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Beyond Economic Survival: Women with Disabilities Coping Strategies During Covid-19 Pandemic in Yogyakarta

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Abstract. James Scott's Subsistence Ethics theory explained 3 peasant survival strategies in coping with crisis situations, i.e. reducing expenditure, using alternative subsistence and broadening networks to attain assistance outside their family. In COVID-19 pandemic crisis context, women with disability social groups develop their survival strategy beyond economic survival as outlined by Subsistence Ethics theory. During the pandemic women with disabilities in Yogyakarta develop their economic strategy by tightening their spending other than for food, finding other possible sources of livelihood and extending their social network to get assistance. However, reducing their spending meant sacrificing their special needs and worsened their disability condition. Therefore, economic survival strategy is not sufficient for women with disability. They also develop social and health strategy to cope with the pandemic situation. Both strategies are developed to fulfill their specific needs according to their disabilities and respond to government and community response to the pandemic which do not always in accordance with the needs of women with disability.

Keywords: Gender, diffable, disabilities, survival strategy, COVID-19

1 Introduction

On 30 January 2020 following the recommendations of the Emergency Committee, the WHO Director General declared that COVID-19 outbreak constitutes a Public Health Emergency of International Concern (PHEIC). On 11 February 2020 officially named the coronavirus as COVID-19 and on March 11, 2020, WHO declared the novel coronavirus (COVID-19) outbreak a global pandemic. COVID-19 is caused by SARS-COV2 which is part of the same coronavirus larger family that caused SARS in 2003. COVID-19 infection has similar SARS symptoms. COVID-19 (less than 5%) has a lower mortality rate compared to SARS (9.6%). However, COVID-19 is more contagious therefore it spreads wider and faster at the global level compared to SARS. To prevent further spread of COVID-19, WHO urges physical distance to each individual for at least 1 meter.

Responding to the pandemic situation, the Indonesian government issued a Government on March 31st 2020 to enforce Wide Scale Social Distancing or also known as PSBB. The PSBB includes instructions of closure for schools, working places, restrictions for religious gatherings, and restrictions in public facilities. Such closures and restrictions caused severe impacts on the large part of society and social groups including people with disabilities. The prolonged

pandemic has affected persons with disabilities livelihood and enforce them to develop survival strategies.

Persons with disability are persons with disabilities including those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various attitudinal and environmental barriers, hinders their full and effective participation in society on an equal right (Law No. 8 Tahun 2016). Persons with disabilities are part of the most vulnerable group affected by COVID-19 pandemic. Pandemic crisis situation has worsened inequity, discrimination, and violence for persons with disabilities. Physical distancing and social restrictions as part of COVID-19 prevention measures has impacted the persons with disabilities by limiting their access to health service, education, workplace, and social protections.

The concept of livelihood is very important in understanding coping strategies because they are part of livelihood strategies. One livelihood includes income (both cash and in kind). Chambers and Conway (1992) Describes the various components and interactions between the various aspects of livelihoods that sustain life. As in the picture below, a life is supported by interactions between people, real assets and intangible assets. People refer to the ability to earn a living (livelihood Capabilities), real assets refer to savings (food, gold, savings) and resources (land, water, rice fields, crops, livestock) while intangible assets refer to claims and access which are opportunities to use sources of savings, services, information, goods, technology, employment, food and income (Chambers, 1995: 24)[5]

Redcliff (1986) explained that people in marginalized positions such as peasant, people who live in urban slum areas develop their own "survival strategy" or "coping strategy". Both survival strategy and coping strategy have the same meaning with "coping mechanism", "coping behavior", "household strategy" and "livelihood diversification" (Suharto, 2002). Ellis (1998) explained that conceptually coping strategies refer to the process of the ideas construction of multiple efforts and social support in order to survive and to improve social and economic welfare.

Coping strategies could be defined as someone's ability to implement several tools to respond and solve their live problems. Initially, coping strategy as a concept was used in the poor people's efforts to protect their basic needs against crises that cannot be handled personally such as survival strategies of peasant families in rural areas in dealing with crises, natural disaster, famine, and crop failure.

Ethics Subsistence theory described peasant survival strategies amidst economic crises. According to James C. Scott peasants develop three different strategies to survive the crises; firstly, tightening the belt or in other words reducing their consumption and converting to alternative, cheap, and easier to collect food resources around their house. Secondly, using alternative subsistence such as alternative jobs or migrating. Thirdly, expanding their network to get assistance from family, friends, neighbors or even government and non-government organizations (corporations and NGOs). From these strategies it can be outlined that Subsistence Ethics are techniques or strategies used by individuals from vulnerable groups to meet their needs during minimum conditions such as crises, war and pandemic. James Scott's Subsistence Ethics also called as survival mechanism.

The purpose of this study is to describe women with disabilities group survival strategies during COVID-19 pandemic using James Scott's Subsistence Ethics theory. This study is focusing on three main questions on women with disabilities survival strategies on how they reduce their expenditure, how they use alternative subsistence and how they expand their network to attain assistance.

2 Methodology

This study used a descriptive qualitative method. It is descriptive, that the data collected is in the form of words, or pictures, specify the numbers. Even if there are numbers only as mere supporting data. This approach does not use numbers in analyzing the problems raised, but the results of observations, interviews, documentation, written notes that aim to explain or describe the reality that occurs to a phenomenon in more depth. The data obtained include interview transcripts, field notes, photos, personal documents, and various other similar data.[7] The final results of the research are stated in the form of a structured narrative.[8]

Research data consists of primary data and secondary data.[10] Primary data is data that is directly and immediately obtained from data by researchers for specific purposes. In other words, primary data is data obtained directly from the first source, either through observation or interviews with respondents and informants. Primary data in the form of places and events related to the survival strategies of women with disability groups during the pandemic were collected through observation, interviews and focus group discussions.

Secondary data, namely data that has been previously collected and reported by people outside the researchers themselves, even though what is actually collected is original data.[9] Secondary data comes from literature reviews, namely: journal publications about persons with disabilities and disasters, reference books related to qualitative research methods and advocacy theory, as well as other reference sources related to survival strategies for vulnerable groups. Primary and secondary data were analyzed using interactive data analysis techniques according to Miles and Huberman [11] and the perspective of Gender Equality, Disability and Social Inclusion (GEDSI) [12].

The validity of the data was tested by using triangulation techniques. Triangulation in credibility testing is defined as checking data from various sources, ways and at various times. Triangulation can also be done by checking the results of the research, from other research teams who were given the task of collecting data. [10] In this study, triangulation of data was carried out by re-checking the results of data analysis of interviews, observations, documentation and FGDs as well as to support and strengthen each other. The subjects of this study were 20 women with disabilities who were assisted by the Advocacy Center for Women with Disabilities and Children (SAPDA).

3 Result and Discussion

COVID-19 pandemic has brought enormous impact to many social groups, including people with disabilities. According to BPS Susenas data there are 37.137.518 persons with disabilities with age >2 years in Indonesia and more than half of them are women. To note, this data has not covered all people with disabilities since there is not, yet data collection specifically intended to reach all people with disabilities in Indonesia and data overlap across sector.[12]. In a normal situation, people with disabilities are more vulnerable to be poor, have higher health expenditure, and more vulnerable to economic crises.[13]

This study involved 20 key informants which included SAPDA activists and women with disabilities assisted by SAPDA through individual interview and focus group discussion. Interview and FGD are conducted using semi structured interview guidance. Informants are women with disabilities and their companions from SAPDA. Most of the informants selected

for this study are physically disabled, this is meant to ease communication during the interview. There was a slight obstacle to collect data from the deaf informant, but the communication obstacle could be overcome using textual (via Whatsapp application) communication although the interview took a longer time. Data and information for this study were obtained also from observations, documents, other case studies and literature that provide information on women with disabilities strategies to cope COVID-19 pandemic.

Results of this study showed that all informants of this study experiencing family income decrease due to work termination and work loss both in the formal and informal sector. Income of blind masseuse for example collectively drops to only 7.5% of their income before the pandemic. This is a direct impact of social distancing policy that forbid massage service activities. Massage becomes a high-risk job for blind masseuses since the client condition usually does not fit. Groceries assistance provided by the government is helpful for the blind in supporting their life during pandemic. However, they are still unable to pay electric bills and gas due to income loss. This condition forces them to drain out their savings since unlike in rural areas where people can use wood for energy sources, there is no alternative for gas in urban areas. Compared to men, women with blind disability also have higher risk of facing sexual violence during their practice. If they become victim of sexual violence usually the case difficult to process due to lack of evidence since they only recognize the perpetrator through voice and touch.

Meanwhile, tailors, NGOs, social organizations, employers and even laid-off employees have reduced family income to 70-80 percent, which is very significant. This condition is very difficult for everyone as well as for women with disabilities. With only 20-30% of income remaining, they have to survive with some additional needs because all activities are carried out at home. Expenditures that cannot be avoided and cannot be reduced are the need for food, children school payment, especially those in private schools and those who are already in college. This is very burdensome, while parents who have been laid off and do not have social security cards are feeling the impact of the pandemic. The addition of other expenses is the need for food, electricity usage, gas and internet quota. Savings in the use of electricity, gas and internet are certainly done but food needs are not. The remaining revenue allocation is prioritized for this purpose. Thus, an appropriate survival strategy is needed in the face of a prolonged pandemic.

The above is in line with a rapid study conducted by the Indonesian Association of Persons with Disabilities (PPDI). PPDI conducted a rapid assessment of the network of disability organizations which was held on April 10-24, 2020, involving 1683 respondents representing all types of disabilities from 216 Cities/Regencies. In 32 provinces in Indonesia, at least 80.9% of respondents with disabilities in Indonesia were affected by the COVID-19 pandemic. Around 86% of respondents who work in the informal sector experienced a reduction in income of 50-80% during the pandemic. The decline in income becomes more severe during the time of Large-Scale Social Restrictions. Persons with disabilities do not have savings (savings) and depend on support from others for assistance (94.36%).^[3] Social restrictions make it difficult for people with disabilities to get health access. The fulfillment of access to information regarding COVID-19 is also difficult to obtain due to policies that still ignore the existence of persons with disabilities.^[2]

SAPDA conducted a survey on the impact of COVID-19 on the economy of people with disabilities in DIY, which included 204 respondents (179 women and 25 men) with various physical, blind, speech-deaf, mental, intellectual and multiple disabilities. Meanwhile, based on the type of work, it is dominated by not working, then farming or raising livestock, sewing, labor, employees, entrepreneurs and housewives. Of the 204 respondents indicated that 59%

experienced a decrease in income. This data strengthens the results of this study where all informants stated that there was a decrease in income with various causes. The remaining income must be able to survive during the crisis of the COVID-19 pandemic. So women with disabilities need to implement strategies to remain able to live decently in times of crisis.

This study found that women with disabilities used the same strategy as farmers when facing a crisis in James C Scott's theory of subsistence ethics. They carry out three (3) survival strategies, namely reducing expenditure, using alternative subsistence and expanding networks to get help from family, relatives, friends, neighbors or even the government and non-government institutions (companies and NGOs).

First, women with disabilities reduce spending on travel, recreation, eating out, going to the mall, going to a salon, children's pocket money and milk. Other expenses that have been reduced or even eliminated are special needs for disabilities, namely snacks for children with disabilities, physiotherapy for cerebral palsy, medicines and vitamins for people with mental and intellectual disabilities, soy milk and women's reproductive needs such as contraception.

Savings are made but the sufficiency of food and family nutrition must be considered. These savings also have major implications for women with disabilities. With minimal family income, they have to make a variety of family menus to stay guarded. Meanwhile, women with disabilities prioritize food and nutrition for other family members. This makes them vulnerable due to reduced food consumption and nutritional intake. For family resilience, many needs of women and children with disabilities are sacrificed. This causes an increase in the disability of women with disabilities as well as being more susceptible to being exposed to health conditions that are usually more vulnerable.

Household conditions that do not have financial income have the potential to trigger violence against women and children, including women with disabilities. Women with disabilities who are already working and have a bargaining position in their family will lose this bargaining position and increase the potential for violence. Women with disabilities who do not work and have been dependent on their partners or family members are also at risk of experiencing violence due to socioeconomic pressures and further strengthening the stigma about being dependent and unable to contribute to the family. Violence after violence continues to threaten women with disabilities, and there is even a potential for sexual violence in the name of fulfilling economic needs if this crisis continues.[3]

The second strategy, using alternative subsistence, is done by looking for other jobs from catering to being a "subcontract" for catering and restaurant guards. In addition, many use their time at home by gardening, raising livestock and fish. Gardening is done by utilizing vacant land such as yards to plant vegetables, chilies and fruits. Raising chickens is also done a lot because it is very easy, besides that the need for eggs and meat is fulfilled. In addition, fishery businesses, especially fish for consumption, are parrot fish and catfish. This is done to meet the nutritional needs of the family of course and the excess can be sold to earn money. Some of them have developed a business to make bread, it tastes very good, in the beginning it was very popular, especially the solidarity of many people to help "nglarisi" buying their own friends. However, business competition keeps them from surviving, stigma for persons with disabilities becomes a flammable issue. Facts against the world of normalism are not easy. [14] They have physical disabilities, have no right hand, so they make bread with their left hand. While normalism we believe the left hand is the hand that is used for personal hygiene needs. Suddenly, when this issue was raised, they felt disgusted and eventually didn't buy it again. Stigma is an obstruction factor that prevents them from surviving.

The third strategy is to develop a network to get help. In addition to building solidarity among themselves, they also develop their network to get help as a form of survival strategy.

The number of networks determines how much assistance access is obtained. For women with disabilities who are registered as recipients of government social assistance such as Program Keluarga Harapan (PKH), they are getting more survive than those who do not. The PKH program is very helpful for those who get it during the pandemic which has been rolled out since 2007. PKH assistance in the form of cash money (Rp. 900.000 - 3.000.000 per year) according to predetermined criteria i.e. pregnant/postpartum mothers, children aged 0-6 years, school-age children (SD, SMP, SMA), persons with disabilities and the elderly. Persons with severe disabilities category will obtain Rp 2.400.000 per year. [15]

Women with disabilities who are members of organizations survive both with the community and with their network. The network that is owned and formed can be processed into a network to survive. The number of networks is positively correlated with access to assistance. Social networks that develop during the pandemic are also using social media. Social media has become very effective and active in acquiring new networks and getting assistance. The spirit of helping each other during the pandemic is felt by people with disabilities. The solidarity among them strengthens each other into a survival force for this group.

Thus, direct social networks as well as with developing media do not have all positive implications. This study also found cases of sexual violence for women with visual disabilities. Rape and sexual harassment are very difficult to prosecute because the law requires proof. While blind can only recognize the perpetrator by voice or by touching. Legally this becomes difficult because they cannot identify the perpetrators as usual. Blind women who work as masseurs often receive such treatment. The locus of events can occur anywhere, including in the practice. The practice place should be the safest place for them because usually they are in groups and they know every corner of the house.

They are more vulnerable if the massage is out of place, usually picked up and they certainly don't recognize the place where they massage. Thus, they become very vulnerable in a pandemic because the massage practice has no customers so there is no income. So, when there is an offer to massage outside then they will consider safety or income. While online many people with disabilities use social media just like everyone else. However, the number of digital-based sexual violence for women with disabilities has also backfired.

The results of a brief survey by the Indonesian Women with Disabilities (HWDI) on 55 female respondents with disabilities aged 15-65 years during the pandemic showed that 80 percent experienced gender-based violence. Most of the violence experienced is discrimination, sexual harassment, and psychological. There are also many women with disabilities who experience fraud. Sexual harassment experienced by women with disabilities occurs in the real world as well as in cyberspace. In the real world, cases of sexual harassment to women with disabilities are in the form of being touched and touched by their bodies. While in cyberspace they are asked to show their genitals or make sensual gestures online. [17]

Persons with disabilities are at risk high for exposure to COVID-19. Limitations and difficulties in implementing the COVID-19 prevention protocol is a major factor for people with disabilities to be the most vulnerable group in a pandemic situation. Diversity of disabilities provides various difficulties depending on the interference (impairments) owned. Barriers that can be faced by persons with disability is a limitation in implementing basic protection such as washing hands, wearing masks, practicing physical distancing, limited access to water, sanitation, hand washing facilities; dependence on a companion who can make physical contact; limited access to public health information; a workplace that doesn't provide inclusive facilities, as well as limited access Education and work online. These barriers are exacerbated for those who stay in informal settlements and/or affected by humanitarian emergencies. [18] Gender (in-)equality plays an important role in the lives of persons with disabilities and their families. The

United Nation's Convention on the Rights of Persons with Disabilities (UNCRPD) officially acknowledges the double discrimination based on gender and disability.[19]

Women with disabilities with various disabilities are one of the groups that are vulnerable to being infected with the new coronavirus or COVID-19. Persons with disabilities are at greater risk of developing more severe health conditions and dying from COVID-19. They have greater health requirements and poorer health outcomes. For example, they are more susceptible to secondary conditions and comorbidities, such as lung problems, diabetes and heart disease, and obesity, which can worsen the outcome of COVID-19 infections. The barriers to accessing healthcare are further exacerbated during the COVID-19 crisis, making timely and appropriate care difficult for persons with disabilities.

Persons with disabilities are at greater risk of contracting COVID-19. They may experience barriers to implement basic protection measures such as handwashing and maintaining physical distancing for several reasons: lack of accessibility of water, sanitation and hygiene (WASH) facilities; a reliance on physical contact to get support; inaccessibility of public health information; or being placed in institutional settings which are often overcrowded and unsanitary. These barriers are exacerbated for those living in informal settlements and/ or affected by humanitarian emergencies. Persons with disabilities are at greater risk of discrimination in accessing healthcare and life-saving procedures during the COVID-19 outbreak.

The coronavirus prevention policy cannot be implemented immediately for some people with disabilities. [20] From the aspect of the new normal, it is also not entirely easy for women with disabilities. Regulations, policies and special movements carried out during the pandemic from the government and around the world for health protocols as an effort to protect themselves about 3M which were later developed into 5M.

6 The health protocols are :

Use personal protective equipment in the form of a mask that covers the nose and mouth to the chin, if you have to leave the house or interact with other people whose health status is unknown (which may transmit COVID-19). If you are using a cloth mask, you should use a 3-ply cloth mask. The use of this mask leaves a problem for people with disabilities, namely for the mute and deaf. Deaf mutes use the organs of vision to identify subjects or objects. Deaf mutes rely on lip movements and expressions to communicate in addition to sign language which turns out to be very diverse and differs between regions in certain mentions. Before the Covid-19 outbreak, communication with people was already difficult. Then when using the mask it is even more difficult because the expressions and movements of his lips are not legible. So we took the opportunity to make transparent masks so that communication would not be difficult.[21]

Transparent masks initially look the same as the masks that are commonly used. Only, on the front, a wide hole was made, and the material was replaced with mica plastic. Because it is transparent, the lips of people who wear this type of mask can be seen clearly when speaking. These masks making requires a long process because she makes experiments both from basic materials and for their needs in order to obtain designs that are comfortable, accessible and safe for their health. The use of these masks is closely related to their survival strategy for information needs including about COVID-19 as well as socializing in a new normal. In addition, certain disabilities need to include caregivers in providing information and understanding about the importance of using masks.



https://gdb.voanews.com/C42B9205-8513-47E4-8629-A5D12A7E4DAD_w650_r0_s.jpg

Washing hands

Maybe this is trivial and normal for us, but not so for people with disabilities. For those who do not have hands, either one or both hands, and have hands without fingers, does this still apply? of course not. Of course, there must be adjustments for health hygiene purposes. In addition, the problem of access to a place to wash hands in public facilities. Placement and design for handwashing facilities play an important role in making them accessible for them. Placement in an accessible place for wheelchair users so that it can be safe and comfortable for them.

Then the design for wheelchair users is adjusted in height, the faucet should not be a rotary faucet but a lever so that those who do not have fingers can also access it. In addition, the design of the hand washing facility with stampede of course is also difficult to access for people with certain disabilities. So, it is necessary to place and design an accessible hand washing facility for people with disabilities.

Social Distancing

This health protocol cannot be fulfilled by women with mental and intellectual disabilities or both. They are very dependent on the companion in every way to meet their needs and are difficult to replace by others. Thus, it is difficult to do for people with disabilities. Another difficulty is that when the companion is exposed to COVID-19, no one can replace his duty to accompany women with mental and intellectual disabilities. In one case, when a companion dies due to exposure to COVID-19, a woman with a disability is also strongly suspected of being exposed. There is no longer a companion who can replace even when you arrive at the hospital, you can't touch it, let alone take medicine. Because they can relate only to those they know and are familiar with.

So, this person with mental and intellectual disability eventually died because he could not be helped. This is different when people with disabilities are in the orphanage, because there are many companions there, so this role can be replaced with other companions. This condition is able to save people with intellectual mental disabilities who are exposed to going through a period of isolation. Thus, social distancing needs to be reviewed as a survival strategy for people with mental and intellectual disabilities. Some women with disabilities are also unable to implement social distancing strategies because they need a companion, so they must always interact.

People with disabilities have different self-isolation techniques from non-disabled people. The steps are of course adapted to the needs and conditions of each disability. It is also part of a joint mitigation action. Not only people with disabilities, but the surrounding environment

must also support them. [20] Self-isolation techniques and accessibility of shelters for persons with disabilities are health survival strategies.

Stay away from the crowd

Staying away from the crowd is one thing that is used to do. Many people with disabilities rarely leave the house before the pandemic. However, many of them also have high mobility. For women with disabilities who are the backbone of the family, it becomes very risky when they still have to leave the house and make transactions with other people as a work risk. Persons with disabilities living in institutions are more likely to contract the virus and have higher rates of mortality. Persons with disabilities, including older people with disabilities are also overrepresented in the prison population, particularly persons with intellectual and psychosocial disabilities.

People in institutional settings, such as social nursing homes and psychiatric facilities, as well as detention facilities and penitentiaries experience significant barriers to implement basic hygiene measures and physical distance and have limited access to COVID-19-related information, testing and healthcare. Emerging evidence indicates that people in institutional settings are experiencing the highest rates of infection and mortality from COVID-19.

Reduced mobility

Staying at home is not a problem for people with disabilities. This is also related to the survival strategy of women with disabilities in reducing expenses. For people with wheelchairs, they spend more money on transportation because they have to use a car taxi, which should be more expensive than a motorbike taxi. Thus, this protocol is also very supportive for survival strategies. Another impact of reducing mobility is of course the policy of schooling from home, working from home, housework makes the burden on women with disabilities heavier.

Data from Save the Children's research conducted in 46 countries in July 2020, found that 85% of parents, especially mothers of children with disabilities, are worried that their children cannot return to school, even parents of girls with disabilities three times more likely to be unsure of their child's return to school. [22] They experience high stress because they have to be at home with pressure from family, society and information that is often not accessible, does not reach them.

In addition, for persons with disabilities, the home is the most accessible place for them, including when exposed and must be isolated. The problem is that many shelters are not or less accessible for persons with disabilities. So, entering an inaccessible shelter will be a problem for them. However, isolation at home is an alternative if the exposure is mild, if severe symptoms occur then accessible health mechanisms and facilities must still be pursued. Women with disabilities who are exposed and affected without knowing the causes, symptoms or what to do. First, they must self-isolate from their families and communities by entering a quarantine place prepared by the village/district-city/provincial government or must receive treatment at a hospital.

In conditions like this, it is feared that various parties do not yet have special quarantine guidelines or treatments that accommodate the special needs of women with disabilities. In addition to the absence of specific guidelines for handling women with disabilities, quarantine/isolation places may not have prepared volunteers who understand sign language who are able to explain the situation they are experiencing or even what actions will be accepted or should be taken by women with disabilities.

Another challenge is the accessibility of buildings, toilets, etc. when the disabled woman uses a wheelchair or other mobility aids. If these things do not exist, then assistance is needed so that women with disabilities can still carry out mobility or other daily activities without having to risk exposing the virus to other parties. What if they have to undergo quarantine and

treatment independently or in a temporary hospital, they have been depending on their caregiver and have difficulty switching treatment from other parties.[3] The types of disabilities that are most affected socially and economically during the COVID-19 pandemic are people with multiple disabilities and people with mental disabilities.[23]

Provision of physical accessibility, including a place to wash hands, shelter that is accessible for women with disabilities is the right of persons with disabilities. The rights of people with disabilities are regulated in the laws of each country or each region. There are 3 laws in Indonesia that can be used as a reference for the development of disabled-friendly cities, namely CRPD (Convention on the Rights of Persons with Disabilities), RI Law No. 4 of 1997 concerning Persons with Disabilities, RI Law No. 19 of 2011 concerning Ratification of CRPD.

Based on these four laws and regulations, there are 6 rights of people with disabilities that must be built or achieved to realize a disability-friendly city, namely: 1) Accessibility or universal design of infrastructure, facilities including city parks and modes of transportation are accessibility for everyone: children, mothers pregnant, disabled and elderly, 2) Rehabilitation 3) Social assistance 4) Education 5) Participation in development and 6) Employment.[24]

4 Conclusion

The conclusions of this study are first, women with disabilities carry out survival strategies during a pandemic like poor farmers in James C. Scott's theory of subsistence ethics. Women with disabilities carry out 3 strategies, namely reducing expenditure, using alternative subsistence and expanding networks to get assistance. Second, James C. Scott's three survival strategies sacrifice the special needs of women and children with disabilities which causes an increase in their disability and vulnerability to survive. Third, this research finds that in the context of a pandemic for women with disabilities, it is not enough just to use the three strategies mentioned above which can generally be said to be economic strategies. They also need social and health strategies to survive. There were many processes for adaptation, negotiations and political representations both with conditions, situations, other people, institutions and policies.

This research has found that survival strategies of women with disabilities are in line with James C. Scott's subsistence ethics theory. However, this study also found that the survival strategies for people with disabilities are not only about fulfilling the economy, but also the need for social and health strategies.



Fig 1. Survival Strategies Model for Women With disability to face pandemic

In order to achieve gender equality as well as disability inclusion, the development process needs a consistent gender, disability and diversity sensitive planning and programming with the aim of equality.[19] Post-Modern Model or Social model is of realizing an inclusive society. A society in which all elements of society have an equal opportunity to contribute to community life without distinction between ethnicity, race, religion and even differences in physical forms. The Post-Modern Model or Social Model holds the view of realizing an inclusive society. A social order in which all elements of society have equal opportunities to contribute to social life regardless of ethnicity, race, religion and even differences in physical form.

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