastating tsunami in December of 2004, which left 130,000 people dead and an additional 500,000 people displaced. Following the tsunami, a large influx of international aid and support resulted in US\$7 billion pledged in donations and more than 500 organizations working in the area.¹² At the same time, the region had experienced 29 years of conflict between the Free Aceh Movement (GAM) and the Indonesian government; however in August 2005 a memorandum of understanding peace

⁸ Ibid.

⁹ Save the Children, Indonesian Ministry of Social Affairs (Depsos) and UNICEF (2007). *Someone that Matters: The Quality of Care in Childcare Institutions in Indonesia*.

¹⁰ Population by age group in Aceh Province. 2009. BPS.

<http://aceh.bps.go.id/ada2010/bab3/TabelIII.6.htm>

¹¹ Poverty Indicators 2009-2010. BPS-Statistics of Aceh Province.

<http://aceh.bps.go.id/ada2010/bab11/Tabel11.6.htm>

¹² "Aceh and Nias Two Years After the Tsunami: 2006 Progress report" BRR and Partners, December 2006. UN Office of the Secretary-General's Special Envoy for Tsunami Recovery.

{http://reliefweb.int/sites/reliefweb.int/files/resources/8F7E4BD64414C4C449257252001DDD68-Full_Report.pdf}

agreement was signed in Helsinki, Finland effectively ending that conflict period.¹³

The government in Aceh has a semi-autonomous status and in 2008, with the help of the Ministry of Social Welfare and UNICEF, the *Qanun* (local law) in Child Protection was introduced. The *Qanun* is similar to Indonesia's National Child Protection Law, which outlines governmental policies regarding standards for children in adoption, education, health care and social welfare.¹⁴ In 2010, for the first time ever, Child Protection was identified as one of four national priorities for cross-sectorial issues (the other three of which are Poverty, Climate Change, and Sustainable Maritime), signed and adopted by the President of Indonesia as part of the National Mid-Term Development Plan (RPJMN) for the next five years of 2010-2014. This means that Child Protection is now part of the President's agenda to be tabled with his ministries. The new RPJMN contains strategic statements and plans for advancing child survival and development, and sets clear targets for decreasing violence, abuse and exploitation of children while also improving child welfare and protection. Following the RPJMN, the President issued Instruction/INPRES No. 1 Year 2010 on the Acceleration of Development Priorities Implementation of the Year 2010. In this INPRES, social protection for children is included in the national priority for the poverty reduction program.¹⁵

Despite progress in terms of laws and policies, there remain a number of key child protection concerns and challenges within the current system. A UNICEF assessment, conducted in 2009 with University of Indonesia, Columbia University and input from key ministry stakeholders, found that Indonesian structures for child protection have not identified a single, designated agency responsible for overseeing child protection functions, and the process of decentralization has added further complications.¹⁶ Furthermore, a 2008 report by the Indonesian Commission for Child Protection (Komisi Perlindungan Anak Indonesia Daerah/KPAID) of Nanggroe Aceh Darussalam (NAD) found child rape, domestic violence, and neglect were occurring but the KPAID (Indonesian Commission on Child Protection) did not have presence in all municipalities and was, thus, limited in its ability to respond to issues of concern.¹⁷

¹³“Memorandum of Understanding between the Government of Indonesia and the Free Aceh Movement (GAM)”. Helsinki, Finland 15 August 2005. <http://www.aceh-mm.org/download/english/Helsinki%20MoU.pdf>

¹⁴ For a more detailed description of the various laws, provisions and action plans related to child protection in Indonesia see: Child Frontiers *Draft: Child and Family Welfare Services in Indonesia: An assessment for preventing and responding to Violence, Abuse and Exploitation of Children*. 2008. And Ahmad et al. *PSHK Peta Hukum Anak Indonesia*. (In Bahasa Indonesia) Research Report on the Rights of the Child in Indonesia: Law, policy and Practice. Center for Law & Policy Studies Indonesia (PSHK). UNICEF and PSHK.

¹⁵ INPRES 1/2010 tentang Percepatan Pelaksanaan Prioritas Pembangunan Nasional (*Indonesian Presidential Instruction/INPRES No. 1 Year 2010 on the Acceleration of Development Priorities Implementation of the Year 2010*). <http://www.bappenas.go.id/node/.../inpres-no-1-dan-3-tahun-2010/>

¹⁶UNICEF. 2008. *Child Protection Information Management Mapping: Towards a Data Surveillance System in Indonesia*.

¹⁷ IDLO. (2008). *INDONESIAN CHILD PROTECTION COMMISSION (KOMISI PERLINDUNGAN ANAK INDONESIA DAERAH/KPAID) OF NANGGROE ACEH DARUSSALAM (NAD)*. Aceh Besar: International Development Law Organization.

III. History of the study and research objectives

In 2010, the Center on Child Protection at UI was awarded a research grant from the University to undertake ethnographic research in Aceh Province. The research was intended as a pilot study to collect data that could potentially fill existing gaps in knowledge about local understandings of child protection concerns and networks of communal support for children in Aceh. In addition to being a useful contribution in and of itself, this work was also conceived to inform work to develop an SMS mobile technology surveillance system for prevention, early detection and response to child protection concerns. Such a system would contribute to better monitoring and reporting of child protection issues and concerns. Ultimately, this work is intended to contribute to larger global research initiatives intending to address the dearth of evidence on this subject.

The main purposes of the research were:

1. To elicit local understandings of pressing child protection concerns in Aceh
2. To identify who children go to in the community to discuss a problem or for support
3. To understand family and community care practices of vulnerable children

IV. Site selection and sampling

Research was conducted in four villages within two districts of Nangroe Aceh Darusalam (see Table 1). Sites were selected based on a range of criteria intended to capture diversity in the sample population. These criteria included accessibility, a combination of rural and urban sites, and sites that had been affected either by the tsunami or the internal conflict. In each district, one rural village and one village closer to an urban center were chosen for contrast. One district (Pidie) was chosen because it had been more conflict-affected, while the second district (Aceh Besar) was chosen because it had been directly affected by the tsunami.

Table 1. Research sites

District	Village	Characteristics
Pidie	Kampung Pisang	Rural, conflict-affected
	Pineung	Urban, conflict-affected
Aceh Besar	Naga Uambang	Urban, tsunami-affected
	Kampung Cot	Rural, tsunami-affected

Basic demographic information about the villages was obtained from the village secretaries. The villages ranged in size from approximately 100 to 200 households. The villages in Pidie district contained populations of 820 in Kampung Pisang and 972 in Kampung Pineung, while Naga Uambang had a population of 204 and Kampung Cot had a population of 182. Each village had a roughly equal number of men and women.

Within each village, purposive and snowball sampling were used to identify and recruit key informants including community leaders, mothers and youth. In some villages there

were fewer youth respondents, partially due to higher refusal. In one village, there were fewer children living there as a result of the tsunami. Additionally, work demands related to rice harvest limited some participants' ability to be interviewed.

Methods

I. Research team training

A team consisting of two Acehese researchers and two researchers from the University of Indonesia completed data collection over four weeks in January 2011. A four-day training was held in Banda Aceh and led by a faculty member of Columbia University currently serving as Director of Research at the newly established Center on Child Protection, University of Indonesia and a research associate from Columbia University who remained with the team throughout the fieldwork. Training included review of the tools, extensive role-playing and piloting, editing and adapting data collection tools based on feedback from the research team, discussing how to identify potential key informants, reviewing ethics and informed consent procedures and note-taking skills. Additionally, a local social worker associated with a child welfare organization in Banda Aceh was identified during training and agreed to serve as a reference if cases of serious abuse were encountered during data collection. Since both researchers from the University of Indonesia (UI) did not speak Acehese, the team agreed that each UI researcher would be paired with an Acehese colleague for facilitation of focus group discussions.

II. Research tools and data collection

The time period for data collection was short due to limited funding as well as limited availability of University faculty due to teaching responsibilities. As a result, this study should be considered a pilot and the findings, while foundational, require further research for deeper understanding and validation. The research used a combination of qualitative research methods to identify child protection concerns and document indigenous or community response mechanisms and how they relate to external (governmental or NGO) programs. The three main forms of data collection included:

- 1) Focus group discussions (FGD) with participatory ranking
- 2) Key informant interviews (KII)
- 3) Timeline analysis¹⁸

This research followed principals of Do No Harm, aiming to avoid false expectations on behalf of communities or cause harm to individuals in the community who participated or chose not to participate in the research. During training, the research team had an extended discussion surrounding ethics and informed consent while reviewing the ethics guide (see Annex III). The result of this discussion was a decision by the field team that consent would be obtained verbally, since written consent was deemed culturally inappropriate. Additionally, the team discussed obtaining permission from the village chief to work in the village. The chief's permission was considered a way of initially introducing the project and preventing misunderstandings or rumors about the purposes

¹⁸ The findings of the focus group discussions and key informant interviews will be discussed in this report while the timeline method and analysis is summarized in Annex IV.

of the research. However, it was not considered a substitute for, nor a guarantee of, the consent of residents within the village. Before any research activity commenced, every participant was explained the purposes of the study, confidentiality, the functions of any recording or note-taking and asked for informed consent prior to any data collection. Participants were told they were allowed to stop participating in an activity at any time and that participation was voluntary. No names are used in this report to protect the identity of informants and recordings and data forms were collected and stored with one of the national researchers who is also faculty at the University of Indonesia.¹⁹

III. Focus group discussions

In each village, focus group discussions were held with a variety of key stakeholders, with attention to recruiting a diversity of socioeconomic status, education, and community involvement. Discussions were conducted separately for adult men, adult women, young women (14-19 years old) and young men (14-19 years old), with approximately 8-10 individuals in each group. In each discussion, one researcher acted as note-taker and one as facilitator. Discussions were conducted in Bahasa Indonesia or Acehese, depending on the preference of the participants, with the majority of focus group discussions conducted in Bahasa Indonesia. Group discussions were held in private spaces such as a house, school classrooms or the *meunasah*, a small mosque in each village for community use, and usually lasted between 1-1.5 hours.

The group discussion began with a participatory ranking exercise where local understandings of key protection concerns were elicited from participants. Once the list of issues had been exhausted, participants then ranked these issues based on which ones they believed to be the most critical in their community.²⁰ Through this process, participants identified the three issues they believed to be most serious. These three issues were then discussed further. Participants were asked to reflect on whom a child could go to for help if they were faced with one of these issues. This part of the discussion aimed to identify the functional networks for supporting affected children, and the outcomes and perceived satisfaction of various channels of help and action. The focus was on what steps would be taken to assist a child, which other alternatives might have been available and why they were not utilized, the likely outcomes of the response, and the level of satisfaction of different stakeholders with those outcomes.

In total, 23 groups were conducted and 223 individuals participated. Six groups were held in each village except in Kampung Pisang, which had five groups. Overall, there were six groups held with adult men, six groups with adult women, six groups with girls and five groups with boys. In each village between 50 and 60 individuals participated in focus group discussions.

¹⁹ All research tools are included as annexes to this report: Focus group discussion guide (Annex I); Key informant interview guide (Annex II); and Ethics guide (Annex III); and Timeline guide and analysis (Annex IV).

²⁰ For further information about this method see: [Rapid Appraisal in Humanitarian Emergencies Using Participatory Ranking Methodology \(PRM\)](#), Alastair Ager, Lindsay Stark, Thalia Sparling & Wendy Ager Version 1.1, February 2011.

IV. Key informant interviews

Key informant interviews were conducted with individuals who were considered knowledgeable about the community and children in the community. The interview was a semi-structured in-depth interview modeled on the questions posed in the group discussions with room for further discussion of specific issues. If a respondent consented, a quiet, private place was found to conduct the interview. The respondent was asked for permission to tape record the interview. Recruitment for interviews was purposive, using snowball sampling. In total 96 key informant interviews were conducted, with approximately 24 interviews conducted in each village. Forty interviews were conducted with adult men, forty with adult women, nine with boys and seven with girls.

Many of the informants held leadership roles in the community such as village chief, village secretary, sub-village chief, youth leader and imam. Others included parents, teachers, principals, social workers, nurses and midwives. Furthermore, a number of elders were interviewed along with women and men who were active in community organizations aimed at social support, financial assistance and local development.

Key informants were asked to identify child protection issues that they believed were of concern in their community. An in-depth discussion followed that focused on one of the child protection issues raised by the key informant. In a few instances (9 out of 97), individuals were prompted to talk about a particular issue that the interviewer suggested.

V. Methods of analysis

In collaboration with the research team and faculty at the Center for Child Protection at the University of Indonesia, the research associate analyzed the qualitative data from the key informant interviews and the focus group discussions. The perspective of this data analysis was that an understanding of the situation in Aceh for children would be best documented by allowing the information from participants to tell the story, attempting to minimize influence of imposed categories from the researchers. Throughout the fieldwork, the team informally discussed and reflected on what they were learning, and documented thoughts on emerging themes and patterns in participant narratives. The research associate recorded these in the form of field memos.

Following the completion of field research, the research associate read each transcript multiple times and returned the transcript to field researchers if clarification was needed. Transcripts were then coded using Atlas.Ti for themes and emerging patterns. Throughout the coding and analysis process, the research associate's work was supported and guided by the Director of Research at the Center for Child Protection at UI. This feedback and ongoing dialogue was central to the analysis, writing and revision process.

The analytic process sought to identify commonalities as well as differences in the issues and resource pathways that were identified by groups and interviewees. This was especially of interest in relation to the age, gender and social position of participants.

The data analysis was a dynamic process in which themes and patterns were identified and revised throughout. Considering the pilot nature of this study, these findings may be developed and changed following further research.

VI. Limitations

One of the most significant limitations of the research was its short time frame. Research conducted over a period of several weeks can go only so deep and cannot hope to provide the thick descriptions provided by ethnography conducted over a period of years. Because rapid ethnography offers fewer opportunities for participant observation than a longer, slower approach, it places greater emphasis on people's perceptions as reflected in their narratives and is less well suited for capturing fully the convergences and divergences between what people say and do. For example, if local people said consistently that event X occurred frequently, it was not possible to verify the accuracy of that shared perception. Finally, and perhaps most importantly, the short time frame limited the ability of the team to build rapport and trust within communities. This may have been a determining factor in the scarce information on particularly sensitive issues involving children in communities.

Limitations arose also from the collection of data by field researchers who were not professional ethnographers. The field researchers' ability to learn diverse methods rapidly and to collect rich, useful information under challenging conditions was impressive. Understandably, however, they sometimes missed opportunities to probe on particular issues and perhaps neglected to write down key phrases and statements in their notes.

Finally, language was an issue since only two of the team members spoke Acehese, often the language preferred by key informants. Translation from Acehese to Bahasa Indonesia may have limited probing by researchers. Each of these factors limits the validity and depth of this report.

Results

The results section is composed of two sections. The first section on main protection concerns presents and analyzes the central concerns identified by participants in group discussions and individual interviews. While a variety of concerns were raised, main concerns arose and were identified across groups and villages. The second section analyzes the referral pathways that were identified as response mechanisms to these protection concerns. This section includes a network analysis of existing systems of support within the community.

I. Main child protection concerns

In analyzing the results of the focus group discussions and the key informant interviews, the research team looked at four main indicators. First, the team listed how many times an issue was spontaneously raised in discussions (frequency). Next, the team examined the ranking of these issues and noted the number of times an issue was ranked among the top three concerns or ranked as the number one top concern by the group. Finally, the team recorded the number of times that an issue was mentioned within key informant interviews. These four analyses provide different lenses through which we can understand the key issues facing children as identified by community members, and their relative sense of importance.

While ranking and relative positioning was not undertaken in key informant interviews, certain protection issues were mentioned with greater frequency than others. Across focus group discussions and key informant interviews, a number of common issues were identified as central concerns for children in the community. Table 2 summarizes the most frequently mentioned child protection issues by focus group and key informant interview, and summarizes the number of times issues were ranked in the top 3 or as the number 1 protection issue by focus groups.

As Table 2 demonstrates, participants described a wide range of child protection concerns in both focus groups and key informant interviews. Additionally, it is interesting to note that certain issues were mentioned more frequently in key informant interviews, while other issues were more commonly discussed in the group discussions. This potentially signifies that certain child protection issues can be discussed in more depth in key informant interviews while other issues are ‘safer’ to discuss in group settings. The following section discusses 5 of the issues identified by participants in both group discussions and individual interviews. These issues are discussed in order from most frequently mentioned and ranked in discussions or interviews to those issues that were ranked or mentioned less frequently in discussions or interviews.

Table 2. Issues identified and ranked in focus group discussions and mentioned in key informant interviews

Issue	Mentioned in FGD	Ranked top 3	Ranked first	Mentioned in KII
Domestic violence	12	6	1	21
Fighting among children (general)	11	11	5	3
"Killer teacher"	11	5	1	6
Bullying at school	10	6	0	5
Early marriage	10	6	2	15
School dropout	9	9	2	10
Child labor	6	5	1	3
Sibling violence	5	4	1	1
Drug abuse	4	3	1	9
Sexual violence	3	2	1	2
Neglect	1	1	1	3

i. Domestic violence

The most frequently mentioned issue in both focus groups and key informant interviews was domestic violence. Domestic violence was raised by 12 of the 23 focus groups and in 21 of the 94 key informant interviews. It was ranked as an issue of top importance (meaning in the top 3) six times within focus groups, although it was only ranked first once. Domestic violence was considered prevalent in all villages, with participants reporting that some form of domestic violence occurred in most households. This involved both fighting between parents and violence from a parent towards their children (usually father although occasionally mother) including beating with a broom, kicking, slapping, pinching, and “*verbal violence*”. “*Verbal violence*” was described as psychological aggression towards children, which could create fear and “*traumatic memory*”.

All forms of domestic violence were described to potentially cause distress in children. Additionally, if children witnessed violence between their mother and father, participants explained this might make them ashamed and prevent them from going to school because the community would know about the violence in their household. A number of participants reported that domestic violence occurred because children were naughty or lazy, but not everyone agreed with this sentiment. One female key informant described a parent who beat his child as a “*mad man*”, while another adult woman described abusive parents as people who “*easily got angry and don’t socialize well in the community*”. Both boys and girls were reported to experience domestic violence.

Respondents shared many case details about domestic violence in the community, and some even reported violence within their own households. One woman explained how

her husband put hot chili in her son's mouth and placed him in a well after he said a bad word. She justified this action by claiming that children need discipline to learn how to be polite. In one men's focus group discussion, a participant explained:

"We will not beat the children if the children do not ask for that. Beating the children is the last choice. It means if they really naughty and difficult to ask with words."

The need to discipline naughty children was also raised by village leaders to justify domestic violence and is discussed in more detail later in this report.

ii. Early marriage

The issue of early marriage—and teen dating, which individuals described as leading to early marriage—was raised in 10 focus groups, ranked as one of the top three concerns in 6 groups and discussed in 17 key informant interviews. Participants described a range of situations that led to early marriage. Some interviewees explained that early marriage could be motivated by teenage dating or a girl and boy "*falling in love*".

Some individuals reported that cases of early marriage increased after the conflict and tsunami because of greater freedom in the community for youth to date due to a decrease in social restrictions and fewer security concerns. One village secretary described changes in social and economic status that occurred in tsunami-affected areas, which influenced marriage choices in the following way:

"Many international NGOs came to Aceh, and many men got huge salary, and this had made them powerful and can marry anyone they want."

As this quote depicts, the changes brought wealth to certain members of the community, which gave them certain privilege and power to select young brides. Offering another perspective, a youth leader explained that the tsunami increased vulnerability of girls that led to more cases of early marriage:

"We found more cases after Tsunami, I guess because many fragile girls, as they don't go to school anymore after economy crisis in the family."

Not all participants felt that cases of early marriage had increased. One female key informant described that early marriage had decreased due to greater freedom after the conflict:

"Nowadays the cases are less often. There is more freedom after the conflict, and children meet their destiny outside the village during college or outside the village after a few years."

Participants also discussed certain economic and social factors that were associated with girls getting married early. Informants often described marriage as "*the only acceptable solution*" for children who were dating. Furthermore, one interviewee explained that if a girl was married later (at age 25), she is "*not sold well*," meaning she had passed the age when it is most typical to marry in Acehnese society, especially in rural areas. Being "*not sold well*" was in some cases attributed to having dated or had sexual contact with a

previous boyfriend. In other cases, it was attributed to be a protective choice to delay marriage in order to secure good employment.

Girls who were orphaned were cited to be at higher risk of getting married early. As one participant described, these girls are at increased risk, *“since no certain person was responsible to guard and take care of her”*. Even when a girl is living with her parents, the family might be motivated by economic interest to have their daughter marry early to a wealthy boy or man, as cited in the example above where men earned higher salaries as a result of the influx of international aid organization. As explained in one men’s focus group discussion: *“parents have thought if their daughter married, she is not under their [financial] responsibility anymore”*. Economic burden was a motivating factor for families to commit girls to early marriage.

In addition to economic factors, social pressure was also cited as a reason for early marriage. One informant described a case when a religious office that processes marriages refused to marry a couple because the girl was under 17 years, which is against regulation. The parents found another way to have the children married. The participant went on to explain that the girl was likely pregnant, thus: *“the parents have to allow them to be married, otherwise it will create more problems”*. The group then explained that once the young couple was married, they would be protected against community judgement. According to the group, *“after they got engaged, then the community don't have the right to complain about their dating”*. Social judgment, economic pressures and changes in community dynamics resulting from the conflict and tsunami were all factors described as influencing early marriage.

iii. School dropout and child labor

School dropout and child labor were often discussed in relation to one another. School dropout was identified and ranked as one of the top three issues in 9 group discussions and discussed in 10 key informant interviews. Child labor was mentioned in 6 groups, ranked as a top three issue in 5 groups and discussed in three key informant interviews. Participants described both child labor and dropping out of school as a result of economic pressures within the family. Children with vulnerable economic and family situations were described as being forced to drop out of school in order to work. As one women’s focus group discussion participant said:

“There is one case of one child, neglected by their caregiver. Her mother is now in Malaysia for work, and her father passed away already. She lives with her grandmother. Instead of taking care of this poor girl, she ignored her needs in the house. This girl has to work as domestic helper, and taking care of her brother and sister at home. This girl has not attended school for ages.”

In a discussion with men, the group described the ways in which family livelihood can impact children’s ability to attend school:

“Usually when it is harvest season, the parent asks to the child to stop for few days to go to school, and work. It is also because of economy reason...Step by step the children completely stop to go the school.”

People recognized that families had good intentions to ensure their children's education, but also usually needed their children to work due to poverty and economic factors. Children also, at times, internalized these complex realities. In an interview with a teenage drop-out, he acknowledged that he felt guilty for working but:

“It was complicated; I thought how will I study if I do not have money? No one could help me; also I had a lot of missed days from the school because I was working.”

Often, children whose parents were less educated were described as being at greater risk of dropping out of school to work in the home or in the fields and support their family. As a few teachers explained, illiterate parents did not necessarily value their children's education. As a result, their children were considered to be at greater risk of dropping out. One teacher described the situation of a student who had dropped out of school, saying:

“The parents themselves did not finish their school too, so that they had no more reason to force him.”

School dropout remained an issue that was closely tied to the economic pressures on children and their families. While adults generally expressed a desire for children to go to school and study, there were financial and labor needs within the family which often led to children leaving school and beginning to work. While this varied across socioeconomic groups within villages, the issue was a central concern for community leaders as well as more disadvantaged individuals.

iv. “Killer teacher”

Teachers who use corporal punishment, described as “*killer teachers*”, were mentioned in 11 groups, ranked as a top three concern in 5 groups and discussed in 6 key informant interviews. These “*killer teachers*” were described as teachers who hit, slapped or pinched students either as discipline if the children were naughty or if students did not perform well in class. As described in one women's focus group:

“Some of the [elementary school] students are a little bit slow - not very smart, and there's a teacher who is not quite patient then scolds children who might never been scolded at home, so the children would feel frightened. The teacher sometimes would even beat the student on their back.”

However, in interviews with teachers, themselves, they explained that children might be naughty and act out in school against the teacher because they experience violence at home. As one group participant noted:

“They used to get hard discipline or being mad at by parent, so they become naughty at school. Frequently being shouted by parent at home, they are not afraid of arguing with teacher at school.”

There were contrasting views of violent teachers, especially when comparing accounts of general community members with those of individuals who were involved in education in either the Islamic or regular schools setting. In some cases, community members

supported corporal punishment, suggesting that it was a critical correctional measure. In other cases, parents and children believed teachers were perpetrating acts of violence. Many teachers justified their reactions as discipline in response to disruptions in classrooms. The tension between discipline and violence is an issue that is addressed further in the Discussion section below.

v. Fighting among children

Fighting among children was raised and ranked as one of the top three issues by 11 of the 23 focus groups. However, it was not raised in key informant interviews as a central issue of concern, having been mentioned by only three key informants. This may be due to the fact that fighting among children was not considered a serious threat to children's well being, although it was something that was present within communities. In group discussions, it also might have been a less sensitive topic to discuss as an issue facing children. Groups explained that children often fight in school among friends where "*the strong beat the weak*". This bullying included forcing children to give money or homework, boys pulling girls' veils, and boys touching or pushing each other on purpose. Many informants viewed this type of physical altercation among children to be normal and not stemming from malicious intent on the children's part. As one sub-village chief explained:

"Children fight in the community, starting with a joke and after that they fight and one of them begins bleeding."

Additionally, a boy explained that one of reason for fighting among children was, "*Children are less tolerant with each other and are sensitive with mocking.*" Another boy explained:

"Fighting is caused by misunderstanding from one child and this could lead to a big fight in the school. The fighting could also be caused by students who mock others."

Discussions of fighting among children were mainly presented as ordinary occurrences, with descriptions of bullying, harassment, teasing, and physical violence. While most altercations reportedly involved individual disputes, gang violence (where groups from one village would fight with groups from neighboring villages) was also cited as a problem by a group of high school boys.

vi. Other issues of concern

A number of other issues of concern were raised in groups and interviews, but with less consistency. Drug abuse, sexual violence, harassment and neglect were all mentioned, but with less frequency and detail than the issues above. Issues deemed especially sensitive such as sexual abuse were only raised in a few group discussions and were less likely to be discussed in-depth or ranked within the group. However, during the key informant interviews, participants appeared more willing to discuss and disclose details about sensitive issues. In addition to sexual violence, a few key informants discussed sexual harassment and abortion.

II. Resources and pathways of response

The second part of the interview schedule for both key informant interviews and focus group discussions focused on referral pathways and how the communities tend to address the protection issues described above. Overall, participants identified six main responses and resources that a child who experienced a threat might employ for help. These responses were: silence or ‘telling no one’; friends; family; community leaders; teachers; and police. These different resources were reported with widely varying frequency and in relation to different situations and issues of concern, which are described below.

i. Silence/telling no one

All participants—adult men, women, boys and girls—identified silence, not telling anyone, as a frequent and common response to a number of issues including harassment, domestic violence, drug abuse, violent teachers, and school dropout. As one boy described:

“When I got beaten and kicked by my father, I did not tell anyone, just stay at room, or even go straight to the Meunasah for the Koran Lesson.”

Participants described many reasons why a child might not tell anyone, including shame, fear of escalating the problem, and a lack of agency to change their situation. A participant in one women’s discussion group explained why a child would keep domestic violence secret: *“They feel embarrassed, and it is family issue, they have no self confidence to even tell anyone about this.”*

In a boys’ group discussion about early marriage, one respondent explained that the family’s financial situation may prevent a child from seeking help to stop the marriage: *“They have to accept the condition caused by economy situation.”* Additionally, some children described a fear that the problem may become worse if a child asked for help. A girl’s focus group participant explained why a child may stay silent if harassed by their peers. This was not because of the associated shame, as the case was with domestic violence within the family, but because they are fearful of escalating or aggravating the situation:

“The children will tell no one for their problem, as we are not brave enough to get more bad naming from others. If we tell to our parents, they will be more mad.”

However, some participants recognized that keeping the issue secret was not an effective form of coping or response. When talking about sexual violence, one group of girls acknowledged: *“however she won’t feel relief if she just keeps it a secret”*. Although it was common, respondents reported low levels of satisfaction for the child if they chose this pathway of response.

ii. Friends

Participants also frequently mentioned that children who were experiencing domestic violence, bullying or physical violence, sexual violence, early marriage or drug abuse disclosed these experiences to friends. Across the different discussion groups, participants described the main motivation for a child to approach friends as “*sharing their burden*”. As explained in one women’s group:

“The children will tell the problem to their friends. They are not hoping for solutions. They will feel better as soon as they tell their burden.”

A boys group also described how children who have experienced domestic violence feel relief after sharing their feelings with friends:

“Children will talk to their friends with the same problems, and they will just feel relief after telling the story.”

Participants described the role of friends as a central source of psychosocial support, even if they did not offer concrete solutions or resolve problems. This supportive listening was described as one of the central protective functions of friends. However, in some situations, telling friends actually was described as putting children at further risk. For example, in cases of peer-to-peer violence, the solidarity of friends was cited as potentially leading to further confrontation or violence. Girls in one group explained:

“Children will talk to their peers with the same problems, and they will form a group to solve the problem, sometimes by doing revenge.”

In cases of teen dating and early marriage, participants described how a child might tell friends, and in some cases, the friends might provide advice on how to tell the parents about a pregnancy. However, participants also stated that in these cases, usually no resolution or change occurred as a result of a child approaching their friend. As one men’s group described: “*Nothing happens, the friend just listen without any solution because they are children as well.*”

iii. Family

Both group participants and individuals described the central role that family played in responding to child protection concerns. Particularly in response to issues such as teen pregnancy and early marriage, participants explained that a child might approach *female* family members such as their mother, grandmother or auntie for advice and support.

A common solution—referred to by many participants and groups as *MBA*, or “*marriage by accident*”—was arranging for a girl to marry the baby’s father if she became pregnant outside of marriage and her parents identified the father. Respondents explained that early marriage and “*marriage by accident*” were considered internal family problems that parents were responsible for resolving. As one participant described, “*the final decision would be under the parents’ authority.*” Girls who were at risk of early marriage

might not tell anyone, or they might ask their sibling, grandmother or friend for help, but parents had the ultimate power.

While it was a rare response, one father described a protection strategy whereby he sent his daughter to Islamic boarding school to prevent her from dating. As he explained:

“There were actually two option, get married or continue school, but I prefer only one option, as getting married is too heavy for my daughter. That is why I sent her to Banda Aceh for Islamic boarding school.”

In cases where a girl was already pregnant, it was explained that the family usually chose marriage as a solution, and only a few individuals described situations when the boy might refuse marriage and the family might pursue an abortion or move the girl to a different village. Typically, marriage was considered an acceptable resolution by the rest of the community. However, as one interviewee described, there were occasional discrepancies between family decisions and the opinion of the community regarding the resolution for children. In one case, a village chief tried to convince the parents *not* to marry their children early:

“Parents from both side asked to married [the children]. Firstly, community leaders asked the parents to delay, regarding their age, but the parents did not want to be disgraced, and worried whether she was pregnant or not. And before the worst thing happened, they decided to married them. For the parents, they avoid being disgraced, for children they are now free to do anything. But the community sees that they are not ready yet to be a family.”

Interventions by parents were not always considered effective, and were described by some individuals as making the situation worse. One respondent, a mother, shared her own experience after approaching the school about violence perpetrated by a teacher. As she explained, *“the teacher mocked and ignored [my daughter] because I went to the school to complain [about that] teacher.”*

At the same time, family mediation was often described as effective in cases of fighting amongst children. Participants described that a family might offer some type of symbol of reconciliation like sticky rice. *“Usually we try to solve between families and not involve the chief”*. At times, however, parental involvement escalated the problem. As was explained in one men’s focus group discussion:

“Every village it happen, the children always fight and sometimes the parent also have to fight because of that issue”.

In cases of domestic violence, family responses were preferred due to the sensitivity of the issue. One elder woman reported a time when her son beat his daughter to the point where she needed to be hospitalized. She explained in an interview:

“I went to their house and while I cry, I said to the father ‘if you do it again to your child, don’t call me anymore as your mom.’ After that, the father feels guilty and takes the girl to the hospital.”

She explained that she preferred that the issue be addressed within the family rather than with the involvement of outsiders or police. An alternative solution described by participants for serious cases of domestic violence – similar to teen pregnancy described above - was moving to another village. As one participant explained, this can reduce long-term shame for the family: *“Child became not so embarrassed by what happened with his or her parents”*.

Social barriers, justification and shame limited community intervention related to domestic violence. Domestic violence was described as something that occurred within the private sphere and for the most part did not involve the community as families kept it within their realm of responsibility. As participants explained, domestic violence was *“done within the family itself”* and *“the family kept it silent, no evidence because it happened inside the house”*.

iv. Community leaders

Community leaders such as the village chief, imam and youth leader were infrequently mentioned as a resource in resolving child protection concerns. Participants described a few serious cases where the village chief became involved. This included a case of domestic violence where a chief offered two options to resolve a dispute between a husband and a wife: either divorce or move away. The couple moved to another village, a strategy described in the previous section. Participants described that occasionally the village chief might also mediate between families. One boys group described a serious case of physical attack related to bullying which involved friends, parents, the school and the chief in mediation:

“In the case of the fighting girls, one girl reported to the friends, and the friends helped her by fighting back the other girl. The other girl collapsed and went to hospital. The girl who attacked was punished by not letting her go to school. The parents of the two girls were called to the school, and even the village leader as it was still not solved. Even until now, the process is still going on, and never heard again since then.”

While in the cases above, the chief took an active role in helping mediate the protection concern; this was not always described to be the case. For example, one participant described a situation involving drug abuse where the village chief would *“tell the youth leader to handle this case, since it’s related to youth problems”*. Yet, youth leaders were found to have limited power in addressing child protection concerns. In one interview with a youth leader, he admitted that his younger brothers were working in his wood shop and not attending school. He explained: *“Most family issues are considered ‘nafsi nafsi’,”* which translates roughly to ‘your business is yours and you have your own solution’.

Police were an additional authority that was rarely reported as a resource for child protection concerns. Participants described police intervention in only a few select cases related to stealing, serious physical violence among children and drug use. One of the main barriers cited by participants to accessing police was the cost. As one woman explained:

“One of the barriers is money. Even though we already report to the police, if we don't have money then it would be in vain because they would not follow-up the case.”

However, one teenage girl who was interviewed suggested that “*more sweeping by Wilayatul Hisbah*” (a form of religious police that enforce Shariah law) would reduce the amount of teen dating and early marriage.

Community leaders did not play a central role in responding to child protection concerns and their actions were inconsistent. While some facilitated mediations, others would not respond to chronic disputes, leaving children without external support or advocacy.

Discussion

In the course of analysis of community-identified child protection concerns and resources for response, three central themes arose. These themes were justification of violence as discipline, connections to national child protection systems and the importance of shame and honor in family and community response. While these themes are related, they also provide different viewpoints of how individuals in communities understood child protection concerns and the different influencing factors that informed community response.

I. Discipline

While domestic violence and violence within schools were both identified as key issues within group discussions and interviews, the importance of discipline was often emphasized as an explanation for violence against children. Teachers and parents both described that they *needed* to discipline children using physical violence. In these cases, children were not perceived as victims, but were viewed as having received appropriate punishment for being “*naughty children*.” In explaining why some children might not seek help, a participant in one women’s focus group said:

“If the children are naughty, they will not report to anyone, because they create the problem, they are not the victim.”

Many adults shifted responsibility to children, and in doing so removed the child’s identity as a victim, or the adult’s own accountability as a possible perpetrator of violence. From this perspective, a response or referral was not considered necessary since community members did not conceptualize the act of disciplining children as a risk. Individuals shared perspectives reflecting an understanding that children’s experiences differ from adults. One woman explained:

“When I was kid, I hate if the parent beat me, but I realize now if the parent beat me [it was] for good future.”

Additionally, it was reported that some parents approved of corporal punishment used against children in schools. There was a striking contrast between the intention of those who administered punishment as a way of teaching and the risk or threat that children experienced. As one sub-village leader and former teacher explained:

“The parent of the child was happy if the child is not lazy. His parent never complained to me if I beat this child. The parent already gives permission to the teacher when the parent sent the children to pesantren [boarding school]. Not all the teacher like that, but most of the parent agree if the teacher beat the child in pesantren if the child makes a mistake...the child is not happy because they are beaten by teacher, but the parent or community is happy with that because the people believe that the teacher would not beat

the child if the child not make mistake. Also, the people believe that the teacher beat the Satan.”

The use of corporal punishment was tied not only to physical and social obedience but also to spiritual salvation for the children, as key informants explained. Preserving or protecting the spiritual self and the religious aspect of discipline were central to its justification. As one young man shared:

“The Imam always said that it is ok for students to get beaten. And I always got beaten in my two arms, and bleeding. I didn't cry, because the Imam always said that ‘It is ok you are bleeding now, but these arms won't get burned in hell.’”

In general, from the perspective of many adults, there appears to be a perceived purpose to the punishment whether for raising children to be good adults or caring for their spiritual self. This justifies its use and sanctions it as acceptable violence, even if it is perceived as excessive and damaging by some in the community, particularly children. When violence is understood as an essential part of development for obedient and faithful children in the Acehnese context, we can better understand existing social impediments to prevention and response. If violence is not only condoned by the most of the community, but understood as a critical part of raising a respectable and responsible member of the community, the options available for children or adults who see this violence as a threat may be limited.

II. Challenges to linkages with national systems

National systems of child protection and government actors were rarely mentioned as resources for referral. Distance and cost were the main barriers to accessing courts or the police. In addition to distance and cost, reporting to outside agencies might risk one's safety. This was due to the extremely sensitive nature of some protection concerns and the general sentiment that problems should be solved by the family and the community without outside intervention. As one boy said *“but if I call the police, they should protect my identity,”* meaning he worried about revenge or violence for reporting to higher levels of authority such as government agencies.

At the same time, child rights legislation, which has been brought forward by national actors, was raised as a concern by many groups of adults. Respondents—specifically parents and teachers—expressed strong resistance to the frameworks and standards of external child protection systems such as Indonesia's recent child rights legislation.²¹ For example, restrictions on violence against children were perceived as a direct threat to parents' role as disciplinarians and also to community stability. As one participant described, *“The world will collapse if we follow the regulation about child right.”* Parents and other adults described a feeling of powerlessness as they described how the legislation has affected their perceived ability to raise their children properly.

²¹ Child Frontiers (Draft). *Child and Family Welfare Services in Indonesia: An assessment for preventing and responding to Violence, Abuse and Exploitation of Children*. 2008.

Respondent #1: "We are, as the parent, the victim."

Respondent #3: "The children are naughty because the parent never beat them anymore. Regulations say that beating the children is against human rights. So, this is the result now..."

Respondent #2: "When I beat the children, other children told me that it is against child rights. The result is my child never respect me anymore."

As this excerpt illustrates, parents perceive themselves as the victims of the new child rights legislation. They describe a situation where their children have taken control and no longer acknowledge adults as deserving of respect. As one elder female explained "*children sit on the head of parents*" which refers to the reversal of power dynamics as well as a reflection on children being "*spoiled*" or given too much control in current times. The national legislations were thus perceived as undermining parents' identity as an authority and eroding important cultural values where children must respect their parents. Similarly, teachers felt that child rights legislation limited their ability to enforce rules and this ultimately negatively impacted their ability to teach children. As one teacher shared:

"We do not dare to punish children. We used to punish naughty student at past time, we had a lot of types of corporal punishment. Children obeyed and studied hard. But now it is very different, children cannot be punished, beaten, pinched or else. All we can do just be angry at them. Consequently, they are scared of nothing. To discipline is impossible.

Nowadays it is hard for the teacher to discipline the student. If there is any problem we must think first carefully. A very light physical punishment will be reported to police. Student have no respect to the teacher, the small mistake will be blown up."

From many adults' perspective, the limitations imposed by the legislation have been destabilizing, as they fundamentally alter the relationship of parent and teacher to child, reducing a sense of power, authority and respect. Parents and teachers shared their mutual frustration with changes in their roles as a result of the legislation. For example, one teacher noted:

"All that we can do is just call the parent to come, and ask them to take the children out of school if they do not want to obey."

As one headmaster described the changes in community response after the legislation:

"In the community, if we scold other's child it is considered as human rights violation...In the past at school, if child was naughty he would be punished standing on one foot. But now we can't because violating human rights. There was on newspapers, parent complained about punishment."

New national governmental reforms presented a challenge to the autonomy and control of teachers and parents. While these national systems are intended to protect children, they result in sense of animosity and alienation on the part of the individuals who are most often responsible for raising children in the community. This tension surrounding

national child rights policies has been identified in other settings as well. For example, in West Africa new child rights legislation presented a similar threat to parents and communities and elicited a similar reaction.²²

It appears that the national child protection system was almost entirely unattached to community response to child protection concerns. Government actors and policies were not identified as resources but rather as threats to teachers and parents in raising their children. Information largely remained at the family or community level and did not travel beyond.

III. Privacy, exclusion and social punishment

While this pilot research uncovered limited information on sensitive issues such as sexual violence and abuse, participants described the power that shame and social exclusion bring to bear on topics that are considered taboo within the community. Many issues were kept private because they were considered “*nafsi nafsi*” or ‘family business’. However, there was a tenuous and delicate balance between respecting “*nafsi nafsi*” family matters through silent distance and the nature of taboo issues to incite public gossip. For example, when asked about recommendations for ways to better address protection concerns, related to drug abuse, one key informant said, “*The community would not dare to do much to interfere on such cases or others’ internal family problem*”. Stigmatized issues and family problems were considered personal but also shameful, which was a barrier to individuals intervening, even if they were aware of an issue. As one individual explained:

“Neighbors would be gossiping but as most parents have daughters too, they would choose not to react, as this [marriage by accident] might happen to one of them as well. This is a taboo issue in the village.”

Maintaining privacy served as a form of social protection for families and the community, yet it was also a barrier to referral and providing resources for children at risk.

However, not all concerns were kept within the family, and in some cases the community used social punishment as a way of publicly shaming individuals who were perceived as damaging the community’s reputation. This communal punishment was described, for example, in two instances related to “*marriage by accident*”:

“If one of any party is unsatisfied, and do not follow the advice, there will be a social punishment. For example, people will not come to his/her party even though being invited to.”

²² For more information on resistance to externally initiated child rights programs and policies. see Wessells, M. (2009). *What are we learning about protecting children? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings*. London: Save the Children: pg.67. and Child Frontiers, Ltd. (2010). *Mapping and Analysis of the Child Protection System in Sierra Leone*. Hong Kong: Child Frontiers, Ltd.

“Usually in the village, if that kind of case happens, the villagers will give social punishment. That punishment comes naturally from each person where the people never respect or care anymore to the girl or to the family of the girl. The people still want to talk with the family if they meet somewhere, but difficult for the people to help that family in case something happen. What happen with the girl was humiliate the village.”

Informants’ descriptions portrayed the honor and integrity of a community as threatened by some of the actions, experiences and responses of individuals. As such, there was a perceived responsibility to punish or exclude those who threatened the general communal equilibrium by engaging in taboo behavior. In some cases, this shaming served as a deterrent for further violence if the perpetrator was humiliated publically or within the family. *“The father would feel embarrassed if this was reported to outsider,”* one key informant described. These responses reflect both how community social norms of privacy and *“nafsi nafsi”* can hide abuse and protection concerns and limit ability to gather information about sensitive topics. However, they also portray how dignity and honor were leveraged by the community to stop unacceptable behavior. Social pressure plays a central role in the Acehnese context and may have larger potential to exert influence within community based protection mechanisms.

Conclusion

The research presented in this report represents the first steps of a long-term vision that ultimately aims to boost the effectiveness of the national system of child protection in Indonesia by strengthening the connections between community-based child protection mechanisms and the national system. The research recognizes that an essential step in developing effective national child protection systems is to learn from what is already there.

This study specifically set out to identify and systematically learn about the functioning of existing community-based child protection mechanisms. Previous global efforts to learn about community-based child protection mechanisms have commonly taken an approach that uses the vocabulary and embodies the assumptions of the international child protection community. For purposes of this research, however, it seemed important to take a step back, remove the usual vocabulary and assumptions, and learn deeply about how local people understand children, harms to children, and existing community mechanisms for responding to and preventing those harms.

In this context, it was deemed essential to ask questions such as: What community-based child protection mechanisms exist and are typically used at the village level? To what extent are these mechanisms effective in protecting children, and how are the outcomes achieved by various child protection mechanisms perceived by different stakeholders? What are the obstacles to building stronger connections between community-based child protection mechanisms and the national child protection system? Such understandings are integral to strengthening systems of child protection on many levels beginning with family and community networks up to district, government and international rights and policies. A better understanding of community concerns and community-based child protection mechanisms can inform systems development in terms of identifying strategies for improved information systems, surveillance and response.

This research identified a number of critical locally identified child protection concerns. Participants discussed domestic violence, early marriage, school dropout, child labor, violent teachers and fighting amongst children as key issues in their communities. Respondents frequently described how these protection concerns were influenced and exacerbated by socio-cultural and economic vulnerabilities.

In exploring referral pathways, protection concerns were primarily kept secret, addressed within the family or shared with friends. Among these frequently relied on mechanisms of support, families were seen as potentially being able to intervene and improve a situation, though it was also recognized that families were often the perpetrators of the protection concerns as well. Friends were perceived primarily as a mechanism for psychosocial support, which was generally recognized as a valuable resource in and of itself. Keeping an issue secret appeared to be a common solution, and was reported to result from fear, hopelessness, stigma or shame, values that were often reinforced by communal norms and practices. Community leaders were rarely reported to be involved and referrals to governmental or outside agencies were extremely limited. These

findings—along with community distrust towards and anger with child protection legislation—suggest weak linkages between national and local community systems.

Understanding, trust and involvement of community perspectives are essential for improving linkages between local and national actors. The research revealed a number of leverage points for such involvement and improvement. One of the main recommendations from this study is for the child protection community both in Aceh and in Indonesia, more generally, to work to improve community understandings of child protection policies and laws. Through discussions with community members and teachers, in particular, it became apparent that national child protection legislation is misunderstood, viewed as imposed and in contrast to local values, and, as such, is currently a cause for resentment at the community level. Further communication is necessary to ensure that adults within communities understand that a child rights framework also entails responsibilities for children. Conversations that listen to community members' understandings, respect their concerns, and invite an open dialogue is needed if Indonesia hopes to build a child rights framework that is embraced and supported at a local level.

Another important opportunity to strengthen community-based child protection mechanisms is to begin to address cultural and social forces that condone violence and act as barriers to response. Silence, shame and concepts around discipline were central themes in discussions about child protection abuses. In both group discussions and individual interviews, participants expressed deeply rooted beliefs and behaviors that may threaten children or put them at increased risk. Addressing these issues will require long-term engagement, deeper understanding of the dynamics of these social forces and identifying local individuals and groups who are leading change. Furthermore, economic status was described as an aggravating factor in descriptions of some of the main child protection concerns. Continued research on the role of poverty and vulnerability may help to identify gaps or weaknesses in current social welfare programs and community support systems. Further work to understand and address these issues within communities is necessary to ensure better outcomes for children.

This study offers a preliminary understanding of local views of child protection concerns and the community-based mechanisms that currently respond to these concerns in two districts in Nangroe Aceh Darusalam. It offers important insights into the opportunities and resources within communities as well as the challenges to child protection. Finally, it explores ways in which connections to the national system may be formed or strengthened. Ultimately, a child protection system which understands, supports, strengthens and learns from community-based child protection mechanisms will be better able to promote the health and safety of children and communities in Aceh and throughout Indonesia.

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Annex I: Focus group discussion guide

Notes—Discussion Guide on Protection Risks and Functional Responses

Purpose: To identify the main protection risks to children, the functional networks for supporting affected children, and the outcomes and perceived satisfaction of various channels of help and action.

Participants: Seven to ten young people or adults, with attention to diversity.

Time: 90 minutes

Materials needed: note-taking materials, pebbles, objects to represent protections concerns

I. Introduction:

Welcome everyone. My name is NAME. I'm here as part of an UI study to learn about problems facing children and what people do to address those problems. Could we please go around the room/group and have each person say his or her name?

Before we get started, we can say a prayer. Would anyone like to lead us in a prayer?
[icebreaker is alternative]

[insert edited/modified sections on purpose, no right answers, confidentiality & informed consent, permission to tape, etc.]

II. Activity One (45 minutes)

Steps:

1. To provide a framework for the discussion, provide this explanation about the first part of the discussion:

In this first part of the discussion, we want to learn about what makes children feel unsafe or insecure in their homes, schools, or communities. Our purpose is not to focus on issues such as health problems, poverty, or not having enough to eat, although these issues are very important. Instead, we would like to discuss issues related to the care and protection of children such as physical punishment or abuse, trafficking, sexual violence, discrimination, etc. There are many such issues to discuss, and we are interested in the issues you raise, including ones that are not listed above.

Ask: *Do you understand the purpose of our discussion—is this clear?* Avoid a long discussion but clarify any questions about the purpose and focus/boundaries of our discussion.

2. Ask participants **what makes children feel unsafe or insecure**. As each risk is suggested, have the participant (or the group) identify an object that represents the problem (e.g., a stick might represent a problem such as severe corporal punishment) and place it on the floor.

3. Ask participants whether there are additional issues that should be considered in regard to home, school, or community. As each item is suggested, identify an object that represents that risk and place it on the floor. Spread the objects out on the floor to make room for the subsequent voting/ranking process. If necessary, keep a written note on which object goes with which problem.

4. Continue until at least 5 or 6 risks have been identified. Let the process continue up to 10 items if the group is very energetic and then explain that we need to close this discussion now and decide which are the biggest or most important risks to children in their village/area.

5. Ranking—ask participants to use pebbles to rank the answers in order of importance.
- Space out on the ground/floor the various objects and remind everyone what risk each item represents.

- Give each participant one pebble (or locally available item) and ask him or her to place the pebble beside the issue they think is most important. Record how many pebbles had been placed in each basket or circle.

- Identify the top-voted issue and tell the results to the participants. Then set the top ranked issue/object aside and return all the pebbles to the participants (one per person). As this occurs, be sure to listen to what participants say, since some will likely make useful statements about why they see item x as most important. You can also probe by asking out of curiosity why some people voted for item x?

- Ask participants to repeat the process. Each person should place the pebble beside the remaining issues that they think is most important. Again record how many pebbles had been placed beside each object.

6. Announce the outcome: The ‘winner’ of the first round is the top-ranked issue. The ‘winner’ of the second round is the second ranked issue, and the runner up is the third ranked issue, etc. At the end, there should be three issues ranked a most important/biggest, second most important and third most important. If ties occur in voting, there should be a runoff involving only the tied items.

Activity Two (45 minutes)

Purpose: This activity provides a broad, preliminary mapping of the functional networks for support/action/services available to children and the outcomes and levels of perceived satisfaction associated with each line of support/action/service. The focus will be on which steps would be taken, which other alternatives might have been available and why

they were not utilized, the likely outcomes of the response, the level of satisfaction of different stakeholders with those outcomes, and recommendations for improvement of supports for children exposed to the three top-ranked child protection threats that had been identified in Activity One above.

Steps:

1. Tell participants: “Now I’d like to ask you what would happen if a child were affected by one of the three main risks/sources of harm you identified. Let’s take your first ranked item, which was—[NAME the top ranked item]. Suppose this had happened to a 8-year-old girl in your village.

2. Then ask the group the following questions:

- If this child lived in your community, what do you think might happen to him/her?

Probes: Please describe what would happen step by step.

Who could the child go to for help?

What would the family do?

What would the community do? Who would be involved? What supports would actually be provided for the child and family?

Who would be the key decision makers about what would happen?

What role would be played by people/services outside the community?

-What would be the likely outcomes of the responses to the problem?

Probes:What would likely happen to the child/perpetrator/family?

- How satisfied with this outcome would various stakeholders (child, family, community, people outside the community) be with this outcome? Why?

- What other option did the child/family have?

Probes: Please describe what would happen step by step.

Who could the child go to for help?

What would the family do?

What would the community do? Who would be involved?

Who would be the key decision makers about what would happen?

What role would be played by people/services outside the community?

- Why wouldn’t this second (or third) option be used?

Probes:Would children, families, community leaders know about this option?

Why or why not?

Would it be viewed as less safe? Less appropriate? Less effective? Please explain why.

- What recommendations would you make for better ensuring that the child is protected from harm and that the risks of the harm re-occurring are minimized?

Probes: What might have made it easier for the child to seek or access help?

How could the help / services that the child received have been made better?

Who else should have been involved in the process? What could be changed so that they become involved in the future?

Is the risk that the harm will re-occur still present? If so, what could be done to minimize this risk?

3. Repeat the process focusing on the second-ranked item.
4. Repeat the process focusing on the third-ranked item. Don't worry if you run out of time since other risks and responses can be explored in the in-depth interviews.
5. **Conclude** by thanking the participants for their time.

Annex II. Key informant interview guide

Name of interviewer:

Name and age of interviewee:

Occupation:

Date:

Hello, my name is NAME. I'm here as part of an UI study to learn about problems facing children and what people do to address those problems. We would like to speak with you today because you are someone in the community who knows about the experiences of children and the ways in which the community supports and responds to children if they have experienced risks/vulnerabilities/violence/threats.

[Discuss purpose of research, confidentiality & informed consent, permission to tape]

I would like to discuss the risks children face and what makes children feel unsafe or insecure in their homes, schools, or communities, and how the community cares for and protects its children. Our purpose is not to focus on issues such as health problems, poverty, or not having enough to eat, although these issues are very important. Instead, we would like to discuss issues related to the care and protection of children such as physical punishment or abuse, trafficking, sexual violence, discrimination, etc. We are also interested in how families and communities respond to these concerns and the if these relate to NGO or government services and programs. There are many such issues to discuss, and we are interested in the issues you raise, including ones that are not listed above.

To find this information, we are conducting key informant interviews and focus group discussions in Aceh, Pidie and Aceh Besar district. This conversation usually takes about 1 – 1 ½ hours. Before we begin, do you have any questions or concerns?

[For interviews with individuals working in NGOs/organizations/government institutions] *Participant's organization and role*

Before we start, it would be helpful to learn a little about your organization/institution and work.

1. Can you please tell me a little bit about the work [name of organization, child protection committee, youth group] does in VILLAGE NAME/DISTRICT?
2. Can you please tell me about your role in [name of organization, child protection committee, youth group]?
3. Where does [name of organization, child protection committee, youth group] do work?

For most of the remaining questions we will be focusing on risks to children and the way in which communities and organizations support them. However, please feel free to share any other thoughts you have about child protection as we move forward with the interview.

Identification/definitions/terms:

1. What are the main threats/child protection risks or sources of harm facing children in your community?

Probes: How do these risks vary by gender? Do they vary by age? If so, how?

2. Can you give me a description or example of each of the risks you mentioned?

3. If a child experiences RISK (insert the risk that participant identified as main threat), what happens to him/her? Who do they go to for help? Where do they go for help? What do those people do to help the child?

Trends/populations at risk

4. Are there certain children who experience RISK more (age, gender, etc.)?

5. Who is the likely perpetrator? Where does this usually happen (school, home, other places in community)?

6. What are the factors that make someone more vulnerable or more likely to be affected by this?

7. How do you think occurrences of RISK have changed over time in your community (ie while the area was in conflict and now OR after the tsunami and now)?

Response, resources and networks

8. When a child experiences RISK, whom do they go to for help?

9. Would a child ask for help within their family? If so, whom? Why or why not?

10. What would the family do to respond to the situation?

11. What would the community do in response? Are their particular local individuals, groups or networks would be involved?

Probe: Can you identify specific organizations or individuals or groups of people in the community? What types of resources do community members seek? Where

are the resources? How difficult or easy are they to access? Are there particular situations when help from certain people would be sought?

12. Are their groups or structures (e.g., Child Welfare Committees or CBCPMs facilitated by NGOs) that exist in your community? What is their role in supporting children and how do they do that?

Probe: When children have experienced a threat, are these groups contacted? Do most individuals in the community know about them? Do children know about them? Why or why not? Would it be viewed as less safe? Less appropriate? Less effective? Please explain why.

13. What support would be provided to the child?

14. Who would decide what would happen to the child?

15. What role would be played by people/services outside the community?

Probe: Are there particular services (offered by governmental or non-governmental institutions) that individuals access when a child is in need? Are there reasons why or situations in which certain services are sought or avoided?

16. Are governmental or NGO services connected to people or networks within the community? Why?

Sensitive issues

17. Are their particular issues that would be complex or sensitive within the community? Why are they sensitive? If so, how would they addressed?

Probe: How would this response be different from responses to other threats?

Outcomes

18. What are the likely outcomes of the responses you have identified to the problem RISK?

Probes: What would likely happen to the child/perpetrator/family?

19. How satisfied with this outcome are various stakeholders (child, family, community, people outside the community) with this outcome? Why?

20. Are their other options for children and families? Why aren't they used?

21. Are their particular social or economic barriers for some children to accessing community support or services outside of the community? What are those barriers? Are their particular groups that are excluded?

[**Note:** If they have not been mentioned already, ask whether children /families go to the police, a social worker, or a Child Welfare Committee?]

Recommendations and prevention

22. Is there a better way that the community can respond to RISK ? If yes, can you please describe how?

23. Do you know of ways that the community prevents RISK from happening to children? If yes, can you please describe how?

24. What recommendations would you make for protecting children from RISK or improving their access to services and support in the community?

Probes: What might make it easier for children to seek or access help? How can help / services that children receive been improved? What could be done to minimize this risk for children?

25. Are there other individuals or institutions that you feel should have been involved in responding to child protection concerns? What could be changed so that they become involved in the future?

[#26 ONLY for government or NGO representatives]

26. Are there systems for monitoring or documenting child protection concerns (within healthcare, governmental or community level)? How do they collect data or information on these issues? Who do they share them with?

Conclusion

27. Do you have any additional comments, suggestions, or recommendations for me?

28. Do you have any recommendations for other key informants we should speak to about this work, in your district/village or surrounding areas? Or any documents or materials we should read?

Those are all the questions I have at this time. If I have any follow-up questions, would it be okay for me to contact you again? How would you prefer that I contact you?

Your comments and insight have been invaluable. Thank you so much for taking the time to speak with me.

Annex III: Research ethics guide

Research often causes unintended harm by violating the principles of confidentiality or informed consent, or stigmatizing particular groups of people. If conducted in an extractive manner, the research process may raise expectations, create frustration, and lead affected people to mistrust outsiders. In the process of exploring sensitive topics or issues, research may pick open people's wounds and leave people in a more vulnerable condition than they had been in previously. Research may also increase power imbalances that cause particular people or groups of people to be vulnerable. Researchers may also use their own power to exploit the research participants.

A high priority in this research is to respect the humanitarian imperative Do No Harm and to adhere to appropriate ethical standards. This section outlines these principles, the review process for insuring that they are upheld, and practical guidelines for implementation.

Ethical Principles

- 1. Humanity.** The researchers and the research process shall respect the rights of all people and treat all women and men and boys and girls of all ages in a humane manner that supports their dignity, saves lives, and alleviates suffering.
- 2. Impartiality.** The research will not discriminate against particular people or groups of people and will insure that assistance is provided according to people's needs and rights.
- 3. Neutrality.** The researchers and the research process will neither take sides in hostilities nor stir or participate in political controversies or processes.
- 4. Beneficence.** The research will have discernible benefits—including benefits that relate to information and social improvement—to the participants and affected people. As explained below, this principle requires that the research will not be extractive and will include specific steps that benefit the participants and other affected people.
- 5. Nonmaleficence.** The research will take appropriate steps to prevent and mitigate physical or emotional harm to the participants and other affected people. The research process will include specific, contextually appropriate steps to prevent and minimize harm by protecting confidentiality, insuring informed consent, and requiring adherence to a Code of Conduct.
- 6. Best interests of the child.** The research will respect and protect the best interests of children, defined under international law as people under 18 years of age. It is recognized that the well-being of children is closely interconnected with that of their parents, extended family, and community.

Policies and Practical Guidelines

Child Safeguarding Policy

Cases of abuse, exploitation, violence, or neglect identified through the research will be reported via the Lead National Researcher, who in turn will notify the a local focal point in Aceh and the Principal Investigator.

Specific steps to take include:

- Adhere to national laws and policies.
- Support the rights of children.
- Report suspected infractions to the Lead National Researcher and the Principal Investigator.
- Avoid all actions that could count as abuse, exploitation, violence and neglect toward children.
- Avoid all forms of abuse, exploitation, violence and neglect in relations with adults since these, too, violate human rights and create an enabling environment for violations against children.

Supporting People's Dignity

The way in which researchers conduct themselves and interact with local people can support or undermine people's dignity and well-being. It is vital to respect local people and customs and to avoid behavior, dress, or attitudes that local people may regard as demeaning or inappropriate. Specific steps for supporting people's dignity are to:

- Treat each individual in a respectful manner.
- Be friendly and kind in all interactions.
- Dress and behave in ways that are locally appropriate.
- Be aware of and respect gender norms.
- Take a stance of participant observation and learning about local practices, avoiding passing judgment on local beliefs or practices.
- Be sensitive to people's schedule. For example, it is best not to ask people for interviews at the time when they normally go to tend their fields.

- Avoid political debates, criticizing others, or imposing your own views.

Informed Consent

Participation in research must be voluntary, and people must be free to decline or end participation without any negative consequences. Decisions to participate should be informed by an understanding of the purpose of the research, how and what information will be collected, how the information will be used, and potential risks and benefits to participants. Where participants are children, informed consent must be obtained from the children themselves and from their parents.

Obtaining informed consent is inherently difficult for many reasons such as the power imbalance between researchers and participants, the pervasive expectations that participation will bring material improvements now or subsequently, the prevailing norms of hospitality, and the perceptions of local people about the chief's expectations, among others. In many situations, obtaining written consent is infeasible because of low literacy levels and prospective participants' fears that written documents will be used against them. Because of the fluid, unforeseeable nature of the situation, it is important to treat informed consent as an ongoing process rather than a one-off action.

Specific steps to insure informed consent are to:

- Use a child friendly approach in explaining to children the purpose of the research, what and how information will be used, their right to say "No" without negative consequences, etc.
- If the participant is a child, obtain the informed consent of both the child and his or her parent or caretaker.
- Tailor to local circumstances the approach to obtaining informed consent. Where appropriate, use the letters below and request signatures to indicate voluntary and informed consent.
- Do not accept the village leader's statement that everyone will participate as informed consent. The process of obtaining informed consent must be implemented for each individual.
- Avoid the tacit coercion that can occur, for example, if a parent tells a child 'you should participate' or if a village leader says 'we should welcome the researchers and answer their questions.' Explain informed consent to the person in power and ask them to explain to others that they are free not to participate and that there will be no disadvantages or penalties for people who elect not to participate.
- Manage expectations by explaining in simple, clear language that no material benefits will come through participation in the research. Add, however, that the information collected will be fed back to communities, which may find the information useful in taking stock of and improving community-based mechanisms of child protection.

Confidentiality

The research participants will be informed that the information they provide is confidential. The researchers will not share publicly information such as names that could be used to identify specific individuals or sources of information. Where identity information is collected, it will be maintained in a separate, locked file, and will be made available only to people who have a legitimate need to know. Specific steps to insure confidentiality are to:

- Conduct discussions in a private setting. If there are departures from privacy, make sure all the participants know who else is present and listening or observing and give their informed consent to continue.
- Keep any records of names and other identifying information in a safe, locked place that is not open for public access.
- Do not leave confidential files open on a desk or computer. Always close them and put them out of public access even if you leave your desk only for a minute or two.
- Use general descriptors (e.g., 13-year-old girl) rather than a specific name or other identifying information in writing up one's data and reports.
- Share information from one's field notes, including identifiers, with members of the research team but not with people outside the research team.
- Hold in strict confidence information about specific cases of abuse, exploitation, violence, and neglect, sharing information only with the Lead National Researcher or the local Focal Point.

Psychosocial Support

The research is not designed to collect information about particular cases since the questions asked will pertain to hypothetical situations and who a girl or boy would usually go to for help or support in such situations. Nevertheless, it is possible that in the course of discussions, a participant might become upset because she recalls painful events such as having been abused herself. Key steps in preventing and handling such a situation are to:

- Identify in advance of the research a natural helper or social worker who could provide psychosocial support to someone who is distressed by the discussions.
- Attend to people's nonverbal reactions, and discontinue the discussion if the participant becomes upset.
- Provide compassionate listening and accompaniment to someone who is distressed.

- If a participant has been distressed by a discussion conducted as part of the research, notify the natural helper or social worker so that they can provide follow up support for the participant.

Annex IV: Timeline activity guide and analysis

Working Protocol for Learning About the ‘Typical’ Childhood Development of Girls and Boys in Aceh

Purpose

In order to learn about community-based child protection mechanisms, it is essential to gain an understanding of how people understand children and childhood, the usual course of children’s development, and children’s activities and roles at different stages. Rather than impose outsiders’ views on these issues, it is useful to take an approach that elicits local understandings of childhood and child development.

The purpose of this timeline method is:

- To understand the ‘typical course of development’ for boys and girls by learning at what age, and in what order stages of development and markers of development usually occur;
- To understand when childhood ends and what marks the transition to adulthood;
- To understand the typical roles and activities of children at different stages of development.

The method uses a narrative methodology that invites informants to tell the life story of a fictitious girl or boy in their village and sets the stage for discussion and probing questions. It also includes more directed questions that aim to learn about age- and gender-appropriate activities and roles.

Participants

This activity can be conducted with a range of key informants including girls, boys, elders, teachers, religious and community leaders, etc. It is important is to solicit this information from a diverse range of informants – young, old, male, female, leaders, community members, those particularly knowledgeable about children, etc.

There is no clear sample size for this activity, which should be conducted until saturation is reached, that is, until the stories and discussions do not elicit any new information.

Materials

A notebook and pen to record the time line and the respondent’s narrative

Recommended: a piece of paper and markers to draw an actual timeline with the respondent. These items are listed as recommended because in some cases a respondent may feel more comfortable telling the story of typical childhood development verbally, and in other cases respondents may enjoy having a physical, tangible timeline to chart the development of the child whose story they are telling. The interviewer should monitor whether the material aids are helpful to the participant and decide whether to use narration plus visual timeline or narrative methods only.

Length of activity

Approximately 45-60 minutes.

Process

This activity is conducted with individual respondents, and it occurs in two parts. The first part involves learning about the normal life and development of a typical girl, and the second part involves learning about the normal life development of a typical boy. In each part, you will initially work with respondents to develop a timeline and then ask questions about the activities of roles of a typical girl or boy at different ages.

Explain to the respondent that you are interested in learning about the childhood and life development of a normal girl and a normal boy from that village. Explain to them that they are going to tell you the story of ‘Amalia’ and ‘Agus’, a made-up girl and a made-up boy, respectively, from their village.

(A) Girls’ Development

Child Development and Timeline. Begin with Amalia, and explain that you are interested in knowing about Amalia’s life from the time she is born until the time she becomes a woman (i.e., an adult). You are interested in knowing what her life is like, what important events happen along the way, what good things happen to her and what bad things happen to her. Explain to the respondent that they can think of real girls from their village and use parts of their stories to tell the story of Amalia. The real girls that they think about should be neither the very best off nor the very worst off girls in the village, but should be ‘typical’ girls.

If you are using the visual timeline to help tell the story of Amalia, take out a piece of paper and draw a long line on the paper. At the left hand side of the paper, draw a figure and explain that this is the baby Amalia, who has just been born. Now ask the respondent to tell you the story of baby Amalia.

The respondent may need a bit of help to get started with the story. If the respondent appears confused or does not know where to begin, ask probing questions such as:

“How is life for this baby when she is first born?”

“Where does she sleep?”

“Who takes care of her? *How* does that person/do those people take care of her?”

“What does she eat?”

“What is the first important thing that happens in this baby’s life?”

As the respondent identifies important events—events such as naming ceremony, going to school, initiation, etc.—ask probing questions about why these are important. This will increase understanding of how local people think of the process of child development.

As the respondent continues telling the story of Amalia, the respondent can continue identifying events and life skills on the timeline. This can be done using pictures or words, and every time an activity or event is described, the interviewer should probe to understand Amalia's age at the time of the event or activity. This age information should also be included on the timeline.

If the respondent is still having trouble identifying the kinds of information of interest, it may be helpful to stop the narrative and first have the respondent generate a list of events (both good and bad) that happens to most girls in the village (e.g. begins taking solid foods, begins or helps with household chores, starts school, religious ceremonies, menstruation, etc.). After the list has been generated, the respondent can go back with the interviewer's help, and place all of the events on the timeline.

When the narrative has been completed, the interviewer should review the timeline with the respondent, checking for any information that has been left out. To identify clearly the transition to adulthood, you should ask the respondent at what point along this timeline Amalia is considered an adult. The respondent may associate this moment with age, or with a certain event such as marriage. The interviewer should make sure to record this marker of 'end of childhood', either in the written narrative, or on the timeline itself.

Age-appropriate activities and responsibilities. The next step is to learn about age-appropriate activities, recognizing that people may be uncertain about the actual age of children. Explain that you would now like to learn about Amalia's normal activities and responsibilities at three different times.

Ask:

(1) Just before Amalia became of age to go to school (around age 5 years), what were her usual activities each day?

- What did she do after waking up?
- What did she do later in the morning?
- What did she do in the afternoon?
- What did she do in the evening?
- What were Amalia's responsibilities? For example, what did her family expect her to do?

(2) When Amalia had gone to school for three years (around age 9 years), what were her usual activities each day?

- What did she do after waking up?
- What did she do later in the morning?
- What did she do in the afternoon?
- What did she do in the evening?

- What were Amalia's responsibilities? For example, what did her family expect her to do?

(3) After Amalia had begun menstruating (around age 12-13 years), what were her usual activities each day?

- What did she do after waking up?

- What did she do later in the morning?

- What did she do in the afternoon?

- What did she do in the evening?

- What were Amalia's responsibilities? For example, what did her family expect her to do?

B. Boys' Development

Child Development and Timeline. When Amalia's story is complete, repeat the process, this time asking about Agus. The interviewer may preface this by saying something along the lines of:

“We know that boys and girls have some similar experiences and some different experiences growing up. Now that you have told us the life story of Amalia, I would like you to tell me about Agus, a typical boy in this village. I would like to understand his life story, and to know what is the same about his childhood and life, and what is different compared with Amalia's.”

Repeat the process, collecting details about typical child development for boys in the village until the timeline and/or narrative is complete.

Age-appropriate activities and responsibilities. The next step is to learn about age-appropriate activities, recognizing that people may be uncertain about the actual age of children. Explain that you would now like to learn about Agus's normal activities and responsibilities at three different times.

Ask:

(1) Just before Agus became of age to go to school (around age 5 years), what were his usual activities each day?

- What did he do after waking up?

- What did he do later in the morning?

- What did he do in the afternoon?

- What did he do in the evening?

- What were Agus's responsibilities? For example, what did his family expect him to do?

(2) When Agus had gone to school for three years (around age 9 years), what were his usual activities each day?

- What did he do after waking up?

- What did he do later in the morning?

- What did he do in the afternoon?

- What did he do in the evening?

- What were Agus's responsibilities? For example, what did his family expect him to do?

(3) Before X (around age 12-13 years), what were Agus's usual activities each day?

- What did he do after waking up?

- What did he do later in the morning?

- What did he do in the afternoon?

- What did he do in the evening?

- What were Agus's responsibilities? For example, what did his family expect him to do?

Thank the respondent for their time, and make sure to collect and save any timelines that have been created during this process.

****Optional****

If there is time and interest; this method can be adapted with elders. Instead of asking an elder key informant to talk about a girl (Amalia) and a boy (Agus), the interviewer may choose to ask about *two* girls or *two* boys – one who is growing up in current times, and one who grew up when the elder him or herself was young.

So for example, the interviewer might begin the activity by asking a female elder about Amalia, as usual. Once the respondent completed Amalia's story, the interviewer would now explain that she would like the elder to now tell her the story of Dewi, a typical girl who had grown up before the war (when the respondent was a girl). The interviewer can explain that she is interested in hearing how things were the same or different for Dewi compared with Amalia. Did they experience the same events, stages, etc. and did they have similar responsibilities? Did these events and stages happen at the same age for Amalia and Dewi?

Timeline Analysis (in Bahasa Indonesia and English)

Perkembangan Anak di Aceh

Pertanyaan dalam penelitian ini lebih ditekankan kepada pendapat dari responden mengenai definisi seseorang dapat dikategorikan sebagai orang dewasa. Namun dari pertanyaan tersebut dapat digali juga mengenai definisi dan persepsi para responden mengenai anak.

Indikator paling umum yang digunakan adalah pernikahan. Seseorang tidak dikategorikan sebagai anak lagi saat dia menikah. Hal ini merupakan fakta yang cukup menarik karena dari rata-rata usia yang dianggap layak untuk menikah adalah 22,5 tahun, sementara batasan anak-anak 0-18 tahun. Pekerjaan juga dianggap sebagai parameter lepasnya seseorang disebut sebagai anak. Pekerjaan disini adalah pekerjaan “formal” yang mereka dapatkan setelah menyelesaikan sekolah dan bukan pekerjaan-pekerjaan yang dilakukan oleh anak-anak untuk membantu orang tua seperti membantu di sawah, berjualan dan lain-lain.

Indikator lain adalah kematangan psikologis, seperti dapat mengambil keputusan sendiri serta tingkat kedewasaan. Usia rata-rata dari parameter ini adalah 16 tahun, saat mereka duduk di bangku SMU. Duduknya seseorang di bangku SMU juga menjadi salah satu parameter usia dewasa.

Hal terakhir yang juga disebutkan walau tidak terlalu sering adalah faktor biologis berupa menstruasi pertama (menarche).

Tahapan Perkembangan Anak

Tahapan perkembangan anak secara umum tidak mengikuti sebuah pola yang permanen dan rigid, namun ada beberapa indikator dijumpai secara umum dalam beberapa tahapan usia.

Bayi-Balita (0-4 tahun)

Fase ini ditandai dengan banyaknya upacara dan kegiatan ritual agama yang ditujukan kepada si anak. Dalam adat Aceh, setidaknya ada beberapa upacara sebagai tanda syukur orangtua atas kelahiran anak mereka serta berbagai harapan yang diberikan kepada sang anak dalam upacara-upacara tersebut

Upacara Pemberian Nama dan Turun Tanah di Budaya Aceh

Setidaknya ada tiga upacara penting yang dilakukan oleh masyarakat Aceh dalam masa-masa awal sejak kelahiran anak mereka :

Peucicap : Adalah sebuah upacara yang biasanya dilakukan saat bayi berusia satu minggu. Pada upacara ini sang bayi mencecap beberapa rasa dari madu, kuning telur dan air zam zam. Dibawakan pula beberapa keperluan si bayi seperti kain selendang, kain untuk popok, bantal dan tali untuk ayunan. Selain itu dilakukan pula pemberian nama serta cukur rambut pertama si bayi.

Aqiqah : Aqiqah merupakan tradisi Islam dalam masa-masa awal kelahiran seorang anak. Upacara ini bertujuan sebagai rasa syukur kepada Tuhan. Dalam acara ini disembelih dua

potong kambing untuk bayi laki-laki dan satu ekor kambing untuk bayi perempuan. Acara ini biasanya dilakukan pada saat sang bayi berusia 7 hari, sehingga sering disatukan dengan acara Peucicap di atas. Namun apabila orang tua belum memiliki dana yang cukup untuk membeli kambing, upacara ini dapat ditunda.

Peutreun : Merupakan sebuah upacara dimana seorang bayi diperbolehkan dibawa keluar rumah dan melangkah di atas tanah untuk pertama kalinya. Umumnya dilakukan pada saat sang bayi berusia 40 hari.

Pada periode usia ini pengasuhan utama dipegang oleh para ibu. Anak-anak pada usia ini umumnya masih mendapatkan ASI walau perlahan-lahan mulai disapih. Peranan unit kesehatan juga cukup besar karena pada usia ini mereka pada umumnya mendapatkan beberapa vaksinasi dan penyuluhan kesehatan secara rutin, walaupun peran *traditional healer* masih cukup berperan. Khusus di Aceh, hal yang cukup menonjol bagi anak perempuan adalah dilakukannya khitan (circumsition). Khitan merupakan kewajiban bagi anak laki-laki dalam Islam, namun bagi anak perempuan lebih dipandang sebagai faktor budaya.

Beberapa anak-anak dalam usia ini mulai diasuh oleh saudara perempuan mereka, terutama apabila sang ibu harus bekerja di luar rumah. Mulai juga dikenal pendidikan usia dini (*early childhood education*), seperti Play Group (Kelompok Bermain /PAUD), dan Taman Kanak-kanak. Namun belum terlalu umum, kebanyakan dari mereka mulai diperkenalkan kepada pelajaran agama baik di rumah ataupun di mushalla/masjid.

5-8 tahun

Dalam rentang usia ini hal paling penting adalah mereka masuk ke dalam system pendidikan formal. Anak-anak mulai masuk ke Sekolah Dasar saat usia mereka 5 tahun. Pada usia ini aktivitas sebagian besar dari anak perempuan adalah belajar dan bermain, belum ada tugas pekerjaan atau pengasuhan adik yang signifikan dilakukan. Anak-anak perempuan di Aceh umumnya telah memakai kerudung. Pendidikan agama berupa mengaji Al Quran terus dilakukan sebagai pendamping pendidikan formala di sekolah.

9-12 tahun

Pada usia ini sebagian besar anak perempuan telah diberi tugas tambahan untuk membantu pekerjaan domestic, seperti membereskan rumah, memasak, memberi makan ternak, atau mengasuh adik. Beberapa anak perempuan juga ada yang membantu orang tua mereka di sawah setelah pulang dari sekolah. Dis ore hari mereka umumnya pergi mengaji Al Quran dan mengulang pelajaran di sekolah. Pada akhir periode ini, sekitar usia 11-12 tahun, beberapa anak perempuan mendapatkan menstruasi. Mereka pada umumnya menyelesaikan dasar pada usia 11 atau 12 tahun.

13-15 tahun

Pubertas merupakan feature paling utama dari anak perempuan pada rentang usia 13-15 tahun. Hampir keseluruhan dari mereka mendapatkan menstruasi pertama pada usia ini. Pada usia ini juga muncul ketertarikan kepada lawan jenis, dan sebagian mulai “berkencan” dengan anak laki-laki yang mereka sukai. Akibat dari pubertas ini adalah biasanya pengetatan pengawasan dari orangtua mereka. Anak perempuan masa usia ini juga umumnya telah memiliki alat komunikasi berupa HP. Mereka juga masih diberi tugas untuk membantu orang tua, masih lebih untuk pekerjaan-pekerjaan domestik, dan bukan untuk pekerjaan yang menghasilkan uang.

Dalam hal pendidikan, anak perempuan masa usia ini duduk di bangku sekolah menengah pertama (SMP) atau yang sederajat, seperti Madrasah Tsanawiyah.

What is a Child?

Adults and young people defined who is a child based on religion, physical development or maturity, the individual’s dependency, and activities. In general, children were regarded as people who cannot do things for themselves and are dependent on their parents or other adults. For some participants, according to national regulation, people who were over 17 years and got citizen identity card would have been regarded as adults. Another milestone was once young people got circumcised, they are adults since circumcision is by religion adult sign. Role also mattered since young people who could act with full of responsibility and could make his own decision of his life or did the work of adults were regarded as adults.

In terms of religion he is considered as not child anymore. Because of that reason, child takes his own responsibility of what he has done. If parent help him, those are only the charity, not obligation. (Elder female #1, Kampung Pisang)

Considered being a man at 17 years old since he has had citizen identity card (Akmal, Kampung Pineung)

after 25 (year old), when he can act with full of responsibility and can make his own decision of his life. (Muhartil, a boy from Kampung Cot)

after 20, when he can act with full of responsibility (Furqa, Kampung Naga Uimbang)

the boy being an adult at 18 years old because the responding feel that he already has responsible for something (Teacher, Kampung Pisang)

he become adult with reason that he was not under parent’s responsible anymore. (elder female #2, Kampung Pisang)

because he already able to decide about his own life. (Woman, Kampung Pisang)

because he able to solve the problem, and already has ability to discuss a problem (Man, Kampung Pineung)

Participants viewed children in relational terms that recognized the interdependent roles of children and parents or caregivers and the functions associated with those roles. Parents are expected to provide food and care for children, encourage them and provide education, teach them respect and proper values and behavior, and discipline them when necessary. In return, children are expected to help the family to do its work, and care for elderly parents. By the age of five years, children have no obligation yet. While some parents want their school aged children to go to school and whenever they have spare time children were asked to help them in the rice field or take care of their cow or goat as well. In religion context, children with those ages were obliged to pray on time and do whole day fasting in fasting month. For the older boys, parents expect them to voluntarily help parents in the rice field or find food for their cow/goat or poultry.

Child Development

Child development was observed to be a gendered, fluid process that does not follow rigid timetables. Nevertheless, discernible developmental markers, milestones, and age-appropriate activities were visible. As children grew larger in stature and acquired new competencies, they were assigned increasing responsibilities helping the family do its work. As young people showed signs of physical maturation and entered puberty, they took on adult responsibilities and engaged in adult behaviors, leading them to be seen as adults.

When children are born, the parents usually conduct a naming ceremony in the first week and first step walking out of house around the first month (see box below). The mothers breastfeed the infants, while some of them gave other food before breast milk because they afraid the baby won't take any other feed but breast milk. By the end of year one, most babies who had been crawling have learned to walk.

Naming Ceremonies and First step Celebrations in Aceh

The Acehnese people have their own customs in treating newborns. Indigenous *peucicap* and *peutron tub tanoh* are two of them. Indigenous *peucicap* is usually done on the seventh day the baby is born, which is accompanied by *cuko ok* (shaving hair) and a name to the baby. Events *peucicap* done by applying honey on the baby's lips accompanied by prayer and hope with the words for the baby will grow up to be children of godly, devoted to both parents, religion, and nation.

After a period of 44 days she underwent *madeueng*, the baby will be lowered to the step the ground for the first time. This traditional procession called *peutron tanoh tub*. There also are done by holding a massive party to, especially to the birth of their first child.

At this ceremony the baby being held by a person of noble birth, good temperament and attitude. People who hold wear nice things. When the baby brought down the stairs, covered by a piece of cloth, held by four men on each side of the fabric. On top of the fabric, a coconut was halved for babies to be brave. The sound of halved coconut shells symbolized the voice of lightning, so the baby will not be afraid of lightning and other life challenges. He will become a child who *ceuheh* and *heuhe* (brave).

One to four years. Between years one and four, children were weaned, and once they had begun to walk, they were usually left by themselves while the parents went to their farm. Alternately, they were left in the care of an older sister at home, but it is a common thing if children as young as three or four years went to the farm with their parents.

Five to eight years. Between the ages of five and eight years, there is no significant changes occurred in children's roles, responsibilities, and daily activities. Many children started primary school at around six or seven years of age. Play with peers is common, like bicycle riding around their neighborhood. During these years, children start to learn about work responsibilities. Both boys and girls helped with domestic activities such as house cleaning. The activities were often divided along gender lines. In Aceh, only girls did the house cleaning. Boys helped their fathers on the farm by helping to clear the land or feed the cow or goat.

Typically, they went to school in the morning, continued study qur'an in the afternoon. They helped their parents whenever they asked for, not always. At night, children went to meunasah to recite qur'an and went home after, gathered with family and went to sleep.

Nine to twelve years. Between nine and twelve years of age, boys take on additional work responsibilities, and there is sharper differentiation between the work of girls and boys. In general, girls do mainly 'house work,' whereas boys work on the father's farm. Because the boys have grown larger and stronger, they do more work, helping in the fields, brushing the bush on the farm, scaring birds, and weeding the garden.

During these years, most girls and boys continue to go to school and to work before or after school for their parents, mostly they went to school in the morning and continued study quran in the afternoon. At the school, children did various chores at school such as sweeping the floor and glass. At the end of these ages, boys usually got circumcised as one of milestones in their life and religious obligation.

Thirteen to fifteen years. In early adolescence, some boys continue working and also attend secondary school, though few secondary schools exist in many areas. For those who dropped out of school, many boys worked in order to earn money by farming, joining a shop or lifter in the market. At this stage, teenage boys also did 'heavy work' such as climbing palm trees for fruit used to make palm oil and palm wine, and hunting with their fathers. During these years, many boys and girls start experience romance. Boys start to smoke in groups secretly. Young couples enjoy dating which is restricted by religion but they kept doing this far from their neighborhood.