

Induced Abortion in Indonesia



This fact sheet presents the first available estimates of induced abortion incidence in Indonesia, where abortion is legally restricted and highly stigmatized. These estimates come from a 2018 study of abortion and postabortion care in Java, Indonesia's most populous island. Java is home to 145 million people, which constitutes 57% of Indonesia's total population.

Background: contraception and unintended pregnancy

- Indonesia's government family planning program targets married couples only.
- Lack of access to services, along with conservative social norms and stigma around premarital sex, means it is likely that unmarried women face increased risk of unintended pregnancy.
- The pill and the injectable account for approximately two-thirds of modern contraceptive method use in Indonesia. Long-acting methods, such as IUDs and implants, account for 25%.
- Data from the 2017 Indonesia Demographic and Health Survey show that pill and injectable users have high contraceptive discontinuation rates, meaning they stop using a method for reasons other than wanting to become pregnant, such as side effects or health concerns. Without high-quality counseling and availability of a full range of methods, contraceptive discontinuation can lead to unintended pregnancy.

Legal status of abortion in Indonesia

- Indonesian law allows abortion in medical emergencies, as well as in cases of severe fetal anomaly. In the latter situation, if the woman is married, both she and her husband must consent. The law was expanded in 2009 to legalize abortion in cases of rape, but only up to six weeks' gestation.
- It is commonly accepted that the vast majority of abortions occur outside these legal parameters and that many occur under unsafe conditions.
- The provision of postabortion care is legal and offered in many hospitals. Postabortion care includes services for treating miscarriages, as well as complications of unsafe abortion.

Incidence of abortion

- An estimated 1.7 million abortions took place in Java in 2018. This corresponds to a rate of 43

abortions per 1,000 women aged 15–49. By comparison, the regional abortion rate for Southeast Asia is 34 abortions per 1,000 women.

- Abortion incidence varies across the four provinces and two special regions of Java. In 2018, East Java had the lowest abortion rate (30 per 1,000) and the Special Capital Region of Jakarta had the highest (68 per 1,000).
- The large majority of women having an abortion in Java in the past three years experienced no complications. An estimated 12% had complications and received postabortion treatment in a health facility.

Abortion provision and methods

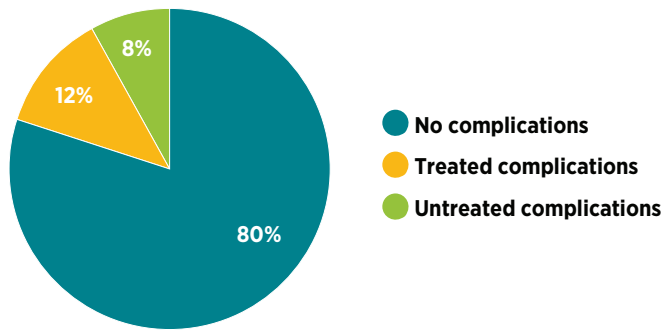
- In 2018, a majority of women (73%) who had an abortion self-managed it. About one in five women (21%) reported obtaining an abortion from a doctor or midwife. The remaining 6% went to either a traditional provider or a pharmacist.

The estimated abortion rate in Java varies by province

Java total	43
Jakarta	68
Yogyakarta	49
Central Java	45
Banten	44
West Java	43
East Java	30

No. of abortions per 1,000 women

The majority of women in Java who had an abortion in the past three years experienced no complications



Note: Combined results from survey respondent and confidante reports.

- *Jamu* (traditional Javanese herbal medicine) was the most commonly reported abortion method and was used by 40% of women who reported having an abortion. Only 8% of women using *jamu* reported complications.
- Few women (6%) reported obtaining a surgical procedure, 16% used pills or other medication and 39% used some other method, such as a massage performed by a traditional provider.

Conclusions

- These findings indicate that many women seek abortion in Indonesia, even with highly restrictive laws in place. Both married and unmarried

women need to have better access to contraceptive services, in addition to access to safe abortion and high-quality postabortion care to treat complications as per existing regulations.

- Indonesia has one of the highest maternal mortality rates in Southeast Asia (305 maternal deaths per 100,000 live births*). This is higher than expected, given the country's income and level of development. Policymakers need more evidence to understand abortion safety, complications and access to postabortion care to develop appropriate guidelines and programs aimed at reducing maternal mortality.

*This estimate comes from the Indonesian 2015 Intercensal Survey. The World Health Organization's country-level maternal mortality model estimates a rate of 177 for Indonesia.

Sources

The information in this fact sheet can be found in Giorgio MM et al., Estimating the incidence of induced abortion in Java, Indonesia, 2018, *International Perspectives on Sexual and Reproductive Health*, 2020, 46:211-222; doi: <https://doi.org/10.1363/46e0220>.



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