

## Women and Health

### Editorial

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*Inang Winarso & Ressa Ria Lestari*

The Vulnerability of Occupational Health of Women Home Workers: A Study Labor-Intensive Industries in Penjarangan, North Jakarta  
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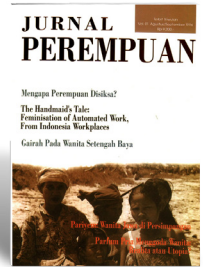
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This JP edition is published by Yayasan Jurnal Perempuan with the support from the Australia-Indonesia Partnership for Gender Equality and Women's Empowerment (MAMPU). MAMPU program is a joint initiative between the government of Australia and the government of Indonesia that aim to improve access of poor women in Indonesia to public services and other government programs in order to achieve gender equality and women's empowerment. Opinion in the articles solely belong to each of the authors and do not represent the views of the government of Indonesia and the government of Australia.

## Women and Health

**H**ealth is a human right that has always been an important issue for both the public and the individuals, including women. In Indonesia, health is one of the important issues that is regulated in the constitution with an allocation in the State Budget (APBN). However, various data and researches show the complexity of public health issues and also health issues with regard to gender and age group.

Basic Health Research Data (Riskesdas) in 2018 mentioned that nutrition and non-communicable diseases remain Indonesia's biggest homework. The same data noted that the Ministry of Health was only able to reduce the stunting rate from 37.2 percent to 30.8 percent over five years. Malnutrition was only slightly reduced, from 19.6 percent to 17.6 percent. Meanwhile, the obesity rate actually increased from 14.8 percent to 21.8 percent. At the same time, non-communicable diseases, such as cancer, strokes, chronic kidney disorders, diabetes, and hypertension, have almost all increased.

The condition of the health sector in Indonesia can also be seen from the condition of family's health and women's health. Currently, there are obstacles in the application of vaccines for infectious diseases such as Measles & Rubella (MR) and polio vaccines due to the incompatibility between the product's standards with religious values, as well as myths surrounding the impact of vaccines on children.

Meanwhile, data from the Ministry of Health in 2015 shows that the maternal mortality rate (MMR) in Indonesia is still high: of 100,000 live births, around 305 ended in the death of the mothers. Data from the Ministry of Health 2017 also shows that the highest number of persons with AIDS by status/ occupation are housewives, of 14,721 persons.

The health sector is an important issue for the women's movement and feminist studies. Feminists find gaps in the relations between women, health and the medical world. In the second wave of the global women's movement, feminist groups struggled to bring the issue of women's health to the surface. The positive impact of the second wave women's movement can be seen today with more and more women taking part in the field of medicine and the increasing attention and resources dedicated to women's health issues. Nevertheless, feminists remain critical of the medical field that is still biased or gender neutral. This can be seen in existing

practices such as diagnosis, prescription or different medical actions between men and women due to gender stereotypes, or medical research that does not include sex-based analysis.

Furthermore, feminist thinking offers a comprehensive approach to health issues. This approach is based on the concept that places humans as a unit (body and mind) that interacts with their social and physical environment. As such, this approach defines health holistically, as a result of social relations. This is different from the biomedical approach, which views the body mechanically, defining individuals as a collection of components.

Feminist approach also encourages recognition of physiological and social differences between the sexes and recognizes the diversity of individuals, whether male or female, rich or poor, heterosexual or other sexual preferences, with special needs or not, and so on, using the intersectionality approach. Feminist approach views health as a matter of social justice.

In Indonesia, the issue of health policy is also a concern of the women's movement. The issue of maternal mortality, for example, has been the focus of attention of the women's movement since several decades ago. But to this day, it remains to be a critical issue that has never been resolved.

Women's health is also related to the position of women as subjects. Particularly in term of reproductive health, knowledge on sexual and reproductive rights and health (SRHR) determine not only women's physical health condition but also women's well-being.

Several research papers in this edition of *Jurnal Perempuan* show that values and cultural elements that are prevalent in society have strong influence on people's beliefs, decisions, attitudes and behavior towards women's health. The local context's aspect needs to be seriously considered in all efforts to improve and to advance women's health. In addition, the experience of women dealing with health issues should not be viewed in uniformity and universally. These whole aspects need to be well understood by policy makers and health officers so that health policies and health services would truly consider the voices and the needs of women. Furthermore, health policies and services should position women as subjects who are entitled to make their own decisions regarding their health. **(Anita Dhewy)**



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Inang Winarso & Ressa Ria Lestari (Asosiasi Antropologi Indonesia [AAI] Pengurus Daerah Jawa Barat, Bandung, Jawa Barat, Indonesia)

**Cultural Value Factors That Affect Mother and Child Health**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, Agustus 2019, pp. 149-159, 1 image, 1 table, 6 ref

Mother and child health as a key indicator of community welfare is measured by the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). But why have efforts to reduce MMR and IMR not yet reached the target? This research answers this question by using an approach of cultural values in mother and child health. The focus of this research is on the human life cycle starting from marriage, pregnancy, birth and death in Situbondo Regency, East Java and Ngada Regency, NTT. Research has found four cultural elements that predominantly influence health beliefs, family and community decisions in dealing with maternal and infant health problems. These cultural elements are the religious system, the kinship system, the knowledge system and the livelihood system. These four systems can increase or decrease the risk of maternal and infant mortality. The government must consider the cultural values of the community in making health policies. First, strengthen factors that reduce the risk of maternal and child mortality. Second, reduce the factors that increase the risk of maternal and child mortality.

Keywords: cultural values, ethnography, mother and child health, maternal mortality, infant mortality.

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Evania Putri Riflyana (Trade Union Rights Centre [TURC] Lembaga Pusat Studi dan Advokasi Perburuahan, Jakarta Pusat, Indonesia)

**The Vulnerability of Occupational Health of Women Home Workers: A Study in Labor-Intensive Industries in Penjaringan, North Jakarta**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp.161-175, 11 images, 2 graph, 26 ref

Labor-intensive industries oriented to low prices, has a strategy of reducing labor costs to compete in a competitive market. To streamline the production burden, the company issues a portion of its production commodities to workers outside the factory, in this case homeworkers. The majority of homeworkers are poor women who live around industrial areas. Through a qualitative approach, this study wants to find out the working conditions of women homeworkers working in labor-intensive industries, especially in the shoe sector, in the slums of the Capital City of Jakarta, namely the Penjaringan area, North Jakarta. The study found that women homeworkers do not have access to proper occupational health, making their conditions vulnerable. This vulnerability is influenced by poor working environment conditions, inadequate Health and Safety (K3), and the absence of social protection and security for women homeworkers. In addition, the house, which is used as a production space on a massive scale, also has implications for the daily survival of women homeworkers and their families.

Keywords: women, homeworkers, laborers, Occupational Health and Safety (OHS).

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Theresia Pratiwi Elingsetyo Sanubari & Catherina Frisca Yaniariyani (Universitas Kristen Satya Wacana, Salatiga, Indonesia)

**Preliminary Study on Access to Health Service for Elderly Women: The Age and Socio-Economic Issues of Elderly Women in Pancuran Village, Salatiga**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 177-187, 1 image, 3 tables, 38 ref

The increasing number of elderly people from year to year shows the high life expectancy in elderly women. This situation coupled with cultural and social aspects can trigger vulnerability for elderly women, including the health aspect. This study aims to describe the factors of access to health services for elderly women in the village of Pancuran, Salatiga. The method used is descriptive-quantitative with data collection carried out in Pancuran Village using a questionnaire. Elderly women in Pancuran Village have different economic, educational, employment and social status backgrounds but have the same vulnerability to access health services due to the unavailability of posyandu for the elderly in Pancuran Village. Nevertheless, efforts to access health services are still underway. This research shows that cultural involvement in health care is needed to realize integrated, patient-centered, and gender-friendly health services.

Keywords: elderly women, health services, social culture.

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Saskia Wieringa (Universitas Amsterdam, Amsterdam, Belanda)

**Data Collection to Fulfill the Targets for the SDGs: The APIK Gender Justice Index (AGJI)**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 189-202, 10 tables, 23 ref

Indonesia has committed itself to the 2030 Agenda with 17 Sustainable Development Goals (SDGs) which were approved by the United Nations on September 25, 2015. Seventeen objectives and 169 related targets must be achieved by 2030. Gender equality is an independent goal (SDG number 5), but gender related issues are also contained in the goal of poverty alleviation (SDG 1), health care including maternal and child health (SDG 3) and education (SDG 4). SDG number 16 concerns a commitment to peace, access to justice and strong institutions. Reliable and inclusive gender statistics are needed to monitor progress towards achieving gender equality and justice and to identify key gender inequalities that require policy interventions. Both quantitative and qualitative data are needed. In addition, certain problems are specific for women, such as maternal death. Given the wide diversity in gender relations and socio-economic conditions of the Indonesian archipelago subnational data are required. This article outlines the methodology of designing the APIK Gender Justice Index. The main findings are that the availability of sex-disaggregated data at the subnational level leaves much to be desired. The AGJI proves to be a reliable, comprehensive and flexible tool that can easily be used by policy makers and activists to design policies and programs to address gender-based discrimination in Indonesia, for instance in the field of health. The AGJI is based on locally available data. The advantages of the AGJI are that it can be computed with a minimum of cost and effort to achieve a maximum of reliability and ease in use. The GSI was found to be comparable with the Global Gender Gap Index (GGGI) for Indonesia but it is more sensitive to

political empowerment. The AGJI assesses in how far women have been able to take up leadership positions at subnational levels, including at the village level and are represented in the major decision-making bodies such as the judiciary.

Keywords: gender index, gender justice, gender statistics, SDGs.

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Abby Gina & Atnike Sigiro  
(Jurnal Perempuan, Jakarta, Indonesia)

### **Personal Experiences of Women Surviving Breast Cancer as a Confrontation of the Meaning of the Women's Body**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 203-213, 14 ref

This study highlights the experiences faced by women breast cancer survivor in Jakarta in defining their bodies. Despite of medical assessment, breast cancer needs to be analyzed through feminist's lense because breast cancer has close link with discourse of sexual body and engendered body. This study used a qualitative methodology that emphasizes critical analysis. Data collection was gathered through interviews with 8 women who are breast cancer survivors. The research reveals that under the normality of femininity of the patriarchal society, the women breast cancer survivors could confront the dominant interpretation upon women's body.

Keywords: breast cancer, body experience, gender structure, feminine, body normalization.

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<sup>1</sup> Dyan Widyaningsih, <sup>1</sup> Elza Samantha Elmira & <sup>2</sup> Andi Misbahul Pratiwi (<sup>1</sup> The SMERU Research Institute, Cikini, Jakarta, Indonesia & <sup>2</sup> Jurnal Perempuan, Jakarta, Indonesia)

### **Poor Women's Access to Antenatal Care and Childbirth Services in Indonesia: A Case Study in Five Districts**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 215-227, 3 images, 2 tables, 13 ref

The health of pregnant women often becomes an indicator of human development. On the other hand, the fact of the high maternal mortality rate, raises questions related to the government's attention to the health of pregnant women, especially women in poor areas. This article focuses on poor women's access to health services for antenatal care and childbirth in five regencies in Indonesia. The aspects studied include the availability of health services for antenatal care and childbirth, poor women's access to these services, and supporting factors/actors and barriers to poor women's access to health services. This article showed that the availability of health facilities is not always in line with the increased awareness of pregnant women to access these services. Road infrastructure condition, distance, and cost to access health service still remain a challenge. Meanwhile, the policy of incentives and disincentives to traditional birth attendants has an influence on the increasing number of pregnant women who check their pregnancies and childbirth at health facilities. Thus, health issues of pregnant women and safe childbirth require a different effort. Aspects of the local context and supporting infrastructure also require serious attention.

Keywords: access to health for poor women, antenatal care, childbirth.

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<sup>1</sup> Dewi Komalasari & <sup>2</sup> Jane Daniels (1 Jurnal Perempuan, Jakarta, Indonesia & 2 MAMPU, Setia Budi, Jakarta, Indonesia)

### **Review of Policy-Oriented Research on Maternal Mortality**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 229-238, 34 ref

Maternal mortality remains an unresolved critical issue. This condition indicates that women's reproductive health rights has not yet been fulfilled. Maternal mortality occurs due to medical and non-medical factors. Even though a small amount of those deaths still happens due to unpreventable causes, however most of those deaths could have been prevented and avoided. Government efforts to address the problem of maternal mortality are carried out through various policies that focus on medical factors and through programs aimed at increasing the coverage and quality of maternal health services. On the other hand, other factors such as social economic and cultural are being neglected. A review of researches on the theme of maternal mortality found various factors that contributed to the causes of maternal mortality such as socio-cultural barriers that limit women's access to health, ranging from poverty, geography and local culture. Unmet need for contraception in family planning program, adolescence reproductive health issue that still hasn't been addressed in a serious and comprehensive manner, as well as unsafe abortion are the key underlying causes of maternal mortality.

Keywords: maternal mortality, reproductive health, family planning, adolescence reproductive health, unsafe abortion.

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<sup>1</sup> Herna Lestari & <sup>2</sup> Atnike Nova Sigiro (1 Yayasan Kesehatan Perempuan, Jakarta, Indonesia & 2 Jurnal Perempuan/ Universitas Paramadina, Jakarta, Indonesia)

### **Women's and Health Officer's Knowledge on Access to Reproductive and Sexual Health Services Covered by the National Health Insurance: Surveys in 15 District-Cities in Indonesia**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 239-251, 15 tables, 22 ref

The availability of reproductive and sexual health services provided by the National Health Insurance (Jaminan Kesehatan Nasional/ JKN) in Indonesia could expand women's access to reproductive and sexual health services. However, the knowledge of community and service provider will determine to what extent women will access the reproductive and sexual health services provided by JKN. This article assesses and analyzes the knowledge of women and health officers about the availability of reproductive and sexual health services provided in JKN. The article elaborates for main findings from the research that was conducted by women organizations that are members of the Women's Health Care Network (Jaringan Perempuan Peduli Kesehatan or JP2K). JP2K conducted longitudinal research with a series of surveys in 2015, 2016, and 2017 in 15 regions of districts/ cities in Indonesia on knowledge and access to reproductive and sexual health services provided by JKN. The surveys show limited knowledge of the respondents, both women and health officers, about forms and scope of reproductive and sexual health services that are covered by JKN. The research concludes that one of the important agendas for encouraging women's access to health services covered by JKN is through intensifying the socialization of the scope of sexual and reproductive health to women and health facility officers.

Keywords: national health insurance, reproductive and sexual health, women's health.

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<sup>1</sup> Dina Lumbantobing, <sup>1</sup> Sita Van Bemmelen, <sup>2</sup> Andi Misbahul Pratiwi & <sup>2</sup> Anita Dhewy (<sup>1</sup> PERMAMPU, Medan, Indonesia & <sup>2</sup> Jurnal Perempuan, Jakarta, Indonesia)

**Community Knowledge and Behavior Towards Unintended Pregnancy in Eight Provinces of Sumatera: Between Religious, Customary, and State Norms**

DDC: 305  
Jurnal Perempuan, Vol. 24 No. 3, August 2019, pp. 253-265, 2 tables, 8 ref

Based on field observations and experiences in assisting women by the PERMAMPU Consortium, there are still many women who face unintended pregnancy (KTD). Therefore it is needed research to find out the needs of women related to KTD. This article focuses on three things, namely (1) understanding and knowledge of informants about KTD; (2) perception of the best and the worst solutions for KTD cases; (3) women's behavior related to KTD. The study uses three categories

of KTD: KTD experienced by married women, KTD experienced by unmarried women, and KTD experienced by victims of acts of violence. This article is written from the 2014 PERMAMPU Consortium research report entitled The Compilation of Unintended Pregnancy Research Reports/KTD in Eight Provinces, Sumatra Island. The study used a qualitative approach with data collection conducted through interviews and FGDs. This paper shows that there are similarities and differences in the understanding, perceptions, behavior of women and society in relation to KTD. Various forms of rules and norms generally view pregnancy as natural, so that it is always desirable, have controlled women and society in behaving and handling KTD. There are various forms of KTD and various forms of coping methods that are not always in line with existing rules and are generally done secretly. Thus, women who experience unintended pregnancy need recognition of their problems, including their voices and needs and supported to make decisions for themselves.

Keywords: unintended pregnancy, religious norms, customary norms, abortion.



## Community Knowledge and Behavior Towards Unintended Pregnancy in Eight Provinces of Sumatra: Between Religious, Customary and State Norms

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### Abstract

Based on field observations and experiences in assisting women by the PERMAMPU Consortium, there are still many women who face unintended pregnancy (KTD). Therefore, it is needed research to find out the needs of women related to KTD. This article focuses on three things, namely (1) understanding and knowledge of informants about KTD; (2) perception of the best and the worst solutions for KTD cases; (3) women's behavior related to KTD. The study uses three categories of KTD: KTD experienced by married women, KTD experienced by unmarried women, and KTD experienced by victims of acts of violence. This article is written from the 2014 PERMAMPU Consortium research report entitled *The Compilation of Unintended Pregnancy Research Reports/KTD in Eight Provinces, Sumatra Island*. The study used a qualitative approach with data collection conducted through interviews and FGDs. This paper shows that there are similarities and differences in the understanding, perceptions, behavior of women and society in relation to KTD. Various forms of rules and norms generally view pregnancy as natural, so that it is always desirable, have controlled women and society in behaving and handling KTD. There are various forms of KTD and various forms of coping methods that are not always in line with existing rules and are generally done secretly. Thus, women who experience unintended pregnancy need recognition of their problems, including their voices and needs and supported to make decisions for themselves.

Keywords: unintended pregnancy, religious norms, customary norms, abortion

### Introduction

Some pregnancies are unintended. For some women news that they are pregnant may be welcomed, for others, the same news may be shocking. In 2010-2014, it was estimated that around 44% of global pregnancies were unintended. In developed countries, 59% of unintended pregnancies were terminated with abortions; in developing countries, this percentage dropped to 55% (Bearak et al. 2018).

Unintended pregnancy is defined as any pregnancy occurring a time the woman involved did not want to become pregnant. This pregnancy could be the result of not using effective contraception, contraceptive failure, sexual violence (rape, incest, etc.) or other causes. Many studies have proved that unintended pregnancies have a range of impacts that can include economic, social, and health impacts. Unintended pregnancies often result in miscarriage, abortion, low birth weight, and premature birth (Saptarini & Suparni 2016). Reducing unintended pregnancy rates is one of the aims of the Sustainable Development Goals (SDGs) and is related to the third

goal on health, the fourth goal on education, and the fifth goal on gender equality.

Unintended pregnancy is an issue related to women's Sexual and Reproductive Health Rights (SRHR) that affects reproductive-aged women. Most unintended pregnancies end in abortion. In countries where abortion is illegal and unsafe, unintended pregnancies are a major cause of maternal mortality (Santelli et al. 2003). After the launch of the government family planning program in the 1980s in Indonesia, it was recorded that every day approximately 100 women visited Cipto Mangunkusumo Hospital in Jakarta to request abortions for unintended pregnancies that resulted from not using, or incorrectly using contraception (Pratiwi 2017).

Every year, millions of women in Indonesia experience unintended pregnancies, and most of these women choose to terminate their pregnancies, even though abortion is generally illegal (Guttmacher Institute 2008). A strict ban on abortion makes women more vulnerable to unsafe abortion. Indonesian women — similar to women

in other developing countries with strict prohibitions on abortion —often seek abortions from non-medical personnel and drink dangerous concoctions or undergo unsafe ‘abortion massages’ to terminate their pregnancies (Dhewy 2017; Guttmacher Institute 2008).

In the context of Indonesia, unintended pregnancies that occur out of wedlock have severe consequences for the women involved because of the prevailing societal norms, customary laws, religious beliefs, and legal regulations. In addition, adolescents who experience unintended pregnancy outside of wedlock and decide to get married and carry through with their pregnancy are vulnerable to severe risks. Teenage mothers experience a heightened risk of health problems and maternal death than mature women. Moreover, teenage pregnancies reduce the mothers’ chances of continuing their education or gaining employment (SDKI 2018).

Based on field observations and the PERMAMPU Consortium’s experience assisting women, in eight provinces in Sumatra, it was found there were still many women in Sumatra who experienced unintended pregnancies. This experience led to an agreement that there was a need to deepen knowledge and understanding about unintended pregnancies in the community through research that would aim to ascertain women’s needs in regards to unintended pregnancy. The subjects of this research were women living in urban and rural areas who had experienced unintended pregnancies. This included married and unmarried women, adolescents, adults and elderly women as well as women who had become pregnant after experiencing sexual violence.

This research was used as the empirical basis for PERMAMPU to design and initiate their advocacy program on sexual and reproductive rights.

## Research Method

This article has been adapted from the 2014 PERMAMPU Consortium research report titled *Compilation of Unintended Pregnancy Research Reports: Unintended Pregnancies in Eight Provinces on Sumatra Island*. The eight provinces are Aceh, North Sumatra, West Sumatra, Riau, Jambi, Bengkulu, South Sumatra and Lampung. Each of the provinces were working areas of PERMAMPU Consortium members as follows: (1) Flower Aceh - Aceh, (2) Sada Ahmo Association (PESADA) - North Sumatra, (3) Institute for Community Empowerment and Assessment (LP2M) - West Sumatra, (4) Sumatra Women’s Resource Development Center (PPSW) - Riau,

(5) Merangin Women’s Alliance (APM) - Jambi, (6) Cahaya Perempuan Women’s Crisis Center (WCC) - Bengkulu, (7) WCC Palembang - South Sumatra and (8) DAMAR - Lampung.

Data collection was conducted through in-depth interviews with 190 informants and focus group discussions with 713 participants in 29 villages located in 14 regencies and cities within the 8 provinces. The research was undertaken with three groups of women, namely rural women, poor urban women and adolescent girls. Data was also collected from other relevant parties, including religious leaders, community leaders, local government, lawyers, NGOs and the media.

This article focuses on three aspects, namely (1) the informants’ understanding and perceptions regarding unintended pregnancy; (2) perceptions about the best and worst solutions for unintended pregnancy; (3) women’s behaviour towards unintended pregnancy. It is hoped that by offering various solutions to unintended pregnancy from various perspectives and stakeholders, then this research could contribute to formulating inclusive and pro-women policies at the local level.

## Understanding Unintended Pregnancies

The family planning program list of terms defines an unintended pregnancy as a pregnancy experienced by a woman who did not intend to get pregnant when she did (BKKBN 2007). One important factor with regards to pregnancy is the age at which a woman becomes pregnant. The Indonesian Ministry of Health classifies reproductive-aged women into three categories, namely: (a) under 20 years (at this time women are considered too young to become pregnant and are advised to postpone pregnancy); (b) 20-35 years (women in this age group are recommended to space out their pregnancies), (c) over 35 (women in this age group are not advised to become pregnant because of the heightened risks attached) (Depkes 2000). Women who are pregnant in the under 20 years and over 35 years age group encounter health risks for both the mother and the fetus. One study demonstrated that of the respondents who had undergone abortions due to unintended pregnancy, 58% were over 30 years old (Widyantoro 2004).

FGDs and in-depth interviews in the eight provinces revealed community-held perceptions about unintended pregnancies in three groups of women, namely: unmarried women, married women, and victims of sexual violence (see Table 1).

**Table 1. Respondents' views on unintended pregnancy in 8 Provinces**

The table below summarizes the views of FGD participants and interviewees regarding what caused unintended pregnancies what factors would lead to a pregnancy being considered unintended.

Province	Unintended pregnancy experienced by married women	Unintended pregnancy experienced by unmarried women	Unintended pregnancy experienced by victims of violence
Aceh	<ul style="list-style-type: none"> <li>• Pregnancy over the age of 35 or 40 leading up to menopause is due to failed family planning</li> <li>• The distance between pregnancies is too close</li> <li>• Women have too many children</li> <li>• The pregnancy disrupts women's health</li> <li>• The families' economic conditions will worsen</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy under the age of 20 occurs out of wedlock</li> </ul>	<ul style="list-style-type: none"> <li>• Rape</li> <li>• Incest</li> </ul>
North Sumatra	<ul style="list-style-type: none"> <li>• If the woman is too old (over 40 years old)</li> <li>• The distance between the pregnancies is too close</li> <li>• If the woman has an illness</li> <li>• Pregnancy is not planned by both parties</li> <li>• Irresponsible husband</li> <li>• Forced pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• The woman is pregnant out of wedlock</li> <li>• If the man did not want to take responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• Rape</li> <li>• Incest</li> <li>• Domestic violence and violence in a relationship</li> </ul>
Riau	<ul style="list-style-type: none"> <li>• The woman is above 35 years old</li> <li>• Pregnancy nearing menopause</li> <li>• Failed family planning</li> <li>• The distance between having children is too close</li> <li>• If the woman is sick</li> <li>• Not economically capable</li> <li>• If a woman's other children are already grown up</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy out of wedlock</li> <li>• Pregnancy below the age of 20</li> <li>• The man responsible ran away</li> <li>• Child marriage</li> <li>• The woman involved would not be ready</li> <li>• Still under an employment contract</li> </ul>	<ul style="list-style-type: none"> <li>• Rape</li> <li>• Incest</li> </ul>
West Sumatra	<ul style="list-style-type: none"> <li>• The women have reached a "critical" limit (the limit varied between 30, 35, and 40 years)</li> <li>• Failed family planning</li> <li>• The woman has many children already</li> <li>• The distance between pregnancies is too close</li> <li>• The pregnant woman suffered from an ailment</li> <li>• The family is economically unstable</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy out of wedlock</li> </ul>	<ul style="list-style-type: none"> <li>• Rape</li> <li>• Incest</li> </ul>
Jambi	<ul style="list-style-type: none"> <li>• Failed family planning</li> <li>• The woman is sick</li> <li>• The age of the woman is above 40</li> <li>• The family has economic difficulties</li> <li>• The previously born child is still young</li> <li>• Already has grandchildren</li> <li>• The woman is carrying twins</li> <li>• The baby will be disabled</li> <li>• The distance between pregnancies are too close together</li> </ul>	<ul style="list-style-type: none"> <li>• The age is below 20</li> <li>• Pregnancy out of wedlock</li> </ul>	<ul style="list-style-type: none"> <li>• Rape</li> <li>• Incest</li> </ul>

Province	Unintended pregnancy experienced by married women	Unintended pregnancy experienced by unmarried women	Unintended pregnancy experienced by victims of violence
Bengkulu	<ul style="list-style-type: none"> <li>Failed family planning</li> <li>The children are already mature</li> <li>Older than 40 years' old</li> <li>The woman has already reached her menopausal age</li> </ul>	<ul style="list-style-type: none"> <li>Pregnancy out of wedlock that is caused by:                             <ul style="list-style-type: none"> <li>Promiscuity or irresponsible relationships</li> <li>The effect of watching porn or "indecent" movies</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Rape</li> <li>Incest</li> </ul>
South Sumatra	<ul style="list-style-type: none"> <li>Failed family planning</li> <li>There are many children</li> </ul>	<ul style="list-style-type: none"> <li>Pregnancy out of wedlock caused by:                             <ul style="list-style-type: none"> <li>Promiscuity or irresponsible relationship</li> <li>Lack of parental affection</li> <li>The effect of watching porn</li> <li>Due to being raised by divorced parents</li> <li>Lack of parental control over adolescent behaviour</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Rape</li> <li>Violence in a relationship</li> <li>Incest</li> </ul>
Lampung	<ul style="list-style-type: none"> <li>Failed family planning</li> <li>The pregnancy is nearing to the menopausal age</li> <li>Distance between births is too near, and there are many children</li> </ul>	<ul style="list-style-type: none"> <li>Pregnancy out of wedlock caused by:                             <ul style="list-style-type: none"> <li>Promiscuity or irresponsible relationship</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Rape</li> <li>Incest</li> </ul>

Source: FGDs and interviews conducted by PERMAMPU in 2014

In general, the perceptions and responses of the FGD participants and interviewees across the eight provinces were similar in regards to their views about unintended pregnancies in three groups of women (married, unmarried, victims of violence). The respondents considered that unintended pregnancies in married women were usually due to failure to use contraceptives, age risk, already having too many children, or having given birth too recently. Second, unintended pregnancies in adolescent girls were considered to occur outside of wedlock; for example, teenagers becoming pregnant to their boyfriend or a man who did not want to be responsible for the baby. Unintended pregnancies in women victims of violence were due to acts of rape and incest.

Most FGD participants and respondents assumed that unintended pregnancies were also related to the age of the woman who becomes pregnant. Pregnancy over a certain age was considered as unintended pregnancy as it would be high risk. This was especially true if the

woman involved had health problems, such as high blood pressure and heart disease, which could cause further complications in childbirth. The respondent's perceptions about unintended pregnancy differed in relation to their level of education, employment, and where they lived. Women respondents living in urban areas considered that 40 years and 44 years was the maximum age to become pregnant. Meanwhile, other respondents living in urban areas who had at least graduated middle-high school stated that the age maximum age for a woman to become pregnant was 35 years, which is in line with the official advice from the government. Rural women tended to suggest that 30 years was the maximum age to become pregnant as most rural women marry early.

The informants considered that pregnancies in women aged under 20 years were unintended pregnancies, especially when the pregnancy occurred out of wedlock or if the man responsible refused to "take responsibility" for the pregnancy. Several informants acknowledged that the prevalence of adolescent pregnancies was also

due to the high rates of child marriage in several research locations.

According to the adolescent respondents, the common causes of extramarital pregnancy were: unsafe and premarital sex, lack of parental attention and supervision, increasing prominence and influence of pornography, and minimal knowledge about sexuality. Table 1 also demonstrates that FGD participants and informants in the eight provinces considered extramarital pregnancies to be unintended pregnancies. Therefore, it can be concluded that these respondents largely categorized unintended pregnancy not by age and health standards, but by marriage status. A woman under 20 becoming pregnant was only considered to be an issue if the pregnancy occurred extramaritally.

Respondents classified pregnancies that occurred due to rape and incest as unintended pregnancies. This type of pregnancy was rarely discussed, especially with people who were not family, as such a pregnancy was

considered taboo and shameful. Flower Aceh's analysis suggests that unintended pregnancies resultant from rape were a major impact of the past armed conflict in the province in which rape and sexual harassment was used as a military strategy and tool. However, the government has not taken any steps to address and resolve these wartime acts of sexual violence by providing access to physical and psychological recovery services. There is a persistent tradition of treating rape as a source of shame and embarrassment that must be hidden and not talked about. Although rape is recognised as a serious cause of unintended pregnancy, it has yet to be specifically addressed in any policies, programs or services.

### Good and Bad Solutions for Unintended Pregnancies

The following table shows the informants' perceptions regarding good and bad solutions for addressing unintended pregnancies experienced by married women, unmarried women, and victims of violence.

**Table 2. Perception about Good and Bad Solutions for Unintended Pregnancy**

Province	Good Solution	Bad Solution
Aceh	<ul style="list-style-type: none"> <li>• <i>For married women:</i> the pregnancy must be maintained</li> <li>• <i>For unmarried women:</i> she should be wed to the man who impregnated her. Both the victim and the perpetrator should receive customary sanctions, such as being bathed before marriage, having to clean the village and pay a fine.</li> <li>• <i>For victims of violence:</i> the pregnancy must continue, even if the victim feels unprepared. Medical services would be provided by the government through the Aceh health insurance program and the infant born could be given to the government for adoption through the Centre for Women's Empowerment and Child's Protection (PPA) and the Integrated Care Center for the Empowerment of Women and Children (P2TP2A).</li> </ul>	<p><i>Religious and traditional figures:</i> if the fetus is aborted, the culprit will have committed a sin and be damned by God.</p> <p><i>Government speakers:</i> women should not have an abortion even if they live in poor economic conditions because all healthcare is covered by the government.</p>
North Sumatra	<ul style="list-style-type: none"> <li>• <i>For married women:</i> even if a pregnancy is unintended, it can still be considered a blessing and must be accepted as a gift from God.</li> <li>• <i>Unmarried women:</i> should be married to the man responsible to save the family's dignity. If the perpetrator refuses, the woman should be married to another man (the parents should look for a suitable candidate). If the woman doesn't get married to her lover or another man, she will be ostracised by the community.</li> <li>• <i>For victims of violence:</i> according to the church, although incest and rape are considered sins, the pregnancy must be maintained. The child will then be given to an orphanage.                             <ul style="list-style-type: none"> <li>- According to the community: victims of incest should be wed to another man.</li> <li>- According to customary leaders: the perpetrator and victim should be subject to sanctions.</li> <li>- According to FGD participants: the best solution for women who become pregnant due to incest is abortion.</li> </ul> </li> </ul>	<p><i>Religious figures:</i> aborting a fetus is the same as murder and contrary to biblical views. Aborting a fetus is a sin.</p>

Province	Good Solution	Bad Solution
Riau	<ul style="list-style-type: none"> <li>• <i>For married women:</i> the pregnancy must be continued because abortion is a sin. Pregnancy is a blessing from God that must be received by women and their families.</li> <li>• <i>For unmarried women:</i> they must be married to their partners. Pregnancies outside of marriage must be continued because abortion is a sin.</li> <li>• <i>For victims of violence:</i> if a woman is pregnant because her boyfriend raped her, the woman's family should demand the rapist is married to the woman. If the rapist doesn't want to take responsibility, the pregnancy should still be continued, and afterwards, the baby can be given away.</li> </ul>	<p><i>Religious Figures:</i> pregnancy must be continued, abortion is prohibited.</p> <p><i>Government speakers:</i> A fetus must not be aborted; abortion is a criminal offence except for medical reasons.</p>
West Sumatra	<ul style="list-style-type: none"> <li>• <i>For married women:</i> the pregnancy must continue because every life brings good fortune.</li> <li>• <i>For unmarried women:</i> a woman who is pregnant out of wedlock should be married so her child is not born without a father. If a girl is pregnant, she should be married to her boyfriend or, if he doesn't want to take responsibility, to another man who is willing to.</li> <li>• <i>For victims of violence:</i> continue with the pregnancy. Usually, pregnant women who were raped are wedded to cover the shame of their families.</li> </ul>	<p><i>Religious figures:</i> abortion is a sin forbidden by religion.</p>
Jambi	<ul style="list-style-type: none"> <li>• <i>For married women:</i> she must maintain the pregnancy.</li> <li>• <i>For unmarried women:</i> the woman should wed in order to cover up her disgrace. The woman should be married to her boyfriend or, if he is not willing, to another man who is willing.</li> <li>• <i>For victims of violence:</i> she has to continue with the pregnancy and then give the child to relatives for adoption or get married to a man who is willing to marry her.</li> <li>- <i>Public Health Office:</i> unintended pregnancies caused by rape should be accommodated and handled by the government.</li> </ul>	<p><i>Religious figure:</i> Abortion is a grave sin.</p> <p><i>Community leader:</i> Having an abortion is tantamount to committing murder, which is a grave sin.</p>
Bengkulu	<ul style="list-style-type: none"> <li>• <i>For married women:</i> she has to maintain the pregnancy.</li> <li>• <i>For unmarried women:</i> the woman has to marry the man who impregnated her or any man who is willing to marry her.</li> <li>• <i>For victims of violence:</i> She must go through with her pregnancy and let someone adopt the child.</li> </ul>	<ul style="list-style-type: none"> <li>• Abortion is a sin according to religion</li> <li>• Abortion is prohibited by law</li> <li>• Abortion is prohibited by tradition and customary law</li> <li>• Abortion is forbidden through the <i>Rejang</i> custom</li> <li>• Pregnancy can be prevented by abstinence or sterilisation</li> <li>• Marrying a rapist is taboo</li> </ul>
South Sumatra	<ul style="list-style-type: none"> <li>• <i>For married women:</i> The 2005 Indonesian Ulama Council (MUI) fatwa on abortion services for women should be followed. The pregnancy should be accepted and the woman should be grateful, diligently go for pregnancy checkups, consume a lot of nutritious food and pray to the Almighty Creator.</li> <li>• <i>For unmarried women:</i> the woman should be married to the man who impregnated her. The woman could seek the criminalisation of the man who impregnated her.</li> <li>• <i>For victims of violence:</i> If possible, find out who the perpetrator is and get married to them. Having an abortion is only possible when in accordance with the law.</li> </ul>	<ul style="list-style-type: none"> <li>• A woman being unprepared to be a mother is not grounds for an abortion.</li> </ul>

Province	Good Solution	Bad Solution
Lampung	<ul style="list-style-type: none"> <li>• <i>For married women:</i> The pregnancy must be continued because the child is a gift from God; the purpose of marriage is to sustain a family name and line.</li> <li>• <i>For unmarried women:</i> Pregnancy outside of marriage is adultery, but the child is not guilty of sin.                             <ul style="list-style-type: none"> <li>- Religious Figure: Women, who are pregnant are not allowed to get married. If a woman gets pregnant out of wedlock, she must be married, but 40-60 days after giving birth.</li> <li>- Community: the woman must immediately get married to the man who impregnated her or another man who is willing to marry her.</li> </ul> </li> <li>• <i>For victims of violence:</i> Report the incident to the police.</li> </ul>	<ul style="list-style-type: none"> <li>• Abortion for married women is not permitted.</li> <li>• Not marrying off a woman who is pregnant out of wedlock is a disgrace to their family.</li> </ul>

Source: FGDs and interviews conducted by PERMAMPU in 2014

Table 2 shows the similar views held by the informants in eight provinces regarding their perceptions about the best solutions for women who experienced unintended pregnancy. For married women, maintaining their pregnancies was perceived as the best solution. This was related to the widely held view in society that pregnancy is a blessing and a gift from God and therefore must be accepted and embraced by a woman and her family.

Similar views were expressed about the best solution for unintended pregnancies experienced by unmarried women. In line with the view that an extramarital pregnancy must be accepted by a woman, the respondents contended that the best solution was to immediately marry the woman to the man who impregnated her, or to another man if the perpetrator did not take responsibility. This solution was considered to be able to both save the family's reputation and ensure the baby grew up with a father. For unintended pregnancies in women under the age of 20, the health and safety of the women was not a priority for respondents. No respondents suggested abortion as a solution for unintended pregnancies in adolescent girls.

The respondents' perceptions regarding the best solutions for rape victims who experienced unintended pregnancies varied. Most respondents believed such a pregnancy should be continued and the child could be given to other people who wanted to take care of it or given to an orphanage. These perceptions show that women's best interests and wishes in regards to decisions that affected their own bodies were not taken into consideration. Meanwhile, only a small number of informants thought that abortion could be a possible solution for women who became pregnant as a result of rape or incest.

Most of the informants considered abortion to be a bad solution, especially for married women and unmarried women who experienced unintended pregnancies. However, several respondents thought that women who were victims of sexual violence or incest could receive abortions. The Health Act allows abortions for rape victims but only in strict circumstances. Unfortunately, this regulation is not widely understood by the community due to the lack of access to legal information.

### Women's Bodies Constricted by Norms

In many regions, strong religious and customary norms formed the main basis for any decision made related to women who experienced unintended pregnancies. It is important to understand the dominant social norms regarding solutions for unintended pregnancy in order to ascertain which options are available and not available to women.

In the province of Aceh, religious and traditional leaders in North Aceh argued that there was no such thing as unplanned pregnancies and any pregnancy, whether it happened within a marriage or not must be kept and nurtured by women under any circumstance, even when the pregnancy resulted from rape. According to these religious leaders, a child is a mandate from God. Therefore, the termination of a fetus was considered a sinful act and the culprit would be condemned by God.

Religious leaders assumed that an extra-marital pregnancy would be cursed by God but must still be maintained. In addition, the customary tradition of punishing women who become pregnant out of wedlock means that women often have no choice but

to accept marriages organised by their family out of fear of committing further sins by remaining unmarried. Customary punishments include being subject to fines (of approximately IDR 1 million), having to clean the village, and having to undergo a bathing ritual before marriage.

While the prevailing religious norms in Aceh province were based on religious leaders' interpretations of Islam, in the research area in North Sumatra Province religious norms were based on Christianity and Catholicism. According to Christian leaders, the church believes that human life — which begins with fertilisation — is valued by God and fetuses are sacred and must be saved at any cost. Catholic leaders' views were similar. They believed that all babies were born because of God's will.

According to the church, the canon law that applies to unintended pregnancy is the 8th commandment: thou shall not kill. This view holds that aborting a fetus is the same as murder and goes against the Biblical commandments. Furthermore, the church-imposed sanctions by not blessing a couple's marriage if the bride was found to be pregnant. After the child is born, the couple has to take part in the *ruas marguru* (congregational class) for three months and in the sixth month, they must confess their sins in front of the entire congregation and then they will be welcomed back into the church. The Catholic leaders contended that unintended pregnancies resulting from incest or rape must also be continued even though incest and rape were sinful acts. A child born from such a pregnancy could then be given to another individual or taken to an orphanage to be raised.

The Batak Toba ethnic group from North Sumatra also considered pregnancy to be a blessing. According to the Batak Toba custom, one has to marry and have a son and daughter to become a 'complete human'. Therefore, traditional authorities suggest women who experience unintended pregnancy – regardless if they are married, unmarried or victims of violence – continue their pregnancy. Pregnancy is considered to be a blessing, not only in the sense that having many children is thought to bring prosperity, but also because it gives honor to the parents and leads to them receiving donations at customary feasts.

In Riau Province, male Islamic religious leaders contended that there was no prohibition for married women to get pregnant, regardless of their age. They also contended that unintended pregnancies did not exist because a pregnancy was a gift from God that must be accepted. If a woman's health was negatively impacted by

child birth, she would be rewarded with *pahala* (Islamic terminology for God's blessings). It was believed that if a woman died during childbirth she would die a martyr and her soul would immediately ascend to heaven. According to their religious interpretation, abortion was a forbidden (haram) act. However, one female Islamic scholar suggested that if a woman could not continue her pregnancy because it posed a risk to her health, an abortion could be pursued if it was medically advised.

Basically, Riau's culture does not recognize the concept of unintended pregnancy and does have specific rules regarding abortion. An FGD in the research area revealed a cultural norm that women should have both a girl and a boy to have a complete family. This norm pushed families to have more than two children and resulted in a higher likelihood that women over 35 — especially in poor areas — would become pregnant.

Women community leaders revealed that in Islam, child marriage was permissible as long as the girl had begun menstruating; however, extra-marital pregnancy was strictly forbidden. According to FGD participants, the prevailing customary norms facilitate underage marriages initiated by girls and their families. If a girl became pregnant out of wedlock the girl's family could initiate the *naik tanggo* tradition. In this tradition the girl would visit the responsible male's house and stay there for a number of days until the male's family decided to marry their son to the pregnant girl.

In West Sumatra Province, religious norms regarding unintended pregnancy remain very dominant. These norms dictate that unintended pregnancies must be continued and abortion is a sin. Married women who took part in the FGDs in this study location seemed to have internalized these norms. Meanwhile, customary norms in West Sumatra seem to have faded away, especially among teenagers in the research location. Religious norms regarding the illegality and impermissibility of abortion were not supported by customary norms.

The Minangkabau cultural group in West Sumatra adheres to and upholds the *Adat Basandi Syara', Syara' Basandi Kitabullah* values, meaning customs are based on Islamic law which is based on the Qur'an. However, religious and traditional leaders revealed that the customary sanction for women who become pregnant out of wedlock differed from the sanctions stipulated in authentic Islamic law. Fines are the main customary punishment prescribed, while Islamic law prescribes stoning and whipping as punishment. This means *Adat Basandi Syara', Syara' Basandi Kitabullah* was not fully applied. Interestingly, according to religious leaders from

Jorong Mawar II, Tanah Datar District, religious law (sharia law) was not applied as the district applied national law. There are also differences between religious norms and customary norms in regards to women who become pregnant as a result of rape. Islamic interpretations did not justify the marrying of women to their rapists but the customary traditions demanded it.

In Jambi Province, the customary leaders adhere to the *Syara' bersendikan kitabullah* philosophy. This philosophy — which is similar to the dominant philosophy in West Sumatra — means that Muslims in Jambi live in accordance with the laws set out in the Quran. The saying *saloko tali tiga sepilin* reflects the shared importance of customary leaders, religious leaders and community leaders in the community. Religious leaders and customary leaders shared the same view of abortion and contended that abortion was the same as committing murder, which was considered a grave sin.

The culture in Jambi recognizes norms that cannot be found in religious teachings. When a woman gives birth to a child out of wedlock and she does not want to marry the man who impregnated her or vice versa, then the village is considered to be tainted. The man responsible is subject to customary sanctions in the form of fines. The money is used to provide goats and food for a banquet with all of the village neighborhood invited to 'cleanse' the village. This tradition is known as *cuci kampung* (village cleansing). The money from the fine is not given to the woman, but rather enjoyed by the customary leaders and the surrounding community. During this event the man responsible apologizes to the community member and leaders rather than to the woman.

According to information from a respondent who works as a journalist, there are several places in Merangin District in which the customary fine sanction is still imposed when a pregnancy outside of wedlock occurs. If the couple does not immediately marry, they could be expelled from the village. Incest victims who experience unintended pregnancy are also expelled from the village. There is a prevailing belief that women who experience extra-marital pregnancy will bring disaster and long droughts. After the woman is exiled for a period of time she is then welcome to return.

In Bengkulu Province, Rejang Customary Law prohibits the practice of abortion. The traditional authority explained that people who have abortions violate Rejang Lebong Regency's Regional Regulation No. 2/2007 regarding the application of Rejang Lebong Customary Law. A woman who has an abortion must partake in a

'flour ceremony' in front of the local leaders in order to cleanse the village. All of the associated costs are born by the woman or the couple who are responsible for the pregnancy. The other sanction includes the couple being expelled from the village for a period of six months. FGD participants proposed that because abortion was illegal, the only feasible option for women was to continue their pregnancies. If the pregnancy was continued, a marriage must be held in line with religious procedures and after the procedure was completed the couple would immediately get divorced or move in together to avoid stigmatization in the community. However, some women who experienced unintended pregnancy chose to maintain their pregnancy and become a single parent.

Some religious leaders suggested that it was actually *haram* (forbidden) for women who become pregnant out of wedlock to be married. A marriage in such a case only becomes *halal* (acceptable) if it takes place after the child is born. However, society rarely applied this principle. Religious leaders revealed that in such a circumstance parents would seek to immediately marry off their daughter to protect the family's dignity. According to the religious leaders, most of these marriages occurred through *nikah siri* (marriages recognized by Islam but not registered with the state), but some were conducted according to the state law. If the man responsible for the pregnancy refused to take responsibility, the Customary Deliberation Board (BMA) and village officials would report the case to the police.

In Lampung Province, religious leaders explained there were different religious interpretations concerning abortion for unintended pregnancies depending on the school of Islam followed. Hanafiyah and Hambali schools allowed abortion before the fetus reached 120 days if there was a valid reason for the abortion. Other schools permitted abortion before the pregnancy reached 80 days. The stage at which permissibility of abortion stops is the *mudghah* stage (the stage a life begins). If an abortion occurs at the *mudghah* stage, the offender is sentenced to *ta'sir* (punishment in the form of disciplinary lessons designed as a deterrent). Meanwhile the Maliki school contends that abortion is totally *haram* (illegal), because life begins when fertilisation occurs. This is in line with the opinion of Al-Ghasali, a prominent figure in the Syafi'iyah school. Syafi'iyah religious scholars allow abortion before 42 days, but any abortion that occurs close to the 42<sup>nd</sup> day is considered *makruh* (preferably shouldn't be done, but if it is done, the person is not guilty of sin) because it is approaching the living form stage. Furthermore, both the man and woman involved in the pregnancy must be

willing to have the abortion.

A religious leader from the Indonesian Ulema Council (MUI) from Bandar Lampung argued that a fetus at any stage of development has the same rights as any human that should not be violated. An unintended pregnancy must be maintained and must not be terminated unless there was a valid reason, such as an emergency situation that meant the mother's life was in risk.

An Islamic leader from Gaya Baru I village, Central Lampung Regency contended that any unintended pregnancy would affect the 'quality' of the baby's 'human resources'. According to this leader, a pregnancy must occur in a halal body, which would be achieved if: (a) a woman married over the age of 20 years (because if she was under the age of 20, her reproductive organs would not be ready for pregnancy or childbirth); (b) the man she married must be able to provide financially for the woman's household; (c) the woman is married because marriage is mandatory for women and men to avoid adultery. If these requirements were met, unintended pregnancy would not occur. If a pregnancy out of wedlock occurs and the age of the fetus is above three months, this pregnancy could not be aborted because after three months of pregnancy a life has formed and such an abortion would be haram.

According to Lampung Province's customary law, there is a strong assumption that when a woman has been raped (referred to locally as 'corrupted'), it is preferable that the woman be married in a religious ceremony. A community leader in Lampung explained that if the woman who had been raped did not get married, she and her family would be ostracized and must pay a fine to 'cleanse' the village as she would be considered to have tarnished the village's reputation. Once the family of the rape victim pays this fine, they would 'rejoin' the village community. The woman would then be married in accordance with tradition and national law.

### **Women's Behavior in the Event of Unintended Pregnancy**

Although the prevailing norms in the research areas strictly regulate and prohibit abortion, in reality, people's actions were not always in accordance with these norms.

Married women's behavior in responding to unintended pregnancies vary but can be divided into two broad categories: maintaining the pregnancy or aborting it. Both choices can be made independently by women alone, or by couples. Religious attitudes that consider abortion to be a sin means that women in Aceh,

North Sumatra, Riau, West Sumatra, Jambi, Bengkulu, South Sumatra and Lampung provinces secretly initiated abortions. These abortions were carried out by drinking traditional herbal medicines from traditional healer (dukun); consuming certain medication, consuming food and drink that are thought to be able to initiate abortion, such as green pineapple, *samsu* (local liquor) combined with fermented cassava, *tuak nia* (traditional liquor), or by lifting heavy objects, working excessively, or undergoing an 'abortion massage' with a traditional healer. If these efforts were unsuccessful, most women would resign themselves to maintaining their pregnancy but some would consult midwives or traditional birth attendants.

An FGD respondent in Aceh who had an abortion in an urban area explained that village midwives assisted with abortions. However, in North Sumatra, midwives who were asked to perform abortions were unwilling to help women with unintended pregnancies, even when they classified as a high-risk pregnancy. Similar situations were found in Riau and West Sumatra where midwives were unwilling to perform abortions. Midwives and traditional birth attendants refrain from performing abortions because of religious reasons and legal reasons.

In Lampung Province, it was reported that women seek abortions through traditional healers and traditional birth attendants. The traditional birth attendant would soothe the pregnant mother, provide herbal concoctions, and even massage the uterus and abdomen with the intention of aborting the fetus. Traditional healers can also make herbal concoctions to be placed into the vagina for the same purpose. Midwives reportedly did not perform abortion services, but they could refer pregnant women to obstetricians. If a pregnant woman was bleeding heavily a midwife could perform a menstrual induction. In some communities, women 'handle' unintended pregnancies by inserting a twig into their vagina; women would often use a cassava stalk, which was believed to be able to abort a fetus. This behavior is very risky and can result in infections, cervical damage, organ damage, and even death.

Unmarried adolescent girls generally do not have full control over their pregnancy as their parents normally make the relevant decisions. Many parents want to avoid sins related to abortion and they see a child as a gift from God, and therefore the fetus should be kept.

According to midwives and FGD participants, adolescents face increased risks from pregnancy because their reproductive organs have yet to fully develop. However, young women often don't have the ability to postpone unintended pregnancies. The males

responsible for the pregnancies tend to be the more dominant decision-makers. Often attempts at unsafe abortion are made when unintended pregnancy occurs. In Riau Province, it was reported that sometime teenagers would try to discreetly terminate their pregnancy without the knowledge of their parents by consuming drinks or food that were supposedly able to terminate the fetus.

In Riau and West Sumatra provinces, it was revealed that sometimes parents of the pregnant adolescents would initiate abortions. Dominant reasons included if the parents disapproved of their daughter's boyfriend, wanted their daughter to finish their education, or wanted to avoid the shame and stigma attached to having an extramarital pregnancy in the family. In this case, parents attempt abortions by giving the pregnant girl food or traditional concoctions considered able to terminate the pregnancy. Otherwise, the parents would take the girl to a midwife, traditional birth attendant, or even send them to the city to have an abortion. In Jambi, Bengkulu, South Sumatra and Lampung provinces, traditional birth attendants were also reported to perform secret abortions.

In Bengkulu province, FGD group participants consisting of women and adolescent girls said that pregnancy outside of marriage was generally undesirable so many women (and their partners) would try to abort these pregnancies. It was reported that sometimes teenage girls would be accompanied by their boyfriends to seek abortion services. In the event that attempts to seek an abortion were not successful — for example because there were no professionals willing to assist with this process — often marriage between the girl and the man who impregnated her would become an option. A religious leader involved in the FGD did not deny the fact that abortions amongst adolescent girls did occur.

Midwives and traditional birth attendants who were interviewed said they had received abortion requests from adolescents but they were unwilling to perform the abortions because of religious and legal reasons. The Regional Managing Director of the Indonesian Family Planning Association (PKBI) in Bengkulu explained that unsafe abortion practices were widely performed in the community in almost all areas of Bengkulu.

Information about abortions performed by women who became pregnant due to rape or incest could not be collected in Aceh, North Sumatra and West Sumatra provinces. Meanwhile, in Riau Province, women in the FGDs suggested that a small number of parents did not want to wed their daughters to the men who raped their daughters and these parents would then try to find

people who were willing to perform abortions.

Meanwhile, an informant from PKBI in Jambi province said that women who become pregnant due to rape tended to feel guilty when they had an abortion. Moreover, even if they intended to terminate their pregnancy, they usually did not have access to information about where they could receive safe abortion services.

Although Islamic law forbids marriage between a rapist and their victim, in reality, there are some parents who wed their daughters to rapists, in some cases, even when the perpetrator was already married. This was usually done to conceal shame and avoid stigmatization related to the girl's unmarried status and the infant's illegitimate status. Under customary law in Rejang Lebong Regency, Bengkulu Province parents would act the same as parents of children who became pregnant out of wedlock. This custom is known in the community with the saying "*nikah duduk, cerai tegak*". A counsellor in Lampung province explained that adolescent victims of rape and incest usually tried to hide their pregnancies from their parents. Often, they intended to abort the pregnancy but did not know how and where to seek a safe abortion and so eventually ended up fleeing to a relative's house.

Medical personal in North Sumatra Province said that safe abortion services were available, but the price was high. The service was only available in some hospitals and must be performed by a doctor. Rural women were not able to access these services because besides the expensive cost, the hospitals were generally far away in urban centres meaning rural women were not aware of or not able to access the locations. Another problem was that women often only found out about the opportunity to pursue a safe abortion after their pregnancy had already developed for several months. Only women who had developed awareness, money, and knowledge needed to make decisions were able to access safe abortions. This usually applied to women over 35.

Findings from the field suggest that married women had a better ability to access abortions compared to young women, especially young women who had become pregnant out of wedlock or as a result of sexual violence. Informants suggested that some married women received support from their husbands or relatives to seek an abortion. However, married women still require greater access to safe abortion as currently, only relatively wealthy women have the knowledge and financial means needed to access abortion services. Women's need for safe abortion remains a hidden issue. This issue needs to be brought to the surface to encourage the government

to become more proactive in implementing policies to improve women's sexual and reproductive health, especially for women whose lives are threatened due to high-risk pregnancies. The right to safe abortion (Health Act 2009, article 75 a) for women and girls who face high-risk pregnancies needs to be promoted and access to abortion services need to be improved.

## Conclusion

When women are taught about their reproductive roles, this 'education' often transfers the belief that a woman only has worth after she is married with children. All societal institutions and authorities generally view women as the reproductive tools of society; pregnancy is viewed as a part of a woman's nature and always desirable. It is usually men that control and make decisions about women's reproductive rights in relation to pregnancy and childbirth; this occurs from the household level up to the state level and women are rarely able to resist.

Medical professionals (midwives, doctors), traditional healers and traditional birth attendants provide the most accessible services for women with unintended pregnancies. They had varying views about unintended pregnancies and the services they offered to respond to these pregnancies also varied. Women who experienced unintended pregnancies —including married women, teenage women, and rape victims — were more familiar with and tended to have higher levels of trust in traditional healers. This was because traditional healers and birth attendants were more accessible and also because it seemed to be easier to find traditional healers willing to perform abortions. Village midwives, while also being easily accessible, were considered to be less willing to perform or assist with abortions as they understood they did not have the authority to do so and could be subject to legal action if found out. The study showed that the dominant community held beliefs about what constituted 'good' and 'bad' solutions to unintended pregnancies were not reflected in the behavior of women who experienced unintended pregnancies.

In the study locations, many abortion methods ranging from traditional to modern and from safer to more hazardous were found to exist. Traditional healers and birth attendants were more willing to assist with abortions and they implemented methods ranging from massage, herbal concoctions and mixtures of modern medicine to terminate pregnancies. Various formal rules, customary laws, religious teachings and cultural beliefs have shaped the values that control women's and

society's behavior and attitudes in regards to handling unintended pregnancies. All societal institutions and actors presented the view that becoming pregnant was part of a woman's nature and married women should automatically desire pregnancy and should not reject it. The state apparatus, religious institutions, and customary institutions all shared this same perspective.

However, in reality, women —both married and unmarried— explained that some pregnancies were unintended and there were various methods that existed outside of the prevailing norms in the community that could be employed to overcome such pregnancies. Generally, women employ these methods in a secretive manner. The impacts of the abortion techniques vary and many could result in various reproductive health problems that could even jeopardize women's lives. The issue of unintended pregnancies and all of the associated consequences that affect women and their families is an issue that will not disappear. The needs and voices of women who experience unintended pregnancies need to be recognized and women need to be supported so they can make informed decisions for themselves. There is also a need for religious and customary leaders to reconsider the prevailing norms and government policies to increase women's access to safe sexual and reproductive health services.

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