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Abortion in Indonesia

Each year in Indonesia, millions of women become pregnant unintentionally, and many choose to end their pregnancies, despite the fact that abortion is generally illegal. Like their counterparts in many developing countries where abortion is stigmatized and highly restricted, Indonesian women often seek clandestine procedures performed by untrained providers, and resort to methods that include ingesting unsafe substances and undergoing harmful abortive massage.

Though reliable evidence does not exist, researchers estimate that about two million induced abortions occur each year in the country[1] and that deaths from unsafe abortion represent 14–16% of all maternal deaths in Southeast Asia.[2] Preventing unsafe abortion is imperative if Indonesia is to achieve the fifth Millennium Development Goal of improving maternal health and reducing maternal mortality.

Current Indonesian abortion law is based on a national health bill passed in 1992.[3] Though the language on abortion was vague, it is generally accepted that the law allows abortion only if the woman provides confirmation from a doctor that her pregnancy is life-threatening, a letter of consent from her husband or a family member, a positive pregnancy test result and a statement guaranteeing that she will practice contraception afterwards.

This report presents what is currently known about abortion in Indonesia. The findings are derived primarily from small-scale, urban, clinic-based studies of women's experiences with abortion. Some studies included women in rural areas and those who sought abortions outside of clinics, but none were nationally representative. Although these studies do not give a full picture of who is obtaining abortions in Indonesia or what their experiences are, the evidence suggests that abortion is a common occurrence in the country and that the conditions under which abortion takes place are often unsafe.

Abortion is common in Indonesia.
It is estimated that about two million abortions occurred in Indonesia in 2000.[1] This number is derived from a study of a sample of health care facilities in six regions, and it includes an unknown, though probably small, number of spontaneous abortions (miscarriages). However, this is the most comprehensive estimate currently available for the country. The estimate translates to an annual rate of 37 abortions for every 1,000 women of reproductive age (15–49 years). This rate is high compared with that of Asia as a whole: Regionally, about 29 abortions occur for every 1,000 women of reproductive age.[4]

While the level of induced abortion is somewhat uncertain, there is clear evidence that of the 4.5 million births that took place in Indonesia each year around the time of that study, 760,000 (17%) were unwanted or mistimed.[5,6]

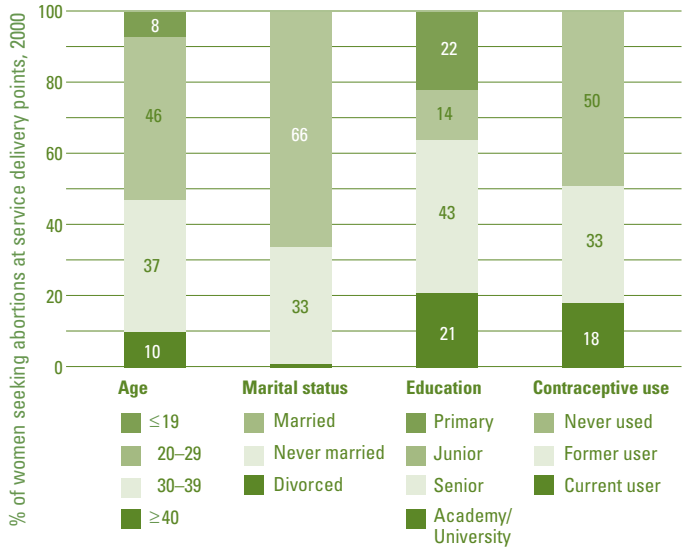
Abortion clients are often married adults with unmet need for contraception.
Although women of all walks of life likely utilize abortion services in Indonesia, information on the characteristics of women who obtain abortions generally comes from clinic- and hospital-based studies. Thus, women who seek abortions outside of facilities, including those who induce abortions themselves, are not represented by these studies.

The studies concur that the majority of women who obtain an abortion or menstrual regulation at a clinic or hospital fit a certain profile: They tend to be married and educated.[1,7,8] For example, a study conducted in 2000 found that two-thirds of abortion clients were married, and nearly two-thirds had attained at least some secondary school education (Figure 1, page 2).[1] In contrast, only 38% of ever-married Indonesian women have received any secondary schooling.[6] In a more recent study, 54% of abortion clients were high school graduates, and 21% were academy or university graduates; 87% of urban clients were married.[7] Moreover, nearly every abortion client was older than 20 (58% were older than 30), and almost half had at least two children.

Figure 1

Who Gets Abortions?

Most abortion clients are married and educated, but few were using contraceptives.



Note: Percentages may not total 100 because of rounding. *Source:* Reference 1.

Evidence indicates that some women who have abortions had been actively seeking to prevent pregnancy when they conceived. In one study, about 19% of urban and 7% of rural abortion clients reported that they had been using contraceptives when they became pregnant.[1] In another study, a much higher proportion—about one-third of clients—reported having experienced contraceptive failure.[7] Most abortion clients, however, had an unmet need for contraception, as they did not want a child soon or at all and were not using any contraceptive method.

One of the most frequent reasons women give for seeking an abortion is that they have achieved their desired family size.[1] In addition, many unmarried women undergo the procedure because they wish to continue their education before getting married. In one study, only 4% of abortion clients sought to terminate a pregnancy in order to preserve their physical health.[7]

Many abortions in Indonesia are unsafe.

Unlike safe abortions, unsafe procedures are a threat to women's health and survival, and the relative safety of the procedure can depend on the provider and the method used.[9,10] A woman's choice of abortion provider varies according to her location. Researchers estimate that hospital and family planning clinic staff, obstetricians and midwives perform close to 85% of abortions obtained at service delivery points in urban settings, and traditional birth attendants perform 15%.[1] In rural areas, on the other hand, traditional birth attendants are estimated to perform more than four-fifths of abortions. Altogether, nearly half of all women seeking abortion in Indonesia turn to traditional birth attendants, traditional healers or masseurs to terminate their pregnancy. (Women who induce their own abortions are not included in these estimates.)

While the number of successful self-induced abortions is unknown, one study suggests that most women who seek an abortion from a provider first attempt to induce the abortion themselves. In a study of clients seeking menstrual regulation (locally known as *induksi haid*) at an urban clinic, women's first step often was to use over-the-counter medicines or herbal remedies (*jamu*) to induce menstruation.[11] Many then took a pregnancy test. Once pregnancy had been confirmed, the most common means women employed in their first abortion attempts was ingesting more herbal products or receiving abortive massage from a traditional healer. If the abortion was unsuccessful, the women then terminated their pregnancy in a clinic.

In a study of women who had obtained an abortion at a clinic, only 38% reported that their procedure had involved vacuum aspiration, a safe and established method of early abortion, or dilation and curettage, an effective but somewhat less safe method (Figure 2).[1] Another 25% had received oral medication and abortive massage; 13% had received an injectable abortifacient; 13% had had a foreign object or preparation inserted into their vagina or uterus; and 4% had been treated with acupuncture.

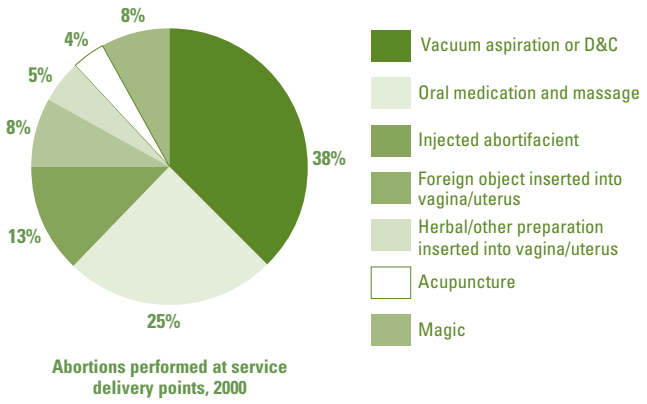
Unsafe abortion leads to an unknown number of complications and deaths.

Recent estimates of abortion-associated mortality in Indonesia are unavailable. The World Health Organization estimates that unsafe abortion is responsible for 14% of maternal deaths in Southeast Asia, and 16% of maternal deaths in regions of Southeast Asia that have highly restrictive abortion laws (including Indonesia).[2]

Figure 2

Methods of Abortion

Vacuum aspiration is used in less than half of abortions in Indonesia.



Notes: D&C=dilation and curettage. Percentages do not total 100 because of rounding. *Source:* Reference 1.

The rate of complications from unsafe abortion is likely far higher than that of deaths. Again, the rate for Indonesia is unknown, but in Southeast Asia, it is estimated that three out of every 1,000 women aged 15–44 are hospitalized each year for abortion-related complications.[12] This translates to about 130 hospitalizations for every 1,000 women who obtain an unsafe abortion. The true complication rate, which includes complications for which women do not seek treatment at a hospital, is believed to be much higher than the hospitalization rate. The most common abortion complications are severe bleeding, infection and poisoning from substances used to induce abortion; many women also experience genital and abdominal injuries and uterine perforation.[9]

Because so many abortions in Indonesia are performed by unskilled providers and an additional unknown number are self-induced, the rates of both medical complications and maternal deaths from unsafe abortion are expected to be high. And because abortions performed by lay providers tend to be less costly than those performed by health care professionals under hygienic conditions, poor women—who may not be able to afford the services of a trained provider—likely suffer a disproportionate share of abortion complications (see box).

Unsafe abortion can be costly.

The costs of unsafe abortion can be viewed from many angles: the money paid for the procedure itself; the broader costs, including loss of income and the price of postabortion care; the physical and mental trauma to the woman; the social costs, including stigma and isolation; and the expenses to the health care system and society. Most of these costs are difficult to measure; the available data primarily address the monetary costs to women and their families.

A clinic-based study conducted in 2004 measured the total cost of pregnancy termination among clients, many of whom had made at least two attempts to terminate their pregnancy before going to the clinic.[11] Including transportation costs and the direct expenses incurred during each attempt, the women paid between 530,000 and 3.6 million rupiah (Rp) apiece to terminate their pregnancy. The mean cost was Rp1.2 million, a significant expense given that the respondents' average income was Rp2 million per month.

According to a separate study conducted in 2000, abortions performed by skilled providers can cost many times more than those performed by traditional birth attendants. Traditional providers charged Rp7,000–350,000 to perform abortions, while midwives charged Rp35,000–526,000, doctors at hospitals charged Rp420,000–876,000 and doctors in private practice charged Rp700,000–1.8 million.[1]

Many Indonesians are in need of effective contraception.

While contraceptive use has been on the rise in Indonesia for most of the past two decades, there has been relatively little change since the mid-1990s (Figure 3).[6,13] Many married women (61%) use contraceptives and 57% use a modern method (not shown), but nearly one in 10 are not using any method even though they are fertile and do not want a child soon or at all. This level of unmet need for contraceptives among married women has remained constant for more than a decade. Evidence from developing countries indicates that the vast majority of unintended pregnancies occur among women with an unmet need,[14] and this has been corroborated by research in Indonesia.[1] Sexual activity and contraceptive use among unmarried women have not been studied at the national or regional level in Indonesia.

Compared with their counterparts in other developing countries, women in Indonesia who have an unmet need for contraception are relatively unlikely to oppose contraception or to face opposition from their husbands about contraceptive use, but they are more likely to cite concerns about health risks or side effects associated with contraceptives.[15] Given the prevalence of these concerns, many women would likely benefit from contraceptive services that offer a full range of methods, provide education on contraceptive use and options, and include thorough counseling to help women identify acceptable methods.

Religion influences views on abortion in Indonesia.

In Indonesia, religion helps shape public opinion on issues such as abortion. A recent survey of 105 Muslim, Catholic and other Christian religious leaders in Yogyakarta illuminates the stances on abortion of Indonesia's main religious groups.[16] While not nationally representative, the study indicates the presence of multiple views on abortion, some of which are less conservative than the national policy.

Experiences of Unsafe Abortion

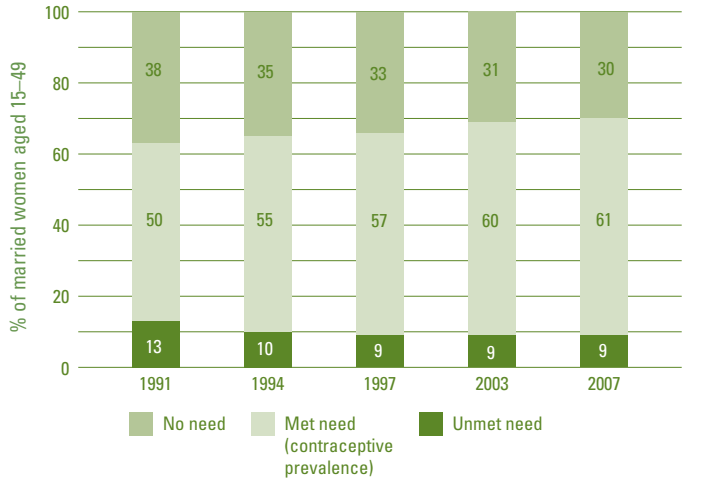
In-depth interviews with 50 disadvantaged women about their experience with abortion provide insights into the risks women take to terminate a pregnancy.[1] One woman described the following scene: "First, my belly was massaged, from slow to really hard and painful massage. Then my legs were bent and the witch doctor inserted her fingers into my vagina and scraped the inside all over. When she took her hand out, I felt something coming out from my vagina, and I felt so weak. An hour later, I was given a concoction and…given a massage again. It made me scream, because I couldn't bear the severe pain….After 10 minutes, the witch doctor stopped her activity and again I felt something coming out of my vagina."

Another woman shared the experience of her close friend: "After drinking the concoction from a witch doctor, she felt a terrible headache. It was so terrible that she knocked her head on the wall repeatedly because she couldn't stand the pain. Then her condition got worse; she was having a fever, a high temperature, and after she was given a massage on her abdomen, blood started to come out and it kept coming out more and more….She was in pain and getting weaker, then she finally died."

Figure 3

Need for Contraception

Although contraceptive use in Indonesia has increased, one in 10 women continue to have an unmet need for contraception.



Note: Percentages may not total 100 because of rounding. *Source:* Indonesia Demographic and Health Surveys.

The majority of religious leaders (82%) agreed that abortion is acceptable if a woman's life is in danger.[16] Many reasoned that a woman's life is more important than the fetus's, because she is needed to look after the children and family she already has.

Muslim leaders, while primarily conservative, tended to have a more tolerant stance on abortion than their Christian counterparts.[16] For instance, while most leaders did not agree that abortion was justified if the pregnancy would interfere with a woman's schooling or affect her psychological health, a higher proportion of Muslim than Christian leaders supported abortion on these grounds. No Christian leaders supported terminating pregnancies following contraceptive failure, but some Islamic leaders considered this acceptable. Among Muslim leaders, views differed according to sect: Followers of Imam Hanafi considered abortion acceptable for up to 120 days after conception, while followers of Syafi'i believed that abortion must only take place within 40 days of conception.

More information is needed.

It is clear that large numbers of Indonesian women experience unintended pregnancies and that many of them seek to avoid unwanted childbearing by resorting to abortion. However, the exact incidence of these events and the severity of the consequences of unsafe abortion are unknown. The greatest research priority, according to policymakers, program providers and other stakeholders in the country, is to obtain up-to-date, national data on the incidence of abortion and on maternal morbidity and mortality resulting from unsafe abortion in Indonesia. Subnational estimates of these events are also essential, in light of the recent decentralization of many government functions.

In addition, in-depth research on women's experiences—the obstacles that limit their ability to use contraceptives effectively, the decision-making process they undertake in the face of an unintended pregnancy, their attitudes toward abortion and the steps they take to terminate a pregnancy—would help leaders understand and respond to the problems women face in their efforts to control their fertility.

Assessments of the costs of unsafe abortion—both monetary and social—to women, their families, health care systems and the government are also essential to understanding unsafe abortion's impact on society.

Furthermore, policymakers in Indonesia would benefit from comparing Indonesia to other Muslim countries with regard to abortion incidence, rates of complications and maternal mortality resulting from abortion, and policies and programs intended to reduce unsafe abortion.

Policymakers must take the next steps to end unsafe abortion.

Even as the body of research on abortion grows, unsafe abortions will continue to pose a threat to Indonesian women's health and well-being, and will continue to add untold numbers to maternal deaths and hospitalizations in the country, unless adequate steps are taken to prevent them. The following suggestions aim to help the Indonesian government prevent unsafe abortion and meet the Millennium Development Goal of reducing the maternal mortality ratio by three-quarters between 1990 and 2015:

- Preventing unintended pregnancy is the first step toward reducing the number of unsafe abortions. The government should identify steps needed to end the stall in family planning uptake, reduce unmet need for contraception and promote investments in family planning services at the district level. These efforts should ensure that women have accurate information on a range of contraceptive methods, including their possible side effects.

- Providing information and education on reproductive health and sexuality to young men and women can go a long way toward helping them understand the risks associated with unprotected intercourse, and toward preventing unwanted pregnancies that could lead to abortion. Sexuality education is a controversial issue, but it is worth noting that some programs already provide such education through midwives in rural communities and through Islamic schools and organizations.

- Women who seek abortions that are allowed by Indonesian law because their pregnancies are life-threatening should be able to obtain safe procedures. The World Health Organization's recommendations for ensuring that safe abortion is available to the extent allowed by law include training providers about safe and aseptic abortion practice,

ensuring the availability of needed equipment and supplies, and promoting the use of the safest methods for first-trimester abortions, including medical abortion and manual vacuum aspiration.[17]

• It can be useful to consider new policy options to reduce unsafe abortion. These could include reconsidering the conditions under which women can obtain legal abortion and the steps they need to take to obtain approval for such abortions.

• Postabortion care should be made easily accessible so that women who experience complications from unsafe abortion receive prompt treatment. Such care should be comprehensive and include contraceptive counseling, services and supplies. To ensure that all health centers that provide postabortion care use safe techniques, it has been suggested that medical school curricula include training on the use of manual vacuum aspiration, and that all facilities have access to continuous technical assistance and replenishment of the equipment needed for this technique.[18]

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CREDITS

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