Strategies for Fulfillment of Reproductive Rights on Adolescent Women in Central Java

Ani Purwanti, Muzayyanah & Budiyanto

Faculty of Law Diponegoro University, Semarang, Indonesia
Email: anipurwanti@gmail.com

Abstract. Reproductive health is a condition where a person is considered healthy, not only from the medical perspective but also mentally and socially as a whole person. However, women's reproductive health issue in Indonesia is one complex matter. Controversially, reproductive rights, especially for women, is rarely to be discussed, restricted by a lot of repressive system whether its social or cultural system. Therefore, the government must take responsibilities to facilitate its achievement.
Reproductive health is fundamentally protected by the Law, starting from 1945 Constitution, Law No. 7/1984 on the Ratification of CEDAW, Law No. 39/1999 on Human Rights, and Law No. 11/2005 on the Ratification of ICCPR, and Law No. 61/2014 on Reproductive Health. The research is designed to analyze problems in the implementation of reproductive health policy as a fulfillment strategy of reproductive rights. By using Socio-Legal Research Method, this research focused its subject on adolescent women in Central Java. Therefore, it can be concluded in this paper that the policy did not work well enough for facilitating reproductive health program in Central Java, in which the group that suffered the most is women in adolescent ages, making them susceptible from reproductive ailments.

Keywords: Reproductive Health, Reproductive Rights, Adolescent Women, Central Java

1. Introduction

Adolescence is a transitional period between childhood and adulthood. This period encompasses the change of biological as well as psychological. However, the fixed definition of adolescent itself varies, and often also involves criteria provided by social values. In Indonesia, people age 15-24 are commonly considered to be part of the group. However, Indonesian legal system not yet acknowledges the fixed definition and in some laws, provides an open clause and tautological terms over the definition of “mature” legal person. According to the last census in 2010, the population of 11-24 years old and not yet married is18,5%. According to the 2012 Arrow report, the number of Indonesian youth is even greater, 31%.

In the United Nations, Economic and Social Council 2011, Sugiri Syarief from Indonesian National Population and Family Planning Board mentioned that there are several problems on the adolescent sexual reproductive health (ASRH) in Indonesia such as HIV-AIDS, drug abuse, smoking, and alcohol. Syarief also mentioned the policies on reproductive health such as sexual education and peer counselor. Besides Syarief's presentation, there are several other problems faced by Indonesian adolescents such as abortion, transmitted sexual disease, sexual violence, lack of access to health service and information. Those are caused by interrelated factors such as social demand, gender bias, and sexual perception as portrayed by mass media, and lifestyle.

In regard to their gender's role, the harm is even riskier for the teenage girls, They often lacks skills to negotiates their sexual relations with their partner, and also have smaller opportunity to gain formal job and education which lead into early marriage and unwanted pregnancy (FCI,2000). If there are cases of pregnancy, it's common that the woman got expelled from the school. It's also common in Indonesia to demand the girls to be virgins until their marriage. It also common that in rural areas, the first menstruation will be followed immediately by marriage, put them at high risk of early pregnancy and baby delivery (Hanum, 1997; 2-3). Culturally speaking, the Female genital mutilation (FGM) also accepted as the social practice in several customs in Indonesia. In general, Indonesian woman is

nurtured more to be part of the harmony of the family and concerns on domestic life. The situation is worse by the taboo to discuss on sexual and productive education in society.[6] In 2004, according to the Policy Report, the main issues of Indonesian ASHR is the "lack of implementation and enforcement due to the sensitivity over adolescents and youth reproductive health".

This paper focuses on three aspects: the lack of understanding of sexual and reproductive health among adolescents in Indonesia, the taboo of early sexual education, and the change of lifestyle caused by population growth and structure.

2. Methodology

This research uses socio-legal approach. So, the approach method of the research uses the empirical juridical approach based on primary and secondary data taken from the related stakeholders handling the ASRH programs for the adolescents, and legal documents.

3. Result and Discussion

The problems of ASHR in Indonesia:

(1) Teenage pregnancy. For the adolescents, pregnancy is not an easy task both for the carrier and the baby. Mostly they don't have emotional maturity that could lead to disability for the delivered baby. Having pregnancy in young age could lead to rejection from the mother.

(2) High risk of abortion. There is a myth in Indonesia that if there is an abortion case, the woman returns to their homes immediately. Especially in the case of unwanted pregnancy, this myth has put the woman in danger both psychologically and physically.

(3) Transmitted Sexual Disease (TSD). This is related to the problems of the lack of education and the considered taboo of sexual and reproductive health socialization in Indonesia. Without proper knowledge, the adolescences are fragile to get TSD caused by the unsafe sex, changing partners or even through their intercourse with sex workers. The minimum understanding of the importance of contraception also appears in this section.

(4) HIV-AIDS. This also related to the lack of knowledge that leads to risky sexual relations.

As the state party of the ICPD Cairo 1994, Indonesia is obliged to provide a proper and adequate reproduction health services which then implemented in Indonesian legal system. In accordance with the Law 36/1999, it regulates that any reproductive health education should be held with the principles of promotion, preventive, curative, and rehabilitative (art. 71(3)). Each person, including adolescent, has rights to access of education and counseling about reproductive health (art. 72). The government is obliged to provide adequate, affordable, safe, and accessible information and services on sexual and reproductive health including family planning (art. 73). The health services on sexual and reproductive rights should be conducted by considering the particularity of the case, especially for the woman (art. 74). According to the law, abortion is generally against the law except if conducted under limited circumstances (art. 75 & 76). The government should protect and prevent the unsafe, inadequate, and irresponsible abortion that against the religious values and as regulated under the law (art. 77). In abortion case, such regulation sometimes can be seen as problematic, since it is prohibited, the woman with unwanted pregnancy usually will seek for illegal practice of abortion or even inadequate "traditional" healer that could cause further harm. Such things are conducted because pregnancy outside marriage is still considered as a shame and sinful, especially for the woman.

BKKBN (National Population and Family Planning Institution), by Presidential decree 7/2005 on the RPJM (Mid-term Development Plan) has an obligation to enhance the quality of ASHR. Beside Cairo Declaration, Indonesia took a part in the Population and Development Parliamentary Asia-Pacific Meeting in Almaty, Kazakhstan 28-29 September 2004. The outcome of the meeting is known as the "Almaty Declaration" comprised of the commitments to support the development and

monitoring of the access of reproductive rights, especially for the adolescents. Another commitment was coordinating and organizing to tackle the spread of TSD with special attention to adolescents. Another step is also taken by Indonesian Government. In the case of FGM, the Directorate General of Ministry of Health declared a letter to abolish the practice of FGM. This is a result of the human rights approach as researched and published by WHO. However, the task of socializing ASHR in Indonesia was no easy task. It contested with multiple factors such as religion, economic and cultural, that intertwined in a complex web. Zaman (2009) was noted that while the adolescent population in Indonesia has a big percentage of its population, there is no successful national ASRH programme,

As stated by Utomo & McDonald, in the last two-three decades, there is a shift of young Indonesian values from the result of the influence of western cultures from conservative into more open society. The attitudes such meeting with opposite sex, refusal over the arranged marriage, woman's education, is the swing to be more acceptable. Yet, the development does not go in one direction. Utomo & McDonald noted that the state's relation with the customs and religions also the strong factor that needs to be emphasized.

From that uneasy relation, the state's policies sometimes take initiation to conduct social change such as shown in the prevention of arranged marriage for adolescent which previously considered to be conducted based on the cultural norms. Second, the current progress now shows that in the area of sexuality, Indonesian youngster tends to be more open and permissive. However, this image is confused with the rise of religious fundamentalism that influenced the development to swing back into conservatism. In accordance with the result, the indication can still be perceived in nowadays developments, especially for the vulnerable groups such as LGBT (Lesbian, Gay, Bisex, Transgender). In public universities such as Brawijaya, Diponegoro, and even the ministry of higher education released a statement condemning the LGBT activities, including discussion ban inside the campuses. It is also mentioned here that within last year, LGBT becomes a hard discussion and some regions even have policies to ban their activities. Within that year, the people with LGBTs were condemned and in several cases, socially persecuted.

That phenomenon shows how the religious conservatism plays its roles in the discourse upon sexuality which also relates to the reproductive health. In many discourses, the word "sin" and "condemned" plays the big role that competes with the talk about "consensual relation" or scientific justification of "healthy" and "unhealthy". That phenomenon also shows that the lack of sexual and reproductive health does not only occur in the low economic income, but also in the academics circle. That kind of debates indicates how the sexuality is perceived, what kind of border that's drawn between proper and improper. The party who suffers the most, we think, are also young Indonesian that lives within the vulnerable sexual identities. Not only because of lack of access to information, but also because of the huge social pressure and cultural-family expectation that burdened them. For this vulnerable group, such label or stigma could cause serious psychological disorder for them.

In regards with the access of information, the research that published by Arrow in three cities in Indonesia in 2012 shows that among adolescent, there is still the myth of sexuality that circulates on menstruation, dating, pregnancy, abortion, sexual intercourse, STI's and HIV-AIDS [3]. It can be traced back to the reluctance of the talk on the sexual and reproductive health since the early period of education. According to Parker, while western values are more and more influencing the young Indonesian, on the other hand, there is no sufficient preparation for this new generation on the healthy sexual behavior except based on myths.

One of the misconception on the ASHR is that the youngsters are considered to be passive and innocent from their society and family while instead, they are actually active to search out their sexual, physical, biological, and psychological change and identities Holzner & Oetomo argues that as far as the proper and successful national ASHR agendas are still absent, the best way to protect the young Indonesian is actually to give them knowledge of that matter. To borrow their word: *"[...] to reduce the risk of young people inflicting harm on themselves [...] know how to protect themselves from*

unwanted outcomes [...]". It means to change the cultural perception on the passivity of the adolescence into activity and to shift the paradigm from fear-myth based education into an understanding of thyself. However, even this least minimum way of protection cannot go without its own obstacles, as Utomo & McDonald terms of "reversed progress" caused by the recent years of the rise of religious fundamentalism-conservatism.

4. Recommendation for The Future of ASHR in Indonesia

1) To create a policy that enables the youth to be active and passive participants. To make good policies means to understand the world of the adolescent itself. This is an effort to bridge the gap between the law-maker and the rights-bearer. Another important aspect of this policymaking is to create a widespread and systematic national agenda, since Indonesia itself consists of hundreds of different cultures, each with its own values and norms.
2) To create a more promotion and preventive law on sexual and reproductive health, instead of focusing on the criminal laws.
3) The services should be not only on the medical matters, but also involving personal relationships and, if it is possible, conducted by the peer.
4) To organize the creates a mutual understanding between stakeholders: government, NGOs, and society in general to provides a proper ASHR based on the best interest of the adolescent, state's policy, and the particular situation on each location.
5) The government should launch a comprehensive guidance for ASHR module, and disseminate to the educational system.
6) Promoting a friendly and interactive education for the adolescents concerning the ASHR campaign.
7) In the family level, the ASHR campaign can also be conducted by interfamily members. This, of course, no easy task, but at least to creates more open discussion within the family.
8) To create a sexual and reproductive health curriculum that is adopted in each level of education.
9) To form a special task force to handle the most vulnerable group of an adolescent on their sexual identities that is marginalized by religious conservatism or cultural values.

5. References

[1] Situmorang A. Adolescent Reproductive Health in Indonesia. A Report Prepared for STARH Program, Johns Hopkins University. 2003.

[2] Parker L. Theorising Adolescent Sexualities in Indonesia- Where “Something Different Happens.” In: Intersections: Gender and Sexuality in Asia and the Pacific. 2008.

[3] Arrow. Sex & Rights, The Status of Young People’s Sexual and Reproductive Health and Rights in Southeast Asia. Kuala Lumpur; 2012.

[4] Syarief S. General debate on national experience in population matters: adolescents and youth, New York, 23-24 April 2011. . Karen Hardee ; Pamela Pine; Lauren Taggart Wasson. Adolescent and Youth Reproductive Health in the Asia and Near East Region: Status, Issues, Policies, and Programs. Policy Occasional Papers. 2004.

[5] Karen Hardee; Pamela Pine; Lauren Taggart Wasson. Adolescent and Youth Reproductive Health in the Asia and Near East Region: Status, Issues, Policies, and Programs. Policy Occasional Papers. 2004.

[6] Karen Hardee; Pamela Pine; Lauren Taggart Wasson. Adolescent and Youth Reproductive Health

in the Asia and Near East Region: Status, Issues, Policies, and Programs. Policy Occasional Papers. 2004.

[7] Jane Cottingham et.al. Using Human Rights for Sexual and Reproductive Health: Improving Legal and Regulatory Frameworks. Bulletin of World Health Organization. 2010;

[8] Zaman W., Improving Access of Young People to Education and Services for Sexual and Reproductive Health, HIV, and Gender: Promising Practices in Indonesia, Thailand and Vietnam. 2009.

[9] McDonald. IDU; P. Adolescent Reproductive Health in Indonesia: Contested Values and Policy Inaction. Stud Fam Plann. 2009.

[10] Brigitte M. Holzner ; Dede Oetomo. Youth, Sexuality and Sex Education Messages in Indonesia: Issues of Desire and Control. Reprod Heal Matters. 2004**.**