AMBIGUITIES AROUND “TELAT BULAN’’

A STUDY OF MARRIED WOMEN’S PRACTICES AND PERCEPTIONS OF TERMINATION OF (SUSPECTED) PREGNANCY, IN JAKARTA, INDONESIA

Thesis submitted for Masters Degree
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Abbreviations

AIDS  Acquired Immunodeficiency Syndrome
KB    Keluarga Berencana (Family Planning)
DPR   Dewan Perwakilan Rakyat (the People’s Representative Assembly)
FGD   Focus Group Discussion
HIV   Human Immunodeficiency Virus
IH    Induksi Haid
JABOTABEK Jakarta, Bogor, Tangerang dan Bekasi
       (Jakarta and surroundings area)
KUHP  Kitab Undang-Undang Hukum Pidana (Indonesian Penal Code)
MUI   Majelis Ulama Indonesia (Indonesian Moslem Assembly of Religious Leader)
NGO   Non Governmental Organization
STD   Sexually Transmitted Diseases
TSP   Termination of (Suspected) Pregnancy
WHO   World Health Organization
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CHAPTER I
Introduction

1.1 Study rationale

Why do so many women have unwanted pregnancies? Why don't women use contraceptives instead of having unwanted pregnancies? Why do women choose unsafe abortion and ignore the risk for their fetus and themselves? In this study I want to explore what women perceive and practice of abortion and what the contextual factors influences their practice. This study also want to present how women consciously know what they have done as an abortion but are reluctant to call it that way. Instead they called it their “telat bulan” or late menstruation. I want to increase insight into the ways in which women themselves perceive the term of “telat bulan”, and to find out the circumstances in which they do so. To achieve those aims, this study is based on the fieldwork of one a half months (mid-May to June 2006) at a reproductive clinic and at Kampong Meruya.

My enthusiasm for this topic is triggered by my experiences in research related with abortion, and by my work with women in the community. At first I did not know that many women did abortion in Indonesia. I naively thought that Indonesian women would not do such a thing like abortion because it is morally wrong. Why did I think that? Because I really believe that Islam and others religions are against abortion practices and forbid their believers to do so. I was really shocked by the fact that the estimation of abortions performed each year is so high, and that this practice contributes to the height of the maternal mortality rate, a rate whose value was an unsolved public health problem for the past twenty years.

My background in public health and the above mentioned research on abortion have increased my curiosity to understand more about the core of the problem of abortion. I therefore conducted research for an exploratory-qualitative approach into the problems of unsafe abortion performed by married women. Why were married women chosen? My interest to explore married women was based on the opinion that married women have access to contraceptive methods and therefore do not need to turn to the practice of abortion. However, every year many married women seek for abortion services. In Indonesia, unmarried women cannot access contraceptive means because the Indonesian Population Development and Welfare Family law No.10/1992 forbids them to get information on contraception (Budiharsana 2004: 6). Despite of the higher risk for sexually active unmarried women
because of the inaccessible contraception methods, unsafe abortion practices by women were also contributed to the maternal deaths (Widyantoro and Lestari 2004: 59).

1.2 Background of study

Before I present the background of the study, I would like to describe briefly Indonesia and its capital city Jakarta, at which the study took place

Indonesia and Jakarta: a brief overview

Famously known as the “Spice Islands of the East”, Indonesia contains a variety of unique geographical and climatic conditions, resulting in a whole spectrum of remarkable tropical surroundings. Indonesia, with over 18,000 counted islands, is located in the South East Asian Archipelago. The name of Indonesia originates from two Greek words: ‘Indos’ meaning ‘Indian’, and ‘Nesos’ meaning ‘islands’. Approximately 6,000 of these islands are inhabited, spread over five major island groups (Sumatra, Kalimantan, Sulawesi, Irian Jaya and Java). With a population of over 200 million, it is the world’s fourth most populous country (Cholil et.al. 1998; Wikipedia 2006).

As the capital city of Indonesia, Jakarta is the centre of the country administration. Jakarta, located on Java Island, is also a centre of social, cultural and health activities. There are approximately more than 13 million people living within the JABOTABEK (Jakarta and surroundings) area today. This is a larger population than those of the capitals of neighbouring countries in South-East Asia, such as Kuala Lumpur, Manila, or Bangkok (Administration Jakarta 2006).

Being the centre of economic development, the prospect of employment will continue to magnetize poor villagers to the city in search of a better life. However, in the beginning of 1998 the Asian economic crisis had badly affected Indonesia. It developed into a wider political and social crisis, which led to the resignation of President Suharto in May 1998, after he had been in power for about 30 years. As a consequence of the crisis many factories closed down, leading to a decrease in job opportunities, and prices of basic commodities raised, which increased the number of population below poverty line (achievement $ 2 per day) to 52,4% (UNDP 2004). This condition also directly affected Jakarta. Although Jakarta is viewed as the city of hope, in reality it cannot fulfil this expectation and remains a city with its problems, including the problem of unsafe abortions for women.
Background of the study

For more than 20 years, Indonesia has struggled to decrease its maternal mortality rate. Although many policies and programmes have been implemented this is not an easy task, and maternal mortality is still high. National Statistic Surveys declared that in 2002 the rate was 307 (CBS & ORC Macro 2003). This means that per year for every 100,000 babies born alive, 307 women died during pregnancy, delivery, or the first six weeks following delivery. A lot of research has been conducted to examine which causes contribute to the high maternal mortality rate. Hemorrhage, pre-eclampsia, and prolonged birth are the main causes which are believed to contribute to maternal mortality rate.

In Indonesia, maternal mortality due to complications from unsafe abortion is seldomly revealed. It is kept hidden, and reported as death ‘due to hemorrhage’ in the national statistic report. Under Indonesian Health Law No.23/1992 article 15, abortion is prohibited. However, many women practice abortion, either married or not. A study on abortion incidence in 10 big cities and 6 districts estimates that two million abortions are performed each year in Indonesia, or 43 abortions per 100 live births, or in 30 percent of pregnancies (Utomo, et.al. 2001: 45). In addition, a recent clinic-based study on abortion in eight big cities showed that 1446 married women practiced abortion during seven months (Widyantoro and Lestari 2004: 60). Government as well as community are still reluctant to admit that abortion is being practiced by women, although these figures indicate that a large number of unwanted pregnancies end in abortion.

Most people consider abortion ‘a big sin’, since they associate this practice with infanticide. From a cultural view, abortion is regarded as a sin as mentioned in the Kidung Sunda, a Javanese text based on Indian material which dates back to the fifteenth century A.D (Boomgaard 2003: 206). From the religious point of view, the majority’s perception is that abortion is forbidden, although Islamic teachings do not explicitly forbid it: most Islamic scholars allow abortion in certain circumstances. The Qur’an’s Al-Hajj verse indicates that the fetus has to pass through various phases before becoming a human being with a soul (The Holy Qur’an 2000: 271). Therefore, the length of pregnancy at which abortion is still allowed is debatable. The minimum is 40 days and the maximum is 120 days. After 120 days, abortion is forbidden, except to save the mother’s life. On May 2005, Majelis Ulama Indonesia (MUI, the Indonesian Moslem Assembly of Religious Leaders) declared that abortion is allowed before 40 days when certain requirements are met (MUI 2005: 4). However, this declaration is not yet socialized.
1.3 Statement of problem

In view of the fact that abortion is legally restricted, abortion services are not fully accessible. Although there are several services that are considered safe because they are being performed by trained health providers, they are not explicit offered. These services are kept hidden from publicity in reproductive clinics, family planning services or private gynaecology services. Moreover, many backstreet abortionists who offer unsafe abortion services have made the risk of abortion enormous. They offer services ranging from modern techniques (performed by ‘untrained’ doctors) to traditional methods (massages).

According to the World Health Organization, in developing countries the risk of death following complications due to unsafe abortion procedures is several hundred times higher than that of an abortion performed professionally under safe conditions (WHO 1998: 175). This is especially true when other abortive efforts have already been undertaken to terminate (suspected) pregnancy, and both women and abortionists are afraid of being charged with affecting the health of the fetus. Women face not only physical danger but also threats of imprisonment, as abortion is still legally prohibited.

Until now, women remain in danger due to the consequences of abortion practices and continuing ambiguities of the status of abortion among women, community and state. In order to improve significantly the women’s reproductive health status and rights, it is essential to continually address the problems of unsafe abortions. Thus, understanding women’s experiences and perceptions through research that emphasizes socio-cultural aspects of abortion is necessary. This study is not the first one that investigates this issue. There has been some research conducted that produced very useful results (Widyantoro and Lestari 2004, Uddin et.al 2004, Utomo et.al 2001 and Hull et.al. 1993). However, this study looks specifically at the lives of the individuals and the social factors that influence the individual’s practices and perceptions.

Throughout this study I analyse how married women’s practices and perceptions are influenced by the following factors on the individual level: contraceptive use, patriarchy and gender relations, low-level education, lack of knowledge of reproductive and sexual health, limited access to safe abortion, and agency. I also look how factors on the social level influence women’s practices and perception of abortion. These social factors are the motherhood ideology, religious interpretation, moral disgrace, and ambiguity. To make the analysis comprehensible, I present a problem analysis diagram which relates women’s practices and perception of termination of (suspected) pregnancy with these two and with other levels. Although there are many levels that can be studied, here the
discussion will be limited to the individual and social level. Next, I will describe the factors that I put in the problem analysis diagram.

A. Individual level: married women

- Contraceptive use: contraceptive methods often cause women to decide whether or not to use them. In this condition women will face the problem of having an unwanted pregnancy, which is often ended by practicing termination of (suspected) pregnancy.
- Patriarchy and gender relations: the patriarchal system in practice will leave women without power to decide freely and responsibly on their reproductive choice, such as the number of their children.
- Low-level education: women with low level education remain with their problem of not having enough access to information on the risk of their practice, especially in the area of pregnancy, delivery and child rearing.
- Lack of knowledge of reproductive and sexual health: to avoid unsafe practices, especially on abortion, women need to have knowledge of reproductive and sexual health
- Limited access to safe abortion: having limited access to safe abortion, women who prefer to terminate a (suspected) pregnancy will have to choose either to continue the pregnancy or to undergo unsafe abortion services.
- Agency: there is an ambiguity between the dominant ideology and reality, which shapes women’s coping strategies and helps to create a space for an agency by which they can solve the problem of unwanted pregnancy by practicing termination of (suspected) pregnancy.

B. Social level: community

- Motherhood ideology: the Indonesian motherhood ideology places women in the role of the mother as the manager of domestic duties, and the person responsible for the development and achievement of her children. This ideology motivates women to secure their children’s future.
- Moral disgrace: The strong socio-cultural perception of abortion as a sin and sometimes as an infanticide.
- Ambiguity: there is ambiguity with regard to the community’s perceptions of abortion: does the community accept the women’s practice of termination of (suspected) pregnancy or not?
It is hoped then this study will contribute to a deeper understanding of urban women’s practices and perceptions of abortion, including the environmental and social networks that influence their decisions and actions. The findings of this study should prove useful to stakeholders involved in formulating the policy on this issue. Further, the results of this study will provide useful references for future research concerning women’s reproductive health, specifically on abortion in Indonesia. As Schrijvers noted: “In order to improve women’s general and reproductive health, it is important to understand the full background of their reproductive choices. Therefore, we have to take into account the total social-cultural and historical context of their lives” (1998: 12).

1.4 The ambiguity of abortion definitions

Before I articulate the questions of the research, I would like to present a clear definition of abortion practices that I have used in this research. It is known that there are several definitions that could be attached to women’s practices on termination of pregnancy. World Health Organization (WHO) has given the definition of abortion as the termination of pregnancy before the fetus is capable of extra uterine (2003:13). Induced abortion is being defined as the deliberate interference with a pregnancy, either by the woman herself or by someone else (2003:13). Furthermore, WHO also has given the definition of menstrual regulation as early uterine evacuation without laboratory or ultrasound confirmation of pregnancy for women who report delayed menses (2003: 22).

Based on these definitions, I found difficulties in choosing the right terms for women’s practices. In reality many women did terminate their pregnancy with many efforts when they suspected pregnancy or had confirmed their pregnancy. As Nichter & Nichter said: “many women, experiencing amenorrhea, engage in activities to ‘bring back menstruation’ as soon as they feel that their cycle is past due and they might be “becoming pregnant” (1998: 279).

Finally, I decided to use the term of termination of (suspected) pregnancy to indicate both menstrual regulation and abortion. I put the word “suspected” between brackets because I did not know for sure whether or not women had confirmed their pregnancy. In this way, I created a space to grasp the emic (insider) views of married women when they talked about their practices. In the discussion of my findings I shall use the terminology of the women when talking about their practices, but in stating my ethic view, I shall use my own term “termination of (suspected) pregnancy” to describe their practices.
1.5 Research questions

The objectives of this study are to gain in-depth understanding on the practices and perceptions of termination of (suspected) pregnancy among married women in Indonesia, and to explore the context that shapes those practices and perceptions. To obtain these objectives the following questions need to be answered:

- What are the practices of married women concerning termination of (suspected) pregnancy and what are their motivations to do so?
- What are community’s and women’s perceptions concerning termination of (suspected) pregnancy?
- What are the context factors influencing practices and perceptions of termination of (suspected) pregnancy?
CHAPTER II
Review of literature and theoretical concepts

Before discussing the research results, I will review three related topics on abortion. First, I will focus on motherhood ideology, religion and law of abortion in Indonesia to gain greater understanding of the context of how women perceive and practice abortion. Secondly, I would like to grasp the concept of menstruation and abortion. Lastly, I discuss patriarchy, gender relations and agency.

2.1 Motherhood ideology, religion and law on abortion in Indonesia

2.2.1 The nation of motherhood ideology

To start with, we shall look more closely at the motherhood ideology by which women’s perception and behavior are shaped, in order to gain greater understanding of women in Indonesia. The Indonesian motherhood ideology can be defined as the expected roles of the mother as the manager of domestic duties, the care-giver of the family, the emotional supporter, the person who unites the family, and the person responsible for the development and achievement of her children (Utomo & Hatmadji 2004: 6).

The concept of motherhood for Indonesian women is considered central to feminine identity, for women are defined generally in relation to their potential maternity. As Gupta said: “Motherhood provides an identity, full adult status (particularly in traditional societies), the chance to be a real woman at last, a sense of security and belonging by proving to themselves and others that they are like other women. From a very young age, girls are socialized into believing that marriage and motherhood should be the most important goals in their lives and central to their identity. That most of them actually continue to believe so when they grow up is because they discover that alternatives to fulfill themselves in other ways are very limited.” (2000: 90).

Similar to Gupta’s statements, in Indonesia the motherhood ideology has become an ultimate goal in women’s life. This ideal goal of Indonesian women is reflected by every day community life. In Indonesia a paternalistic pattern is dominant; fertility is a symbol of capability and the continuation of the descendant. On the other hand, it gives a message that a perfect and complete woman is a woman who can give her husband children. It is because of the gender role that is put on men and women in the paternalistic pattern. Schrijvers said that “women who internalized gender ideology which
considered women inferior to men in terms of their work, their bodies and their minds” (1998: 12). In other words, like Russo said, “Many women may experience the pressures of society’s “motherhood mandate,” i.e., the expectation that all women should be mothers and devote themselves to raising their children” (1976: 186).

2.1.2 Religious perspective on abortion

In Indonesia there are four religions that are recognized by the government as religions of Indonesian’s citizens. The majority is Islam (88 percent), others are Christian, Hindu or Buddhist (Wikipedia 2006). Although I mentioned before that the majority of religious perception considers abortion as forbidden, I would like to elaborate shortly the perspectives on abortion among these religions.

The Islamic perspective

Islam is a religion that clearly states that life is sacred, and that killing a human being is forbidden. It is based on the Qur’an chapter 5:32 “… if anyone slew a person – unless it be for murder or for spreading mischief in the land – it would be as if he slew the whole people: and if anyone saved a life, it would be as if he saved the live of the whole people: and if anyone save…” (The holy Qur’an 2000: 85).

However, during the late part of the 9th century, Cordoba, Spain, became the seat of Islamic civilization; it had a well-developed hospital at that time, as well as medication on abortion and contraceptives. It is also mentioned in Islamic legal literature that the Moslems during the early days of the prophet Mohammad used contraceptives. The first contraceptive is called azl, which in medical language is called coitus interruptus or withdrawal. Other contraceptive methods used by Moslem women are breastfeeding their children for two years, because the Holy Qur’an says if you breastfeed, the tendency is that you will not get pregnant. This is a natural way of family planning in Islam (Ali 2001: 30).

Most Islamic scholars allow abortion under certain circumstances. The Qur’an’s Al-Hajj verse indicates that the fetus has to pass through various phases before becoming a human being with a soul (The Holy Qur’an 2000: 271). Therefore, the length of pregnancy at which abortion is still allowed is debatable. The minimum is 40 days and the maximum is 120 days. By this time, it is believed that the spirit of God has descended upon the mother’s womb and that the fetus has a soul.
Based on The Qur’an Chapter 32:9 "Then He Fashioned him in due proportion, and breathed into him something from His spirit..." (The Holy Qur’an: 346) and on Chapter 22: 5 “…We created you out of dust, then out of sperm, then out of a leechlike clot, then out of a morsel of flesh, partly formed and partly unformed, in order that We might manifest (Our power) to you; and We cause whom We will to rest in the wombs for an appointed term, then do We bring you out as babes...(The Holy Qur’an 2000: 271) And so it is haram (prohibited) to terminate that life after 120 days except for saving the mother’s life. After 120 days, abortion is forbidden except to save the mother’s life.

Yusuf Qordhawi, recently Contemporary Muslim Scholar, pointed out that all Muslim jurists hold abortion a crime after 120 days or four months (1998: 341). In May 2005, the Majelis Ulama Indonesia (MUI), or the Indonesian Moslem Assembly of Religious Leaders, declared that abortion is allowed before 40 days under certain requirements (MUI 2005: 8).

Concerning the child and the mother, Islam gives greater responsibility to the mother than to the child, because the baby has not yet attained his/her formal personality. In the case that the mother cannot be saved, the child must be saved. It is based on the Ushul Fiqh (the principal of Islamic Law), which says: “Choosing the more slightly condition from two dangerous ones is allowed to avoid more danger.” (Anshor and Ghalib 2004: 19).

The Christian perspective

From the Christian Perspective, life is a gift from the almighty God to all of us. As Jesus Christ said, “I have come to give life, life in all its abundance and fullness.” In Genesis, God created man and woman in His image and likeness. Thus, as long as there are people, the presence of God is manifested in this world. God’s presence is also seen and manifested in all plants, animals, and nature (Genesis 1:26; 2:7). The Bible views the fetus as a human entity. Life is seen as a continuum from conception to death (Isaiah 49: 1-5). The historical position of the church has always been that Christ was divine from conception on (Matthew 1:20; Lucas 1:35). The fetus is a human with potential. Concerning abortion, the Catholic Church believes that every human being has to preserve life to the fullest, and in his encyclical letter “The Gospel of Life”, Pope John Paul II wrote: “I declare that abortion as an end or as a means constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being (Alcoseba 2001:18).

Abortion and infanticide were common practices among the nations surrounding Israel. The only exceptions to this commandment were legal executions, the killing of aggressors in war, and self
defense (Genesis 9:6; Exodus 2:23; Levi 24:15; Romans 13:4), killing aggressors in war, and self-defense. The doctrine is based on the natural law and on the written Word of God, it is transmitted by the Church tradition and taught by the universal magisterium. “But Catholic theologians have now opened their minds. A discriminating Catholic of the post-conciliar period can differentiate between irreformable dogmas and doctrinal teachings” (Alcoseba 2001: 19).

The Buddhist perspective

Life in the Buddhist perspective is sacred. Life begins at conception, in Buddhist literature the term gandhabba is being used: 'when there is the union of the mother and father, and it is the mother's season, and the being to be reborn is present, through the union of these three things the conception of an embryo in a womb takes place'. Buddhists believe in karma, which determines where the rebirth will be (according to previous deeds). For them, it is morally wrong to kill an animal, and it is unforgivable to kill a holy person. Although the Buddhist consensus is that abortion is morally wrong, individual Buddhists may differ in how they assess to what extent it is wrong in individual cases (Flanagan 2006).

The Hindu perspective

Hindus believe that all life is sacred, it has to be loved and revered, and therefore a Hindu must practice ahimsa, or non-violence. All life is sacred, because all creatures are manifestations of the Supreme Being. The Hindu practice of non-violence is connected to the belief in reincarnation: the repeated re-embodiment of souls in different species of life. Hindus believe that the karma for abortion will cause an awful punishment from God. Hinduism concludes that abortion generates bad karma, which harms the whole web of life (Murti and Derr 2006).

2.1.3 Laws on abortion

Discussions on abortion laws in Indonesia concern two sources of law: one is the Penal Code or Kitab Undang-Undang Hukum Pidana (KUHP), and the other is the Indonesian Health Law no. 23. The Penal Code of Indonesia, Kitab Undang-Undang Hukum Pidana (KUHP), which originated in the colonial era (1918), contain three books, of which the first book describes the general rules. It encloses 9 titles and 103 articles. The second book describes criminal acts, and encloses 31 titles and 384
articles. The last book describes offences, and encloses 9 titles and 80 articles. The legal provisions on abortion in the Penal Code are in the second book, title XIV, articles 283 and 299, which describe crimes against morals, and title XIX, articles 346, 347, and 349, which mention crimes against life. The offences against morals are in book 3, title VI, articles 535. These clauses specify punishments of 4 years of imprisonment for a woman who aborts her own pregnancy, or who procures the assistance of someone else to abort her pregnancy; 12 years for someone who forces a woman to have an abortion, and 15 years if the abortion results in the death of a woman; and 5 years for someone who performs an abortion at a woman’s request, and 7 years if the procedure results in the woman’s death (Sugandhi 1981: 7).

The effects of these laws was (1) to outlaw any attempt to advertise, encourage, or carry out abortions, (2) to punish any woman who undergoes an abortion, and (3) to deregister any physician involved in carrying out an “illegal” abortion. But the failure of the law to clearly define an illegal abortion in terms of gestational age, the definition of abortion itself, method of procedure, or indications for the procedure, left the implementation of the law open to interpretation by the courts, police, and professional medical associations (Utomo 1982; Soewondo 1982). If the Penal Code would be adhered to strictly, we could imagine that many physicians or gynecologists will be prosecuted for performing induced abortion, even for medical reasons such as to save the life of a woman. Many women would end up in jail, although their reasons for abortion could be rape or the saving of their life.

To change the regulation of abortion, in 1992 the People’s Representative Assembly (Dewan Perwakilan Rakyat) has passed the Health Law, which includes abortion. Clearly, members of the various factions of the DPR did have mixed feelings concerning this issue. This became clear by the fact that the term abortion was not used, and was replaced by the term “certain medical procedures”. According to Hull et.al (1993) the clauses in the Health Law reveal the phrases that became problematic. While Paragraph (1) is meant to imply that abortion is legal under certain circumstances, and Paragraph (3) empowers the government to define and regulate those circumstances by decree, the explanation of Paragraph (1) appears to contradict the substance of this interpretation. By saying that “medical procedures in the form of ‘abortion’ (pengguguran kandungan) for any reason are forbidden, because they violate legal norms, religious norms, ethical norms, and norms of propriety,” the legislators have created two uncertainties concerning the allowance of abortion under certain circumstances. Without clear legislation, the practice of abortion in Indonesia will keep its uncertain status.
2.2 Menstruation and abortion

2.2.1 The meaning of menstruation

After trying to understand the ideology that most women in Indonesia believe and practice, I would like to discuss the meaning of menstruation. For every woman, menstruation is the central marker of femininity and fertility, which is believed to be sacred in most of the cultures in the world (Blanchet 1987; Snowden 1983). As I already mentioned above, motherhood ideology has a very strong influence on women, especially in the area of reproduction such as menstruation. Menstruation is the door for women through which they achieve the status of fertility and their motherhood roles.

Based on Islamic teaching menstruation is called Haidh, which literally means: something that flows. According to Islamic laws (shari‘ah) it is the process of discarding the endometrium, which normally takes place once a month in a woman from the day she attains puberty until she reaches the age of menopause (Jaffer 2004). Menstruation is revealed in the Qur’an, in verse Al-Baqarah: 222 states “They ask thee concerning women’s courses. Say: They are a hurt and a pollution: so keep away from women in their courses, and do not approach them until they are clean. But when they have purified themselves, ye may approach them in any manner, time, or place ordained for you by Allah. For Allah loves those who turn to Him constantly and He loves those who keep themselves pure and clean” (The Holy Qur’an 2000: 28).

There are two meanings that are mentioned in the verse, hurt and pollution. For this matter, Islamic teaching discusses women and their conditions in a special chapter in Fighun Nisa’ (law of women), which is called Taharah (purification). Hurt for Islam means that women are in a condition of hurt and weakness; that is why a lot of Islamic duties like five daily prayers, the fasting of ramadhan, the pilgrimage to Mecca and sexual intercourse with their husband are a forbidden act for them. This is because these acts require strength, while women are very weak during their menstruation and Allah knows this because He creates human beings. Pollution means that a woman’s body is being polluted by the menstrual blood (in Indonesia terms ‘darah kotor’, or dirty blood), which needs to be purified by taking a purification bath after the menstruation has ended.

Again, I would like to emphasize that the verse about menstruation differs in interpretation by some Moslems. Some people have always thought that menstruation is a punishment from God, and a symbol of masculinity. Blanchet rose the issue of masculinity when he had a discussion among Islamic teachers in rural Bangladesh; they stated that “Men have the greater value. Their honor and prestige
must be preserved. Men have a responsibility to perform religious works and they are not excused if they failed to do so” (1987: 33).

Menstruation in Indonesia is called mens, dapet, or haidh. For a married as well as an unmarried woman, the meaning of menstruation is a sign of fertility, or a state that indicates that she is not pregnant. It will be very good news for her as well as bad news. It will be very good news if the menstruation comes every month. Most women feel proud if their menstruation comes regularly and the period is long. For Indonesian women, the duration of the menstruation is quite important: the more longer the period the more fertile and healthier their bodies are. Most of the women said that “it will be better if the time is longer, so all of the dirty blood is expelled (Lebih baik keluar lebih lama, biar habis darah kotornya). In order to keep their bodies healthy during the long period, women drink a traditional concoction (jamu) that contains kunyit (saffron/curcuma domestica) and asam jawa (Javanese tamarind). This concoction is believed to make the blood way smooth, to decrease the strong smell of the blood, as well as to be good their health.

For unmarried women, the absence of menstruation has another meaning. They perceive that the body has a problem and is not healthy. In everyday talk I often heard that an unmarried woman having a problem with her menstruation is not healthy, and that it will be very difficult to get children once she is married, or that she is considered to be infertile. But apart from health problems, having no menstruation also means huge trouble, especially for those women who are already sexually active. This condition will lead to other problems, like having an unsafe abortion and facing parents.

2.2.2 Abortion from the cultural point of view

I have discussed the meaning of menstruation among women in Indonesia. Now I would like to address the abortion concept from a cultural point of view. The evidence of abortion can be found in the history of fertility in Indonesia. Boomgaard (2003: 206) in his historical view on fertility in Indonesia for the period 1500-1900 explored the evidence of abortion among Indonesian women by the use of “jamu”. He found that abortion was practiced almost everywhere in the Archipelago (Indonesia). It was depicted on the Borobudur and on one of the Prambanan temples, both located in central Java and dating from the ninth century A.D.

Actually, for a long time similar activities to terminate suspected pregnancy have been used by Chinese women in Malaysia. According to Ngin, these indigenous methods include eating pineapple with beer, stout or wine, various brands of Chinese menstrual induction pills, da yeuk (the Chinese
term for abortifacient, usually made up of many herbs), “bone-setting pills”, drinks made from jelly grass, mung bean soups, water chestnut drinks, barley water and other “cold” food items, lok-san pills (a common Chinese over-the-counter pill against a sore throat), and aspirin (1985:33 in Kamaluddin 1997: 186). Similar activities like taking western medicines were believed to be dangerous for pregnant women, and jumping or increasing the intensity of physical effort were also done by Indonesian women in order to bring back their menstruation.

Most people consider abortion ‘a big sin’ since they associate this practice with infanticide. From a cultural view, abortion was regarded as a sin as mentioned in the Kidung Sunda, a Javanese text based on Indian material dating back to the fifteenth century A.D (Boomgaard 2003: 206). From the religious point of view, the majority’s perception is that abortion is forbidden. Islamic teachings do not explicitly forbid it, but as Kamaluddin concluded based on her research in Malaysia, the Islamic teachings may not be widely known because conservative members of the religious hierarchy have tended to spread the information based on their own scholars (1997: 96). It seems that the dominant moral (Islam, others religion and indigenous norms) opinions were divided.

2.3 Patriarchy, gender relations and agency

2.3.1 Patriarchy

As Inhorn (1996: 4) explained, in the classic patriarchy young girls are married into households headed by their husband’s father and must follow their roles. The majority of ethnics in Indonesia employ patriarchal system in their everyday life. Although progress has changed the practice of patriarchy, it remains a dominant factor in the community’s mind. Cholil et.al. (1998: 22) mentioned, many of the younger generation have started to disagree, feeling that women are equal to men and should not walk ‘behind’ but ‘at the side of’ them; however, women still put the needs of all other family members before their own. Women are subordinate not only to all the men, but also to the more senior women, especially their mother’s in-law.

Women are expected to continue their patriarchal path by producing male offspring. In everyday life, motherhood ideology more often is placed on the shoulders of women as a reflection of the patriarchal system. A woman’s biological and physical conditions determine the role that she will have to adopt. When she reaches puberty, she will be regarded as a woman of marriageable age and
becomes even more secluded from the outside world. Her life will be in “the cage of the patriarchy system” (Utomo & Hatmadji 2004).

2.3.2 Gender relations

I would like to distinguish between sex and gender in order to have a clear definition. “Sex refers to the biologically recognizable differences between men and women – chromosomes, internal and external sex organs, hormonal makeup and secondary sex characteristic” (WHO 1998:176). In contrast, the concept of gender is related to how we are perceived and are expected to think and act as women and men because of the way community is organized, not because of the biological differences. Nanda and Warm defined gender as a cultural construction that makes biological and physical differences into socially meaningful categories that seem reasonable (2004: 234). In practice gender, especially in a community that employs patriarchy, will cause the unequal distribution of work among men and women. Schrijvers said that “women who internalized gender ideology which considered women inferior to men in terms of their work, their bodies and their minds.” (1998: 12).

In the area of reproductive and sexual health, women will have no power to make their own decisions, for example concerning the contraception method they will use. Scioritono said that “In many cases [men] make decisions about women’s contraceptive use, and impose the conditions in which women may exercise their sexuality, sometimes through violent means. Even in supposedly modern societies, women still find it difficult to make decisions about their own lives, restrained by customs and laws that give men the power to authorize or prevent women from seeking sterilization or using contraceptives, for example”(1998: 36).

In addition, men do not feel that they can take responsibility themselves in the area of contraception. Based on the national statistics (CBS & ORC Macro 2003) for 2002-2003, male acceptors who used vasectomy and condoms methods were less than three percent (2.3 percent). In other words, it still is very hard to achieve the target. The patriarchal system with its gender inequality perceives that men are more valuable than women, and that women take their roles in the area of reproductive health, especially in having the ‘correct’ children and in not having more children. Similar cases were found in Nigeria and Vietnam (Koster 2003; Gammeltoft 1999).
2.3.3 Agency

In everyday life, some women know and some do not know about their condition. Since it is very easy to find a pregnancy test, especially in urban areas, there are women that were tested positive but still secretly do the “termination of (suspected) pregnancy”. Guttmacher argued that a missed period in a woman aged between 15 and 45 (reproductive period) is usually the earliest evidence of pregnancy. Also, most women have presumptive signs that he defines as changes that the woman herself experiences, like changes in her body (2003: 33).

But some women do not check their pregnancy, even if they feel that they might be pregnant, so they do termination of (suspected) pregnancy. The fact that the fetus may be removed as part of their efforts is regarded as a happy coincidence. Indeed, it is a nice strategy to manipulate menstruation while they are still considered being fertile, and women do not have to deal with the moral disgrace of doing abortion. Hadley (1996: 162) stated that there is a “culture of shame” attached to abortion, and this causes abortion to be seen differently from other fertility regulation methods, such as birth control. Because of this, abortion tends to be viewed as a moral issue and is condemned by people in most parts of the world (Liamputtong 2003: 238).

In brief, notably termination of (suspected) pregnancy is consciously practiced by women, against the dominant moral. However, since they have an agency in determining what is happening to them in bringing back their menstruation, women show us how they can manipulate their condition. As Boomgaard stated, “Indonesian women were well aware of an array of “traditional” ways and means to limit their offspring, and they were willing to apply such methods when needed. Fertility, therefore, was not a natural given, but something that was manipulated according to the needs of the women concerned” (2003: 206). Gidden’s (1984) concept of agency pointed to the idea of individuals who are capable of creatively responding to and changing the circumstances in which they find themselves.

The ambiguity in the terminology of abortion is also seen as an opportunity for women to continue their practice. The practice of termination of (suspected) pregnancy is freely continued under terminology that differs from that which is used by the community. “The capacity for agency is a human attribute that, by imagining the future, helps people to get through the everyday life. But real action is just as messy, contradictory, and ambiguous as the everyday situations people find themselves in” (Leach 2005: 19). In getting their practice accepted, women communicate their motivations to the community in ways that are reasonable and acceptable for the community’s ideology and reality. As Good and Lock said: when talking about their bodies and health, [people do not just describe
symptoms as communication and performance but also ‘active’ performance and communicative practice] (Good 1977; Lock 1993; Gammeltoft 1999).

Women are very much aware of the kind of risks they face when termination of a (suspected) pregnancy practice fails. They know that what they are doing is not always fully effective and is dangerous. “These activities to bring back menstruation are considered unsafe, since they use herbs, medicines, and harmful techniques, and delay access to safe abortion services” (Hull et.al. 1993: 247).
3.1 Study type and design

This research is an exploratory-qualitative study in order to describe married women’s perception and practices of termination of (suspected) pregnancy, or TSP. The research has been carried out during six weeks, from mid-May to the end of June 2006, in Jakarta, Indonesia.

3.2 Study locations

This research was conducted in two places, a reproductive health clinic located in the centre of Jakarta, and the Kampong Meruya, located in the west of Jakarta. I will briefly describe both study locations.

3.2.1 Reproductive health clinic: clinic X

Clinix X is part of one of the Educational Government Hospitals, and was established in 1973 by the local authorities. This clinic is located in the centre of Jakarta. The location of this clinic is separated from the Government Hospital, in order to let it accomplish its mission of giving reproductive health services, concerning for example Sexually Transmitted Diseases (STD), HIV/AIDS, Infertility, and Family Planning, including abortion services.

In Clinic X, the term that is used for abortion services is *Induksi Haid* (IH), or, in medical terms, menstrual regulation. The reason that this clinic does not explicitly use abortion terms is that there is no protection by the law for the abortion services that it offers. Although this clinic uses unprovocative terms for abortion, it sometimes faces problems with blackmail from journalists who want to benefit from the unclear law on abortion. Hand-held *vacuum* syringes with plastic *Karmen Cannula* are being used in this clinic.

This clinic is open from Monday to Friday, from 8 AM until 12 PM. Everyday, the average number of women who seek abortion is 50, but not all of these women will be accepted for having an abortion. This clinic has certain requirements that must be met, for example a woman who seeks abortion should be married, and the pregnancy may not exceed three months of 12 weeks. To be
eligible for the abortion services a woman should satisfy the administration’s requirements, and prove that she is married. Being accompanied by her husband will ease her position, since she must have consent from her husband. Although this clinic applies very strict rules, it also considers to give its services to unmarried women, if they are accompanied by their parents and have a good reason.

3.2.2 Kampong Meruya

The study was conducted in Kampong Meruya, one of six subdistricts in the Kembangan District, West Jakarta. The name of the district is taken from the word ‘kembang’, which means flower. In the past, this area was famous for its flower and plant market. Most of the people who live in Kampung Meruya are Betawi, the indigenous people of Jakarta. Using Yasmine Shahab’s terms (2000) to differentiate between Betawi groups, the people who live in kampong Meruya are called Betawi Tengah. Betawi Pinggir are the indigenous people in this area. Other people are from other ethnic origins, such as Javanese, Sundanese and Sumatra (Padang, Palembang, North Sumatra). The Betawi people in Kampong Meruya speak Betawi although the language differs from that of other Betawi groups.

The kampong Meruya has a total area of 38 hectares (ha), of which 40% are used as settlement. It has a population of 505 peoples, distributed over 117 households (Sub district report 2005). The houses in Meruya are ordinary Betawi houses as well as modern houses. In the past ten years many permanent houses (kompleks) were built, but most of them became inhabited by foreigners. It is very rare for Betawi people to live in a kompleks. Some of the people have large homeyards, which they use for production. They plant various fruits (e.g., banana, papaya, cassava, belimbing, jambu, nangka and mango), vegetables (e.g., spinach, kangkung, eggplant), and medical trees (e.g., ginger, lengkuas, kunyit). Some of the crops are consumed by the household, and the rest is being sold for some money.

There are two roads that can be used to reach Kampong Meruya, and often in the mornings these roads are busy due to traffic jams. If one road has a traffic jam, the other one will be the alternative (Kampong Meruya Main Street). The Kampong lies quite far from the road (one a half kilometer), and the public uses angkot (car which serves as public transport) and ojek (public motorcycle) to enter the kampong or to go to another district.

People who live in kampong Meruya still follow their traditional customs in daily life and at ceremonial events, such as weddings, circumcision and gatherings (selamatan). In their special events, such as the preparation and cooking of food, they have the tradition of gotong royong (work
sharing). The community’s life is close, so every single secret as well as any event that has happened in the neighborhood will be known. The major religion of the inhabitants is Islam. The mosque and mushola (a small place to pray) are the centre of the religious activities. In particular elderly people use it for daily prayer; teenagers rarely enter it, except during fasting months (ramadhan). There are also non-Moslems in the Kampong. These are foreigners from North Sumatra, who came from outside the Kampong. They bought land and built houses.

Betawi culture is strongly influenced by Islamic culture. This is seen in their life style and by the way of thinking. They try to follow the Islamic way of life by practising the five pillars of Islam. Besides the declaration of faith, daily prayer, the fast of Ramadhan and giving Alms, the pilgrimage to Mecca is the highest one tries to achieve. By taking a pilgrimage to Mecca, a Betawi member will achieve a new status from the community. It is very important for them, since the teaching to go to Mecca is passed on from one generation to another. Almost all of Betawi people dream of doing this at least once in their lifetime. It is an honor for them to send their children to Islamic schools, such as madrasah or pesantren. Their traditional music, such as dangdut and qasidah, is influenced by Arab music.

The changes in Jakarta as the capital city led to the transformation of the social system and culture among Betawi people. The Betawi people, who formerly farmed their own land, nowadays have to find other jobs as carpenter or gardener, tukang ojek (ojek driver), or temporary jobs (e.g., carpenter, electrician). Others sell fruit and vegetables in a small warung (a small shop which sells daily needs) along the roadside in the kampong. Many people sell their land in order to fulfill their expenses and have moved from the centre of Jakarta to find a cheaper place to live in places such as the Kampong Meruya. There are also people which are employed in governmental or private offices, or which are engaged in handicraft. Employees of governmental work either work as teachers or staff in the district office. Few of them receive their monthly allowance from renting their land to an outsider.

Although generally the men are the ones that work, the women also help in supporting their husbands by earning their own incomes. Usually, women start to work after having finished their household duties. Small shops and gardens are two areas in which women usually work. But in the past ten years, a lot of new houses have been built around kampong Meruya. This has also opened new alternative jobs for women, such as working as ‘tukang cuci’ (washing clothes for a rich family in a complex). They need to work in order to support their children and other family members. While the
women work, the children are taken care of by their grandparents. Nowadays, many young women work in factories in other districts, as shop keeper in the market/mall, or as employee in private companies.

3.3 Study population and sample size

The study population consisted of women and key informants. Women were sampled from the reproductive health clinic and from the community. Community women who were involved in the Focus Group Discussions (FGDs) were specified as having TSP, unwanted pregnancy but no TSP, or not having unwanted pregnancy nor TSP. Key informants were a *jamu* seller, traditional massagers, a community leader, a religious leader, and activists.

Table 1a. Sample sizes of women interviewed and in the focus group discussions, distinguished by study population, locations and specific category administered to them

<table>
<thead>
<tr>
<th>Study population: women</th>
<th>Locations</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Had TSP</td>
<td>Unwanted pregnancy not TSP</td>
</tr>
<tr>
<td>Reproductive health clients (woman who had abortions)</td>
<td>Clinic X Centre of Jakarta</td>
<td>29</td>
</tr>
<tr>
<td>Community women</td>
<td>Kampong Meruya</td>
<td>15</td>
</tr>
<tr>
<td>Community women in FGDs</td>
<td>Kampong Meruya</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 1b. Sample size of key informants interviewed, distinguished by study population and locations

<table>
<thead>
<tr>
<th>Study population: Key informants</th>
<th>Locations</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Jamu</em> seller</td>
<td>Kampong Meruya</td>
<td>1</td>
</tr>
<tr>
<td>Traditional Massager</td>
<td>Kampong Meruya</td>
<td>2</td>
</tr>
<tr>
<td>Community Leader</td>
<td>Kampong Meruya</td>
<td>1</td>
</tr>
<tr>
<td>Religious Leader</td>
<td>Kampong Meruya</td>
<td>1</td>
</tr>
<tr>
<td>Activists</td>
<td>Office</td>
<td>2</td>
</tr>
</tbody>
</table>

A purposive sampling method has been used for this research. Since I focused on married women who did experience TSP, I interviewed 44 married women from the reproductive clinic and the community. I did not put any boundaries on how long ago these women experienced the abortion, in order to have many informants from the community, although in the clinic X I only took women who came for follow-up visits less than four weeks after abortion and who did experience TSP four months before the research begun. I purposively took informants with various characteristics, based on the
variables that I thought interesting to examine, and which I explain later. My aim is to get broad results on the perception and practices of TSP.

In general, the sample consisted of 61 individuals: 44 in-depth interviews on married women from the reproductive clinic and from the community, 10 community women who involved in FGDs, one jamu seller, two traditional massagers, one religious leader, one community leader, and two activists. Three women refused to be interviewed, although I explained to them the aim and the confidentiality of the research.

3.4 Data collection techniques

Different data-gathering techniques were implemented. Data were collected through semi-structured interviews, semi-formal focus group discussions, and by participant observation. The research was facilitated by tape recording and/or note taking. Most of the informants were interviewed once. There were, however, a number of occasions when I needed to obtain more information, leading to repeated visits or multiple interviews. The length of the interviews varied, depending on the informant’s responses. In general, each interview took between one and one and a half hour.

Study definitions

In order to capture the terms that women used when they talked about their practices, I used the term of ‘telat bulan’ to refer to their practices on termination of (suspected) pregnancy. Before I started an interview, I began by inquiring after general information, such as their children’s conditions, to ‘break the ice’. When they felt comfortable with me, I started to ask about their experiences with ‘telat bulan’. Most women suddenly understood that my questions refer to abortion, and asked why I asked them about this matter. Some of them were very open to talk about their practice. But still, I found that women prefer to use the term ‘telat bulan’ to talk about abortion. When I asked them whether they are used to other terms to talk about ‘telat bulan’, they said no. When I asked again (but not to all of my informants) explicitly: how about abortion or ‘gugurin kandungan’ (termination of pregnancy), some of them smiled to me and told that it actually is the same term.
Semi-structured interviews with married women that had TSP

To gain information on married women’s perception of and experiences with termination of (suspected) pregnancy, I collected data in two different areas: the reproductive clinic and the Kampong Meruya. First, I interviewed married women who visited the reproductive clinic during their follow-up visits within four weeks after their abortion. I conducted semi-structured interviews on 29 married women with various characteristics. The interviews took place in the corner of a waiting room, a convenient place for the informants. The interviews began with an explanation of the aim of the research, and the participants were asked for their consent. Then I followed the interview guidelines, with questions covering the basic socio-demographic characteristics and the experiences on termination of (suspected) pregnancy. However, not all the informants were questioned in a standardized and formal style. Secondly, I conducted semi-structured interviews on 15 married women in the community.

The conversations took place in the informant’s house, bale-bale (a place where women sit during afternoon), and a vegetables shop. It was not very difficult to recruit the informants from this community, since I lived there for almost four years and have conducted a project on empowerment of women in the district of Kembangan. On the one hand this really gave me insight since I knew their lives beforehand, but on the other hand it also gave me difficulties at the beginning of my research to talk with them about such a sensitive issue like abortion. In order to minimize their reluctance in participating in the research, I explained to them the aim of the research and its confidentiality. Lastly, informants were compensated with meals and/or gifts, as grateful thanks for their time and contributions. I did not see any biases going out of this compensation, since I gave the compensation after the interviewed had been finished.

Semi-formal focus group discussions

When I conducted two semi-formal focus group discussions on ten women in the community, I had to bring my mother in order to minimize their reluctance and to make them feel comfortable. It is because to them I am still young, and they would not talk about sensitive things to a young person. To talk with women in the community about abortion issues is a sensitive thing, which is not often discussed in public. That is why I used semi-formal Focus Group Discussions (FGDs). FGDs took place at bale-bale. I went there during tea time or after ‘ashar’ time/4 PM, the time when women have time to talk. Similar to the women that I interviewed, I started to talk with these women by means of open question
about their daily matters, such as the gossip that one of my neighbours had been caught by the police because of using drugs. After that, I led the conversations into reproductive health matters, like menstruation and ‘telat bulan’.

**Interviews with the key informants**

The interviews with key informants took place in the informant’s house, my house, in the *mushola* (small prayer place) and in the activist’s office. It was not difficult; I only had to adjust to their business and had to ask them each time when they wanted to be interviewed. For the *jamu* seller, I met her many times (multiple interviews), and even become one of her customers of drinking *jamu*. The two traditional massagers I called separately, and conducted the interviews while my sister and my mother were being massaged by them. The massagers offered massage and care services to pregnant women, after delivery of children as well as on abortion. But one of the massagers said that she did not offer abortion services. The religious leader I interviewed after she gave her regular preaching on Thursday night. The community leader I had to wake up early for an interview, because otherwise he would not be in his house due to work very early work in the morning. Interviews with two women activists took place in their offices. Both of them are members of a Non-Governmental Organization (NGO) and have been active over the past five years on abortion issues. Having different key informants gave this study a broader understanding of the problem of unsafe abortion resulting from termination of (suspected) pregnancy.

**Participant observation**

Participant observation was conducted during the informal conversations in the community. Sometimes I went with my mother or my sister and my niece, and sometimes I went alone. I wore casual clothes, and tried to socialize with daily life in the community. I went to three strategic places that women usually visit to chat, such as the vegetables shop, *bale-bale*, and *warung*. I sat with them and had conversations on their daily topics. This seemed unimportant, but in this way I tried to observe their everyday life and the interactions among women and the community. I tried to interact with their regular events, such as *pengajian malam Jum’at* (the Friday night gatherings for reciting Qur’an). I visited two times during the fieldwork. During the fieldwork I increased my interaction with the community more than before (I lived there for four years, but since I work I sometimes did not attend their regular events).
3.5 Background characteristics of women in interviews

The characteristics of the women in the reproductive health clinic and in the community are described in Table 2 below. In general, most women (45.5 percent) are in their forties and fifties, and the average is 38.3 years old. It is very interesting that half of the women who did have TPS have only one or two children. It seems that the expected number of children in Indonesia is shifting (CBS & ORC Macro 2003), given that 38.6 percent of the women used to have three to five children. The majority of women are Muslim, only 13.6 percent are Christian. The major ethnicities are Betawi and Sumatera (each 31.8 percent), followed by Javanese, Chinese, Sulawesi and Kalimantan. More than half of them did not attend senior high school (52.2 percent). Only about 25 percent did complete senior high school, while 22.7 percent did attend academy. Most women are housewives (68.2 percent), the others work outdoors (31.8 percent).

Table 2. Characteristics of women in sample (N=44)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30</td>
<td>10</td>
<td>22,7</td>
</tr>
<tr>
<td>31-40</td>
<td>14</td>
<td>31,8</td>
</tr>
<tr>
<td>41-50</td>
<td>20</td>
<td>45,5</td>
</tr>
<tr>
<td>Mean</td>
<td>38,4</td>
<td></td>
</tr>
<tr>
<td><strong>Number of live children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>23</td>
<td>52,3</td>
</tr>
<tr>
<td>3-5</td>
<td>17</td>
<td>38,6</td>
</tr>
<tr>
<td>6 or more</td>
<td>4</td>
<td>9,1</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Islam</td>
<td>38</td>
<td>86,4</td>
</tr>
<tr>
<td>Christian</td>
<td>6</td>
<td>13,6</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betawi</td>
<td>14</td>
<td>31,8</td>
</tr>
<tr>
<td>Sumatra</td>
<td>14</td>
<td>31,8</td>
</tr>
<tr>
<td>Javanese</td>
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<td>27,3</td>
</tr>
<tr>
<td>Chinese</td>
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<td>4,5</td>
</tr>
<tr>
<td>Sulawesi</td>
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<td>2,3</td>
</tr>
<tr>
<td>Kalimantan</td>
<td>1</td>
<td>2,3</td>
</tr>
<tr>
<td><strong>Level of education</strong></td>
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</tr>
<tr>
<td>Primary</td>
<td>17</td>
<td>38,6</td>
</tr>
<tr>
<td>Secondary</td>
<td>6</td>
<td>13,6</td>
</tr>
<tr>
<td>Senior High School</td>
<td>11</td>
<td>25,0</td>
</tr>
<tr>
<td>Academy and higher</td>
<td>10</td>
<td>22,7</td>
</tr>
<tr>
<td><strong>Work status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House wives</td>
<td>30</td>
<td>68,2</td>
</tr>
<tr>
<td>Working</td>
<td>14</td>
<td>31,8</td>
</tr>
</tbody>
</table>
3.6 Data processing and analysis

Data were organized and condensed in order to answer the research questions. To avoid missing information, I made a working plan to guide me during the implementation of the research, and I made a checklist in order to indicate the daily and weekly achievements. The fieldwork results were processed by hand and by computer programs; Word and Excel 2003. Each informant's transcript has been resumed and coded, which turned out useful in the analysis process. And in the text, instead of name, I used age, parity and location.

3.7 Ethical considerations

I realize that the topics of termination of (suspected) pregnancy and abortion are very sensitive issues; therefore I did approach the participants with respect, being non-judgmental and careful to promote/maintain each participant’s dignity/honour during the research. Being in the position of the ‘insider’, since I came from the same community, I did negotiate with all informants in the community that this study would be kept strictly confidential, and that the participants’ privacy would be protected. Pseudonyms have been assigned to the participants in all of the data and written reports. Participants were asked for approval before the research begun. They had the right to withdraw from the study at any time, and all material regarding their privacy then would be destroyed.
CHAPTER IV
Practising “telat bulan” is a women’s job: Women’s practices and motivations to terminate (suspected) pregnancy

In this chapter, I would like to describe women’s practices of termination of (suspected) pregnancy by first explain the various methods that are being used, and the motivation for practising termination of (suspected) pregnancy.

4.1 TSP methods used

In this research women mentioned the drinking of jamu telat bulan or peluntur, taking western medicines, concoctions, others (special drinks), and massage as their methods of TSP. Table 3 presents the methods that women used, on which I will elaborate later.

Table 3. TSP method used by women in clinic X and the community (multiple responses)

<table>
<thead>
<tr>
<th>Method</th>
<th>Clinic X n=29</th>
<th>Community n=15</th>
<th>Total N=44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamu telat bulan/peluntur</td>
<td>21 72.4</td>
<td>13 86.7</td>
<td>34 77.3</td>
</tr>
<tr>
<td>Western medicines</td>
<td>10 34.5</td>
<td>5 33.3</td>
<td>15 34.1</td>
</tr>
<tr>
<td>Concoctions</td>
<td>3 10.3</td>
<td>4 26.7</td>
<td>7 15.9</td>
</tr>
<tr>
<td>Others</td>
<td>2 6.9</td>
<td>1 6.7</td>
<td>3 6.8</td>
</tr>
<tr>
<td>Massage</td>
<td>0 0.0</td>
<td>2 13.3</td>
<td>2 4.5</td>
</tr>
</tbody>
</table>

Generally, most of the women in this research, either from clinic X or from the community, used more than one traditional TSP method. But the first method that women used was the drinking of jamu telat bulan or peluntur (77.3 percent). They used to drink it after they observed that their menstruation was overduel. Usually, the first effort was conducted during the first or second week after the menstruation should have taken place.

“I felt that I will be pregnant because I used to have regular menstruation periods, so when I had late (menstruation), I drank jamu cap becak. I bought that from my regular jamu seller. I heard that if you got late menstruation, at least for two weeks you must drink jamu.” (45 years, 4 children, in the community)
I found it very interesting that women in the community more often used concoctions (26.7 percent) as well as massage practices (13.3 percent) than women in the clinic X, where only 10.3 percent used concoctions and none of them used massage. For further information, let me explain one by one the methods and the practices of TSP.

**Jamu telat bulan or jamu peluntur**

*Jamu* is a traditional medicine of the indigenous *pharmacopia*, including a huge range of herbal preparations which originated from Javanese tribes. Nowadays, it not only popular among Javanese tribes, but also among other tribes, including people who live in Jakarta such as the Betawi tribes. *Jamu* has many forms, such as drinks (liquid), powder, pills and capsule. *Jamu* has many functions, as follows from the use of the word *jamu*. *Jamu awet muda* is a medicine for staying young. *Jamu bersalin* is a medicine for a woman who has just given birth. *Jamu kuat* has two functions: as aphrodisiac (to give people a strong desire to have sex), and as tonic (to feel stronger when tired). *Jamu penambah gairah*, aphrodisiac, *jamu sawanan* or singset for reducing weight and for staying beautiful, *jamu tolak angin* is a medicine against cold (Stevents and Tellings 2004: 408). And, lastly, *Jamu telat bulan* or *jamu peluntur*, which is used by women to terminate (suspected) pregnancy.

There are three different brands of *jamu telat bulan* or *peluntur* that are well-known among women and that were mentioned in this research. One is *jamu kates* or *jamu papaya*. The brand's name is from the papaya fruit. The functions are to make the delayed menstruation start again, and also to minimize the pre-menstrual syndrome (PMS), such as pain, dizziness and nausea. The second one is *Jamu cleng marem anoman dasamuka*, which is better known by *Jamu wayang* or *Jamu becak*. The brand name comes from two Javanese folk story features, *Anoman* and *Dasamuka*, better known by the *Rahwana*. It is based on the story of the war between these features in the folk story of *wayang*. *Cleng marem* in the Javanese language means that you will be healed very fast.

People use the names *wayang* or *becak* also because the picture on the package is *wayang* and on the backside there is picture of *becak* (which literally means pedicab). They call this *jamunya tukang becak*, which means that a person who drinks this *jamu* is the driver of *becak*, because its functions are to increase the strength for someone who has a heavy work like them. Actually this *jamu* also has other functions, such as to heal stiffness, tiredness, stomach-ache, cold, and a slight cold. The third one is *jamu godogan cap banteng*, a jamu which differs from the other two brand names in form. The ones that I mentioned above are in powder form, whereas *jamu cap banteng* (that is the way
women called it), is liquid. The function is almost similar to that of jamu wayang, It is not used specifically for delayed menstruation, like jamu kates, but for increasing the strength after heavy work.

With all of these jamu, in the package there is a warning for pregnant women which says not to drink the jamu. This is because taking jamu will affect the fetus and my cause fetus failure (kelainan pada janin). However, the warning is used as a code by many women to drink this jamu, because it implies you should drink it if you want to get rid of early pregnancy.

“Perhatian: wanita hamil sebaiknya tidak minum jamu ini, karena mungkin dapat terjadi kelainan pada janin.”

Literally this means:

“Attention: pregnant women are not recommended to drink this jamu, it may cause fetus failure.”

(The precaution on the backside of the jamu papaya)

The prices of these jamu are not expensive. They are about 1000 to 2500 Rupiahs, or 10-25 cent Euro. I could say that the jamu are the most accessible way for women, and the easiest options. It is considered as a matter of luck. They said that if you are lucky, the pregnancy will be ended only by drinking these jamu.

**Western Medicines**

Women take western medicines for the same reason they take Jamu. Popular types of Western medicine among women are called ‘antimo’, “bodrex”, “neozep”, “antalgin”. Simply meaning that, they are willing to take any medicine prohibited to pregnant women. They believe that if the sign said prohibited to pregnant women it means that if you are pregnant, you will be lose the pregnancy because it will make the pregnancy expelled.

Women in the community referred to the western medicines as modern medicines. They considered them a modern from of jamu peluntur. This form of jamu is in pills form and it is used to regulate late menstruation. These menstruations can be as late as two months. One packet of this form of jamu contains four pills, and on the package it is advised that women whose menstruation periods were late should take all the four pills for immediate effect.

These pills are called kapsul telat bulan. It is not really popular among women, but if you asked to jamu seller, she said that this is really work for women who did not success with other types of jamu that mentioned above. She also mentioned that it is different from the other jamu because it is more modern. The effectiveness of this form of jamu are also more than the others form of jamu. She
said that usually after drinks this capsule the menstruation will be start again after three days or not longer than one week.

“Women asked me after they drinking the *jamu telat bulan* and did not success. I will recommend them to eat modern pills. To have that they must order first because I did not bring this pills everyday. If you want, I will bring it next Sunday. I will pass your place.” (Jamu seller: 36 years, two children)

But again she said it depend on the womb and the fetus. If the womb is strong and the fetus is so naughty, it would not work effectively.

“(The effectiveness), it depends, maybe yes, maybe not. If the womb was really strong so it will still get pregnant. And if the womb not too strong or weak, so the night after consumed the *jamu*, the menstruation will come.” (Jamu seller: 36 years, two children)

Few of women who had familiar with western medicines or had friend who had the same experiences or going to visit doctors or midwives, they will take gynecocyd to bring back their menstruation. This method more frequently carried out by women with higher level of education and higher status economy.

**Concoctions and Other drinks**

Other ways these women used to regulate menstruation include drinking different concoctions. One example is the mixture of raw pineapple with yeast which has to stay overnight before it is used. For a long time, similar activities to regulate menstruation have been used by Chinese women in Malaysia. According to Ngin, these indigenous methods include eating pineapple with beer, stout or wine; various brands of Chinese menstrual induction pills; *da yeuk* (the Chinese term for abortion facet, usually made up of many herbs); “bone-setting pills”; drinks made from jelly grass; mung bean soups; water chestnut drink; barley water and other “cold” food items; *lok-san* pills (a common Chinese over-the-counter pill for sore throat); and aspirin (1985:33 in Kamaluddin 1997).

“After I drank jamu, then I drank a raw pineapple mix with yeast and I let the mix has to be stayed for one night. It was to make the yeast work. I felt a really great stomach pain, but still there is no result....”

(42 years, two children, in the clinic X)

The concoction is not only mix with yeast but some women mentioned that she used raw pineapple with black pepper or others said that they also put rice flour and steam leaves.
“Before this pregnancy, my third children, I had once done TSP and it was success. I had been late for one week. I was really did not want to be pregnant. We had a lot of expenditure to buy a house. So when I had late menstruation, I used many methods. I drank jamu and special concoctions. My mother told me. I made my self a concoction contains raw pineapple with black paper. And also drink the rice flour mix with yeast with covered with steam leaves...” (42 years: four children, in the clinic X)

There was emerged combination that women themselves thought would be success such as they drink soft drink before eat something or mix soft drink with western medicines. It was practiced by young married women.

“I had been late for three days. I did not yet whether I was pregnant or not. So, I drank the sprite mixed with bodrex. It was good for the late menstruation. I knew the information from my mother.”
(26 years, 2 children, in the community)

Massage or “Nyampingin Peranakan”

Massage or ‘nyampingin peranakan’ was practice as one of the TSP method although it was rarely chosen by women. From 44 informants that I had interviewed, only two informants who stated using massage and both of them are from the community.

One of my key informants is the massager for nyampingin peranakan. She is very old. She had a hajjah title before her name; it means that she had already done the pilgrimage to Mecca. In Betawi’s community, women or men with this title have a higher status in the community since they viewed as religious person despite that she also have respect because she is categorized as elderly people. But others reasons that made this women more special because of the community believe that women who had only one or never had menstrual period have a power to cure people either from giving them folk medicines, massage or protecting them from evil spirits. They called that “bisa nyembur” or literally mean “could spout” means that she could sprayed holy water from the mouth to treat sick person.

Women are more convenient to have a massage from this woman because she is hajjah, at least it would be minimize the sinful feelings that they did.

“I felt shameful to get rid my pregnancy but I felt glad because I knew her. She is Betawian and Hajjah.”
(45 years, four children, in the community)

The massager told me that the way she did the massage is by massage the stomach of the women. She explained that it is like you tried to move on the womb in the right side so they could not
be pregnant. Beside offers “nyampingin peranakan”, she is also offers “balikin peranakan” for women after delivery and also to take care pregnant before and after delivery. Balikin peranakan means that to put the womb back after delivery. It is believed that after delivery, the womb is not in the right place or change place to the below. So, to solve that woman should balikin peranakan, if she did not do that she will be felt exhausted, sick and will be not attractive again.

“I could do nyampingin peranakan. I gave them massage on the stomach. I massaged the stomach to the left side and gave them a concoctions, I made my self. The concoctions contain ginger and “ketan hitam” (black seed) which had been fried without oil (disangrai) and then boiled. After being massage, women should drink this concoction. The benefit is to make the womb dry. There are some women in this area, and also at the complex...mothers who did not want to have more children...because many of them were already drink contraception pills and still get pregnant now.” (Traditional massager 2, 70 years, two adoption children)

From many methods that I had mentioned above, there are two of methods that women do that all of women said that they take that after they really know their pregnancy status. The methods are taking western medicine like gynecosid or massage. Other types, women mentioned that some of them they had known before, some of them were not known. The majority (25 out of 29) of women in the clinic X were explained that they were taken the test after they performed TSP and other women admitted that they performed TSP after they had the result of the pregnancy test.

“...I got late menstruation and I bought the pregnancy test in the pharmacy shop....."sensitive" do you know that? I heard that it was a good quality. I had positive result. After that I talked about my problem to my friend, she told me to take jamu”” (40 years, three children, in the clinic X)

Similar with women in the clinic X, women in the community also admitted that they had known their pregnancy before they performed TSP (8 out of 15).

“...I really nervous and panic when I knew that my test was positive. I drank jamu telat bulan mixed with cap banteng. I really did not want pregnant with this condition.” (26 years, 2 children, in the community)

But for women in the community, sometimes they do not check whether they were pregnant or not. However, they mentioned that they felt the pregnancy symptoms. In other words, they had suspected that they will be pregnant. Among the women in the community, I found that women who did not want to check their status are the old generation (more than 30 years old). But for younger women, they like to make sure their status and then after they really know their status, they conduct TSP.
“Actually, on my last pregnant, I drank a concoctions that made from Medanese traditional massager; her name is Butet. I said to her that I had late menstruation. She knew that I had six children. At that time, I did not take pregnancy test, because I knew that I pregnant. I had morning sickness and felt lazy.”
(40 years old, 7 children, in the community)

Women do not specifically mentioned that how many days or weeks to change into other actions, but many of them tried two or three different type of TSP. After they drink any type of traditional TSP, they said that they felt their stomach was very pain and their vagina feels so hot.

“I forgot to drink the pills. But I forgot, only two or three days late. So, after getting five days late, I tried to bring back my menstruation by drinking jamu cap papaya and wayang for three days in row. I felt miserable, I had stomach pain and my vagina felt so hot. I thought that I would have menstruation on the next day. But it did not happen. My menstruation was still not come.” (32 years, 2 children, in the clinic X)

But this effects are only if they drinks jamu peluntur, other drinks, or western medicines. If they do massage, the effect that they feel is painful in the stomach and also haemorrhage.

“After I consumed sangobion and it did not work, I heard from somebody that there was a way to get rid the pregnancy with massage. The massager is “bu haji X”. Do you know her? Her place is behind Mrs.H house. She came to your place once. She could turn the womb to side so it would be get rid the pregnancy. After the massage, I felt very painful in my stomach and had haemorrhage. But I still have my pregnancy”
(45 years, 4 children, in the community)

4.1 Motivations of Practicing TSP

There were a variety of miscellaneous motivations for doing TSP; most of the women had more than one motivation. In this section, I will discuss the motivations why women do TSP that I found in the fieldwork.

Deciding to have menstrual regulation is definitely not an easy process. Women must think very deeply before deciding it. Women may be feeling physically and emotionally weak and vulnerable. For them, menstrual regulation is widely regarded as being a totally negative practice since they realize and relate it with the abortion. The terms of the word abortion itself imply that by deciding to terminate a pregnancy a woman is giving up, failing to follow through, that women are being irresponsible. It is a morally burden for women and complicated for women. They have responsibility for managing their family as told as in their ideology (motherhood ideology). This reality was very hard for women to deal with especially without the attention from their husbands.
On the findings, I found that there were many motivations that women have when they decided to have TSP. Based on the findings; there are 11 motivations that drove women to decide to have TSP (table 4). Half of women (56.8 percent) mentioned that their motivations are had enough children. Women in the clinic X more worried about the future of their children’s education (41.4 percent) than women in the community (6.7 percent). Almost one of third women was mentioned that they felt too old to have other children. One of fourth women mentioned about medical reason and failure contraception although most of these motivation mentioned by women in the clinic X. Women also mentioned that having no space with the latest children were the reason had practiced TSP (20.5 percent).

After enough children as the most motivations of women in the community, they also mentioned that uncertain job of their husband (26.7 percent) where motivated them more to have TSP which this condition were rarely mentioned by women in the clinic X (3.4 percent). Other motivations which mentioned by women were feeling ashamed, work, afraid children disability and divorce, the percentage respectively are 18.2%, 13.6%, 13.6% and 9.1%. For further insight, I will elaborate the motivations of having TSP.

Table 4. Motivations of practicing TSP said by women in clinic X and the community (multiple responses)

<table>
<thead>
<tr>
<th>Motivations</th>
<th>Clinic X</th>
<th>Community</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=29</td>
<td>n=15</td>
<td>N=44</td>
<td></td>
</tr>
<tr>
<td>Enough children</td>
<td>17</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>Education</td>
<td>12</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Too old</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Medical reason</td>
<td>11</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Failure contraception</td>
<td>10</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Having no space</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Shameful</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Work</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Afraid children disability</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Uncertain work of husband</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Divorce</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Recently, community has changed their expectation about number of children, this is revealed in rising stigmatization of women who have a lot of children women who could not handle their fertility. Having many children is no longer an aspect which is expected from a woman. This change is dynamically being affected by the government programme on the fertility or they called it *Keluarga Berencana* or KB (Planned Family). It means that if you planned your family you, the ideal number of children are two as well as the motto of this programme: “having two children is enough whether it is
girl or boy”. Since this idea was implemented with actively promoted through many media such as board in many public area, radio, television, magazine, and local newspapers, it has been changed the idea of community on ideal family.

In this research, most women mentioned that having enough children was the motivation they wanted to get rid of their pregnancies through TSP. They had already had three and over children when they decided to have TSP. They also mentioned that they felt embarrassed since they had many children.

“Having many children...yaaa...actually I felt ashamed. My neighbour once asked me about it. She said that did you take any contraceptive methods? I did not really want to have children but my husband was like to have many children and I did not fit with any methods. I already tried. Now, I do with traditional way. I drink jamu everyday.” (40 years, seven children, in the community).

They felt that the community would accuse them as not responsible women. Also in the family, they said that their children will feel angry and ashamed to have many siblings.

“I had been old now, 42 years old. I could not afford any children again. My oldest children was 22 years old, she would angry if I told her I get pregnant. She did not agree if I had other children, she felt four was already enough.” (42 years, four children, in the clinic X)

In the community, there was a family with 20 children. When the oldest of the girls was about to get married, the man who wanted to marry her cancelled the wedding plans when he found out that she had 19 other siblings. In the community, having many children was shameful for the whole family and also created a problem for their social relationships.

“Sometimes, I feel very embarrass to my self having many children. I really felt not comfortable and reluctant to get involved at my neighbourhood. But what’s for feeling embarrass, this was not give me any benefit. Moreover, I was really busy with my domestic work.” (39 years, eight children, in the clinic X)

Some women mentioned that they were too old to have more children.

“I had been old now, 42 years old. I could not afford any children again....” (42 years, four children, in the clinic X)

Not having enough space in between children is also a motivation mentioned to conduct menstrual regulation.
“I had delivery six months ago. I felt not ready to pregnant again. I was still breastfeeding my new baby. I also had experienced with haemorrhage, infection and once having spontaneous abortion. I was afraid to be pregnant again. I really worries if I pregnant again, the age difference between my new baby will too short” (49 years, three children, in the clinic X)

TSP was also performed for medical reasons, although these were mentioned only by women in the clinic X.

“My reason to do TSP was my health. I really did not have a good condition to get pregnant and delivery again. I got thypus many times. I could not use contraceptive either to protect my self since it makes my health worst. (40 years old, three children, in the clinic X)

Another motivations mentioned by women to why they did TSP was because the “contraception failure”. What they mean of the contraception failure is they forget to take their regular contraceptive pills, injection or miscounted the calendar for her fertile days (withdrawal method). They argued that they only late one or two days. They said that they would never use these methods since it is still failure.

“I was using pills when I found out that I got pregnant again. Ahh... I really surprised. I did not expect that. I only forgot to consume the pills about two or three days. It was really disappointed me”. (32 years: 2 children, in the clinic X)

Most women however stated that the motivation for TSP is to have a few children whom they can take care of in all aspects of life and especially in education. They argued having many children is quite expensive especially when it came to school fees in private schools. They understand that that the level/quality of government schools is lower compared to private schools.

“I really want my children had higher and good education. I felt that with my condition, I did not work and my husband just retired, I would not have my dream came true. Allah will forgive our sin, because we consider about the quality of our children.” (41 years: two children, in the clinic X)

“...education was very expensive now. If we have child and we had no money to pay her/his school, it was equal as we do a sin because a child is a big responsibility.” (26 years: two children, in the clinic X)

Most of women in the community mentioned that the motivation they do TSP was because they were pressured with the uncertainty of work or jobless husbands. They complained that the
husbands do not care about their children, what they will eat everyday, or their school’s fee. It was only them (the women) who thought of everything that related with their family matters.

“Mmmm….my reason is because my husband did not have any permanent job and my youngest child was just aged one year old. I did not ready. Otherwise, it was really hard to have other children.”
(26 years, two children, in the community)

One woman also complained about their husband that would not care about their problem. When she knew that she were positive, she did not tell her husband. Because she knew that this is her own business, her husband would not care about it.

“My husband? This is nothing’s gonna do with him. This is just the women’s problem.”
(45 years, four children, in the community)

For working women, they said that their pregnancy will be affect their work, especially if they were new in the office. They do not have any extra day for delivery.

“….I wanted to have other children, but not now. I was “fresh worker” at my office and still in the probation time. If they caught that I was pregnant, I would got fired from my office. My economic condition was force both of us to work hard.” (26 years, 2 children, in the clinic X)

Having family problems such as divorces or plans to get divorced was also mentioned as the motivation of the TSP practice.

“I was processing my divorce when I found that I was pregnant. I really confused and depressed. Once I took all of the pills from the midwife…but it did not work. I did not want any problem in the future with my husband. And I knew I would if I continued this pregnancy. He would refuse to get divorce with me.”
(29 years: 2 children, in the clinic X)

Other women also mentioned that after the many methods they used during TSP was one off the motivation they took further steps such as massaging or having abortions; because they were afraid that what they had previously done/drank would affect the foetus’s health or worse, disable the child.

“….After I drank jamu, then I drank a raw pineapple mix with yeast and I let the mix has to be stayed for one night. It was to make the yeast work. I felt a really great stomach pain, but still there is no result. I felt afraid that if I continued, the efforts that I had been done will affect the fetus…I felt very guilty...”
(42 years, two children, in the clinic X)
In summary, many methods have been mentioned by women when they practiced TSP. The methods are drink jamu telat bulan or peluntur, taking western medicines, concoctions, others (special drinks), and massage. Women using more than one traditional TSP method, women do not specifically mentioned that how many days or weeks to change into other actions, but many of them tried two or three different methods of TSP, especially if the first methods that they used failed. Women said that they choose those methods because it is the most accessible and not expensive. From many methods, there are two of methods (taking gynecosid and massage) that women do that all of women said that they take that after they really know their pregnancy status. Other types, women mentioned that some of them they had known before, some of them were not known.

The result of practicing TSP, women felt their stomach very pain and their vagina felt so hot. But this effects are only if they drinks jamu peluntur, other drinks, or western medicines. If they do massage, the effect that they feel is more painful, they felt pain in the stomach and also haemorrhage. Women have many motivations to consider before finally practice TSP. Based on the findings, there are 11 motivations that drove women to decide to have TSP. Having enough children, children’s education, and too old are three most motivations mentioned by women.

Much less openly articulated that women do termination of (suspected) pregnancy which many methods that they hope will solve their problem of unwanted pregnancy. Women’s practice of TSP had shown their desperate and worried through their struggle to get rid their suspected pregnancy. Women felt that it is their job to think about their family such as their children’s education. Education and their economic status have influenced women choosing TSP methods. And when women’s choose jamu or concoctions, it is because this methods is the most accessible method and less expensive than others method. In the following chapter, I shall examine more closely on women’s perception on TSP which first elaborate community’s perception and then informant’s perception.
In this chapter, I would like to continue discussing my findings on how community perceive termination of (suspected) pregnancy or TSP whether I also described the way women perceived of TSP.

5.1 Community’s perception of TSP

One that I found very interesting is the other terms that commonly known of Jamu telat bulan is jamu peluntur (jamu to bleach). Jamu peluntur is means that to bleach of the womb or in other words to delete the early fetus. It means that people actually know that what they called termination of (suspected) pregnancy is other term of abortion. On the semi formal focus group discussions, I founded that community were aware that when women performed “manage telat bulan” or TSP, it means that they conducted induced abortion.

The community perceived termination of (suspected) pregnancy (both menstrual regulation and abortion) as a sin and women who did that will be punished by God. The punishment from the God revealed with the consequences of the baby born will be disable or maybe not healthy or not smart or worse will die. Although in the findings these perception become changed based on the condition of women. It revealed that community had an ambiguity along their perception and this ambiguity shape by their own understanding of women’s condition as well as their also have facing the same problems. In this sense, community in one hand very strict regarding the issue of abortion and the other hand still consider women’s condition. In future discussion, I would like to explore the community’s perception based on the discussion with women in the community. One woman described that an unwanted pregnancy is similar with a white shirt with a black stain. It could not disappear.

“If the pregnant had been unwanted by its parents and the mother has done many things to ‘gugurin kandungan’ (to abort), it was just like a white shirt with the black stain. It would cause the child disabled even dead.” (50 years, five children, in FGD)
“Since women had intend to get rid the pregnancy, any TSP would consider as a sin. It is based on the Qur’an. God will be angry if you killed your baby. It was similar like jahiliyyah practiced in history.”
(Religious leader, 38 years, six children)

They mentioned some cases in the neighborhood. They pointed out every woman who did that will suffer the consequences of doing it.

“Yaaa…I knew the case like that. Mrs M had unwanted pregnancy. She tried many things. She drink jamu, sprite mixed with antimo.....but I did know she used massage or not...and it did not work...and the baby born disabled.” (34 years, three children, in FGD)

“I was sure that her son’s died because she did a lot of effort to get rid the pregnancy.”
(37 years, two children, in FGD)

For them, it needed a lot of courage to do TSP in view of the fact that the consequences were sometimes very harsh.

“Women in the up hills often did that...they drink jamu becak or papaya. We never did that...for us we did not have a brave to do something like that, it was as sin just as like we want to abort the child”
(40 years, three children, in FGD)

Women who involved in FGDs did not differentiate like women in the community on how long the pregnancy will be viewed as TSP or abortion. They said that any intention is considered as unwanted pregnancy. It will also be considered as abortion. But they perceived that the sin was lighter since if they did in the early pregnancy, the baby was not accomplished yet.

On the discussion revealed that they thought that the sin was lighter.

“Yah of course it was a sin, but maybe it was lighter because it did not accomplished yet, but if you did massage it had already accomplished...” (45 years, five children, in FGD)

In the FGDs in the community, I founded that some women in the community was not really accused women as the blame one. They were consciously realize that every women who did whether TSP or abortion have they own motivations to do that. They should have face a big problem such as mentioned in the discussion one women said that her sister was did TSP because the husband was had bad behavior. In this case, they perceived that it was normal women did that with this condition.
"My sister in my hometown had that experienced. She drank many pills. I did not whether it was antimo or not. But she was still pregnant...poor of her ...her husband was a gambler and did not want to get work. The baby born was a girl and had disabled (growth malfunction). She got five children, two of them were disabled." (53 years, four children, in FGD)

Not all women perceived that women with good motivations could conduct menstrual regulation. They said that women should be aware with their conditions especially on regards to their fertility. It was their responsibility to manage their fertility. They argued that nowadays, contraceptives were very easy to find. They could use any method that they like and which they found suitable. Women who did TSP were viewed as irresponsible women and careless.

"Women who did that efforts are irresponsible and careless...they should know they own life...it is women's job" (47 years, five children, in FGD)

They were also perceived that if women did not use any contraceptive method they should aware with their possibility to get pregnant. They believe that women should handle their fertility.

"...if there are a bad thing happened...it could be happened...so you should protect your self...If you did not fit with the contraceptive methods and not using one, you must be aware with your menstrual period. If you were late...Naah...you must be hurry to take jamu...at least the sin was smaller when you did that early” (47 years, five children, in FGD)

On the way community perceives women with many children, there was a shifting perception from many children to a smaller number of children. Having many children is no longer an aspect which is expected from a woman. Previously, two or three generations before, having many children was an ideal thing for a happy family. They believed that if you have many children you will get fortunate and wealth from God (banyak anak banyak rezeki). But it was not longer since they face the reality that having many children means having many responsibility and problem. Nowadays, in Betawi society, having many children is not a good idea. Before they had a lot of lands but now their land has become smaller since they have to divide it with their many siblings.

There was an exception that community put on women who did not have any boys. They could have more children although they had already many children. That is, until they got the boy they are looking for.

"If you did not have any boys...yaah...it might be a good reason. You could have more children until you got. Do you know about Pandawa Lima or Pandawa Tujuh. If you have already four children you will get boy on the
next pregnancy. Or if not, if you have six children, the seventh will be a boy...It was happened sometimes. You could prove it.” (54 years, four children, in FGD)

When discussing about what they would do if they were in the position of those women who had to have TSP; they said that they would not do anything to get rid of the pregnancy. Although they had enough children and did not want any more children, they were still afraid with the sin and the consequences.

“For us, if we have a late menstruation; we were just give up, even though sometimes we did not want to get pregnant.” (45 years, five children, in FGD)

“...Ya...just give up, continued the pregnancy...because is we continued...or massage...was not a sin? (38 years, three children, in FGD)

“Yah....just give it to Allah because it is a big sin to abort the baby, isn’t it?” (50 years, five children, in FGD)

5.2 Informant’s perception of TSP

When I interviewed women in the fieldwork about termination of (suspected) pregnancy or induced abortion practices, I use the term “telat bulan” literally means “the late moon”. It means that I asked women what they would do if they have late menstruation. It was open the discussion further because women right away know that what I mean was abortion. But still women very carefully answered with using the terms of “telat bulan” instead “gugurin kandungan” or “abortion”. Women described the terms “telat bulan” and “gugurin kandungan” as two terms that is very different which many conditions had been attached by women. The findings found that women were reluctant to call their practice as an abortion although they realized that what they did actually an abortion. Using terms of managing their “telat bulan” made women more comfortable and drove women to tell what they perceived about their practice.

According to the women in the clinic X, TSP can be performed only during the first or two months.

“When I got ten days late menstruation, I took pregnancy test and the result was still negative....I am waiting my menstruation...it was still not come. I was curious and I took another test and the result became positive...cause I did not have time anymore. I went to the clinic. Because I knew that if I did termination of (suspected) pregnancy such as drinking jamu or traditional concoctions. It would not work. It was only effective if the pregnancy was still young. Like before...It was around one month.” (42 years, four children, in the clinic X)
It is believed that if they tried and it did not succeed, they first opted to continue with the pregnancy ready to face all of the consequences relating to child disabilities or secondly, they may decide to go to abortion clinics usually not concerned whether or not the clinics provide safe or unsafe services.

Women in the clinic X were perceived that TSP was depend on the method that they used. If the methods are traditional method such as drinking jamu peluntur, concoction or other drinks, they would view as termination of (suspected) pregnancy. But they separately mentioned that effort such as go to dukun or traditional massager is not called as TSP but already abortion or “gugurin kandungan”. Also if you take western medicines, it was also considered as an abortion.

“I heard that from my neighbor that there was an abortion clinic in Sukabumi (West Java) but she did not really know the address. But if I knew the address, I did not want to go there; it was too risky for me. Especially I had old enough. Maybe for young women, they could do that, but for me …No it was too dangerous for me. If I wanted to do abortion… I would rather choose this clinic. It was safer and from the government.....” (42 years, 2 children, in the clinic X)

It is different from the women in community. For them to go to the traditional massage was not part of an abortion but still viewed as TSP.

“…Previously, I used injection and after three years I did not take the injection anymore because I did not have menstruation anymore. I thought that I had early menopause…and finally I got pregnant again. I really did not expected that I had been pregnant again so I tried the massage two times because my body felt not good on my stomach. It was just like there was something walk in there and nauseas. I went to traditional healer to bring back my menstruation but she said I got “tuju”disease (tumor), and he gave me massage and concoctions but after that I still felt not good. So I visited another traditional healer, near Ciledug….I got massage again and she said that I had acute maag and I must regularly drank the concoctions that she gave it to me. But my stomach became bigger…I went to midwife. She said that I pregnant. It was made me so confused…I thought that massage was not an abortion…abortion is sin…Yaah…like me ..I just want to bring back my menstruation...” (45 years, five children, in the community)

Similar to women in the clinic X, women in the community perceived that TSP is by using traditional method such as drinking jamu peluntur, concoctions, or other drinks. For them, abortion was viewed as going to an abortion clinic and performed by doctor or midwife.

“To have an abortion…mmm.. you must go to the clinic, seeing doctor or maybe midwife…like in the news...” (26 years: two children, in the community)
For women in the community, unsafe abortion was done by bad midwifes. They mentioned that they watched on the television that police caught a midwife because she practised unsafe abortion.

“I watch television when they showed us the news about midwife who conducted abortion....a bad midwifes...police found out the grave of the baby that she had aborted. It was nasty....it was very terrifying...I did not agree with that...it was same like killing the baby....” (40 years, seven children, in the community)

I would like mentioned again about the consequences of TSP that women believed. I founded that women in the clinic X do not really viewed that TSP practices as drinking traditional herbs like jamu peluntur and concoctions as risky if they take western medicines or massage. Women were more afraid if they take western medicine even that western medicine was given by their private gynaecology or midwives. They believe that it could affect the baby. They mentioned that the baby born would be disabled.

“...I went to specialist doctor to have a test. I had positive. I told to my doctor that I did not want this pregnancy. I had been old now, 42 years old. I could not afford any children again....He recommended me to take a medicine for two days, two tablets per day. He said that it could be not succeed but I was still tried...I really afraid when it did not work, I was afraid, if I continued...I would have a disable child because taking this tablets....It was a hard medicines...” (42 years, four children, in the clinic X)

Similarly, massage was also viewed as a risky method to take.

"Because it was getting bigger, so I kept my baby...and Alhamdulillah..my baby born were save, but he seldom get sick and not too slow (not to smart)...did my experience on massage effects my children's condition?" (45 years, five children, in the community)

Different with the women in the clinic X, women in the community believed that any efforts in order to get rid of the pregnancy will affect the baby in the long run.

“I read in the backside of the package of jamu papaya that if you drank that you would affect the fetus. I really did not want, if I continued this pregnancy, I would have disable born. I heard that Mrs M, she was lived in below the hills before; she had moved out, she drank the jamu peluntur and her baby born was disabled. I saw that....I really afraid but....I was still did this....” (40 years, seven children, in the community)

That is why they do not allow to continue these efforts if the pregnancy has already grown. As they mentioned, a grown pregnancy is around 3-4 months. But not all of these women perceive
the same thing. It is also means that after 3-4 months, it will be viewed as abortion. They mentioned that if the pregnancy is still young, the risk will be smaller.

There are a few women who also believed that drinking jamu would be effective and without risk if they drink that before they have late menstruations. If they used to have menstruation at the first of every month, so on 27th or 28th she must drink the jamu. It could minimize the risk. Though in general, most women really believe that it could endanger their foetuses.

About the effectiveness of jamu peluntur or concoction, other drinks and massage even the western medicines, most of women in the community perceived that the TSP methods mentioned above were effective (13 out of 15). On contrary most women in the clinic X thought that the TSP methods were not effective (26 out of 29).

Women perceive both of TSP or abortion is a sin but doing TSP more lighter sin than the abortion.

“I know that abortion in my religion (protestant) is a big sin, but I did it when the pregnancy about six weeks so it was still has not a soul yet, so the sin from what I had done is still not too big”
(26 years: one child, in the clinic X)

Most of women perceived that God will forgive what they did since they did with several reasons that are appropriate with the teachings from God.

“I really want my children had higher and good education. I felt that with my condition, I did not work and my husband just retired, I would not have my dream came true. Allah will forgive our sin, because we consider about the quality of our children.” (41 years: two children, in the clinic X)

They believed that if the pregnancy had still continued, it was because the womb was strong so any efforts would not have removed the fetus from the womb. It was believed that the fetus of a girl much stronger than a boys. It was also believed that efforts would only be successful if the pregnancy was below three of four months.

“...Unfortunately, my womb was so strong. It did not work.” (42 years, two children, in the clinic)

“...but because the fetus was strong, it was still OK and the pregnancy was still continued. I heard people said that if the fetus was a girl, she is stronger. If you did something, it would not work.”
(26 years, 2 children, in the community)
In short then, as we have seen in this chapter, community’s perception of termination of (suspected) pregnancy is in the middle of ambiguity. In one hand, community was still have a general perception of abortion (whether menstrual regulation/telat bulan or abortion/gugurin kandungan) as a sin and also as infanticide. Particularly, this idea shape on the community perceptions as reflections of the interpretation of the dominant moral like Islam and others religions as well as shaping on the culture.

The community believed that every condition of unwanted pregnancy will be affected the future baby and reflected the fault of women which is consider irresponsible on their duty. And in other hand, community are still in the ambiguity to admit that the way they let women practice termination of (suspected) pregnancy and keep on silent and not discussed it in the public are reflect their conformity on abortion practice. This conformity are also showed when the community agreed that if there is certain condition such a failure of contraception or other reasonable reasons, termination of (suspected) pregnancy shall be done. They believe that the sin is lighter since the fetus is not accomplished yet.

Parallel with the community’s perception, informant’s perception has the same idea about the abortion. Women describe the terms “telat bulan” and “gugurin kandungan” as two terms that is very different which many conditions had been attached by women. The findings founded that women were reluctant to call their practice as an abortion although they realized that what they did actually an abortion. “Telat bulan” is the terms that women used and fell comfortable to call their practice. Women consciously do abortion with using the ambiguity of the term and create differentiation of the terms based on the method of ‘telat bulan’ that they used.

Women in the clinic X perceived that traditional method such as drinking jamu peluntur, concoction or other drinks are manage ‘telat bulan’ but go to dukun or traditional massager and take western medicines are not called as ‘telat bulan’ but already abortion or “gugurin kandungan”. Differently women in community perceive that go to traditional massage was not part of abortion but still viewed as manage ‘telat bulan’. Women in community believe that abortion was viewed as going to an abortion clinic and performed by doctor or midwife. About the effectiveness of jamu peluntur or concoction, other drinks and massage even the western medicines, most women in the community perceived that the TSP methods that mentioned above were effective. On contrary most women in the clinic X thought that the TSP methods were not effective.
To sum up, informant’s perception as the individual who involved with termination of (suspected) pregnancy has tried to communicate their agency by creating the terms of what they do clearly in order to minimize the moral disgrace that they will achieve if they do abortion. In the meantime, women’s also very afraid of they do could affect their fetus and their own health which this perception may lead women’s conduct another method which is more harmful for their health. In the next chapter, I shall examine the context of women’s practices and perception of TSP. As we shall see, such an analysis provided an important point of departure for an understanding of the wider context of women’s practices and perceive of TSP.
CHAPTER VI
AMBIGUITIES AROUND MANAGING “TELAT BULAN”:
TERMINATION OF (SUSPECTED) PREGNANCY IN CONTEXT

From the previous chapters, I captured four main ideas that intertwined the core of women’s practices and perceptions. First, contraception choices and women’s agency; second, patriarchy and gender relations on the women’s body; third, lack of knowledge on reproductive and sexual health among women, and last, inaccessibility of safe abortion services. In this chapter I will analyse the context that influences women’s practices and perception of termination of (suspected) pregnancy with explore more of the four main ideas.

6.1 Contraception choices and women’s agency: the link to TSP practices

Women over the world are very aware of their reproductive health condition, such as their menstruation pattern. Robert Snowden (1983) carried out research in ten countries about menstruation patterns and women’s perception of menstruation. The research showed us how women are generally concerned about the length of the menstruation bleeding and the regularity. Another important finding was that women did not wish to use methods that induced amenorrhoea.

This research was also similar with my fieldwork result. Most women were aware of their menstruation patterns. They would not miss the calculation of their menstruation schedule; especially those women who did not used any contraceptive method but did not want children. The Center of Indonesian Statistic Bureau has categorized these women as “an unmet need”. Unmet needs are married women who do not want to have other children or want to give space for the next delivery but at the same time do not use any contraceptive methods. The proportion of ‘unmet needs’ in Indonesia is nine percent of the married women population. The statistic also revealed that the prevalence of married women who did not use any contraceptive was high, 39.7 percent, it means that the unmet need might be higher than nine percent if you also consider this group (BPS 2003).

It was believed that unmet need contributes to unwanted pregnancy and may lead to the practice of TSP, or, that may lead to unsafe abortion. Widyantoro and Lestari (2004) found that 39% of
women who seek abortion in clinics were unmet needs, and most of them were using non effective contraception and natural contraception (withdrawal and coitus interruptus).

The unmet need phenomenon was reasonable for my findings. Many women said that they did not use any contraceptives because they felt not fit with any of them. They felt that using contraceptives made them uncomfortable and sick. They felt dizzy, nausea or pain without any reason. They also complained about the changes their body, such as they felt that using contraceptives made them fatter, weaker and missing their regularity of their menstruation. It can be explained why women felt that way, because most of Indonesian women were using hormonal contraceptives such as pill and injectable (72.6%; CBS & ORC Macro 2003) which results in the physical change.

In my research, women gave plenty of reasons when they complained that they did not want to use any contraceptives besides the fact that they felt uncomfortable, fatter and sick. The issue of the failure of contraceptives was also of interest to me. Most women admitted that had experienced contraceptive failures. It was very interesting to me since they explained that they had used contraceptives but the result was that they were still pregnant. In more than two cases, I found that they told me that when they were using contraceptive pills, and were only late one or two days taking them they became pregnant. One of my cases told me that she had used IUD but again was still pregnant. There were two mistakes that I could conclude may have caused this, one is that women do not understand what they method used, or we could call this a lack of information about the method that they used and the possibility of becoming pregnant if they miss taking a pill or injection on time. And the second is that the method was really a failure which rarely happens.

The reality of this problem was also the lack of choice of contraceptives methods. During the beginning of family program, many Indonesian women were “forced” by government to choose one of the contraceptive methods especially IUD since at that time this method was free and funds were provided by an international foundation. It was used because there is no free contraceptive anymore, and therefore women must pay for any methods that they use. The only methods that were accessible enough for them were injectable and pills (the price are less than two dollars), although it did not meet their requirements of the ideal contraceptives.

The availability of traditional contraceptives such as to drink Jamu, herbs, ‘aja’f (coitus interruptus) or withdrawal (calendar) are the alternative methods that are popularly used by women. Even though the effectiveness of these methods is questionable (even amongst themselves), they were still felt to be very good alternatives for them. Having met their idea on “ideal contraceptives” and
being agreeable to the community they are satisfactory for many women. Acceptance from the community was one issue that I captured during the fieldwork. In many occasions, like in the monthly gatherings, questions about whether contraceptives were allowed to be used by Moslem women arose. I was involved in two such gatherings where we discussed reproductive health in the district of Kembangan. From there, I found that women were asking about this issue. They were confused since the religious leader in their area had different views about contraceptive law in Islam, some of them believe that contraceptives are allowed without any requirements, and others believe that contraceptives were not allowed except the “ajal”. There was no clear explanation about the law and for many women this made they felt more uncomfortable about using contraceptives. However, not all of women perceived it that way.

Traditional contraceptive methods were chosen by women because it was not only easy to find and cheap, but also suitable for the community moral. The community perceived women who used the traditional contraceptives as being very good and as doing their duty as a mother in the motherhood world. As stated previously, the community perceive that women should manage their reproductive health matters, such as by using traditional contraceptive, pregnancy and delivery.

There was also women who did not used any contraceptive, whether modern or traditional methods. They perceived that they were in a ‘safe time’. What they mean about the ‘safe time’ is the time after they had delivered or were breast feeding (lactational amenorrhea). For women more than 40 years old, they felt that their irregular menstruation was a sign that they would have their menopause. That is why they did not use any contraceptives. Other women who also did not use contraceptives were those who found that after they had used the injection they did not have menstruation for a long time, some even for a year. That is why they thought they were in the ‘safe time’. It was rare that women who did not use any contraceptives did not perceive themselves to be in the ‘safe time’ since they were very aware of they menstrual patterns.

Meanwhile, in the new Indonesian societal norm, they put pressure on women to have a small number of children. Women’s responsibilities are not only to show their ability to have children, but also to demonstrate their ability to manage the number of children that they have (Gammeltoft 1999; Liamputtong 2003; Utomo & Hatmajdi 2004). It is their responsibility to handle this in many ways such as through using contraceptive methods or traditional methods. Women really understood that the cost of living and financial cost of raising children may be substantial. But abortion is widely regarded as being a totally negative experience and to be viewed as a moral issue in the community (Hadley 1996;
Liamputtong 2003). The meaning of the word abortion itself implies that by deciding to terminate a pregnancy a woman is giving up, failing to follow through, that women are being irresponsible. For sure, abortion is a moral burden for women. Abortion is always a dilemma for women in Indonesia. On the one hand, they face stigmatization from the community for having an abortion but on the other hand they must face the reality of the unwanted pregnancy.

Living in secrecy on having unwanted pregnancy and being criticized by the mainstream society if they do abortion, women need to develop agency through which they cooperate in the struggle to have and ideal family. In order to survive, women have become followers of the motherhood ideology, but at the same time they manipulate the ambiguity of the community. The ambiguity about what if women who conduct TSP have a good reason to do that such as revealed in my research.

The community show their ambiguity by saying it could be accepted if they have a real problem. The community itself understands what women do, but their acceptance would be against the principles of morality that they have inherited. That is why the community remains silent about these activities, instead of trying to discuss these as a big issue. They consciously realize that every woman who did either TSP, or who had an abortion, had their own reasons for doing so, and they perceived this as a normal behavior, especially with the recent economic condition although this perception could not be generalized. It is still if we asked the community about their perception of abortion, they will say that it is sin and a bad thing to do, full of stigmatization. In this ambiguity, women view this as a chance to still obey their community role on the one hand, and solve their problem on the other hand. As Gidden’s (1984) said that the concept of agency pointed to the idea of individuals who are capable of creatively responding to and changing the circumstances in which they find themselves.

The success of the women’s agency on put the idea in the community that TSP is the result of their problem such as failure of the contraception, the sick effect from the contraception, and had enough children. It had changed to some extent community’s perception on the way they perceive about abortion. In other words, women were using strategies to face the dominant ideology and the success of the agency is on the way they communicate the idea through their everyday life (Good 1977; Gammeltoft 1999; Koster 2003).

Although not all of community would agree with abortion or TSP on the same way but they believe that women should handle their fertility and in case they have a problem such an enough
children and bad behaviour husband, they were (hidden) recommended TSP (or they also called that abortion). Moreover not all of the community perceives the issue in the same way, they do believe that women should handle their fertility and in cases where they have a problem, such as a sufficient number of children or the bad behaviour of their husband, they secretly recommended TSP (or they also called that abortion).

Under these circumstances, women’s agency is constructed slightly in the society. Their negotiation with the community in order to avoid stigmatization seems successful. Women may freely continue their activities since the authorities also do not give attention to the area of TSP. The survival tactics of women in terms of induced abortion is also an agency in their negotiations with the community. These types of agency are based within the woman’s sense of responsibility of their fertility, their knowledge of pregnancy and their social interpretations of their activities. But the success of agency, at the same time, becomes a death trap for women. These activities to bring back their menstruation are considered unsafe since they are using harmful techniques or medicines.

6.2 Patriarchy and gender relations on the women’s body

In the Qur’an, Allah mentions the honour of all mankind, especially women. Verses of the Qur’an establish that women are an equal with men in terms of reward for their good deeds. One key verse describes “For Muslim men and women, for believing men and women, for devout men and women, for men and women who are patient and constant, for men and women who humble themselves, for men and women who give in charity, for men and women who fast, for men and women who guard their chastity, and for men and women who engage much in Allah’s remembrance – for them Allah has prepared forgiveness and great reward” (2000:35)

Although Islamic teaching presents an equal position for men and women with extremely well articulated rules for living, it would be a mistake to assume that all Muslims practice their lives in accordance with that set of rules. The same can be said of many other areas of social life, where the practices of everyday living may differ from behavioural ideals. The life of Indonesian women was explained in detail by Kartini (the first Indonesian female activist) in her letter written in August 1900 to Mevrouw Abandanon. In her letter, Kartini expressed how hard the local tradition and country morals and customs treated Indonesian girls (Uromo & Hatmadji 2004).
“...It had already been a great offence against the morals and customs of my country that we girls went out to study and had therefore to leave home every day to attend school. You see the *adat* (traditional law) of our country strongly forbids young girls to go outside their home. We were not allowed to go anywhere else – and the only educational institution with which our little town is blessed is just an ordinary public elementary school for Europeans. In my twelfth year, I was ordered to stay home – I had to be put into the ‘box’. I was locked up in the house, totally separated from the outside world to which I could not return unless it was at the side of a husband, a complete stranger chosen for us by our parents and to whom we are married off literally without our knowledge (Joost Cote’ 1995: 3).

Women are subordinate not only to all the men, but also to the more senior women, especially their mother’s in-law. Women were expected to continue their patriarchal path by producing male offspring. In everyday lives, motherhood ideology more often put on the shoulder of women a reflection of the patriarchal system. Women are perceived as being lower than men in status, and are only recognised as a daughter, sister, wife and mother. In other words, cultural ideologies, including the official prescriptions of Islam, may be extremely powerful in shaping the area of practical social relations, including those between husband and wives.

In the area of reproductive health, such as in contraception and abortion, the patriarchal system is dominant. Male reluctance to use, or to permit their wives to use, family planning methods is a major contributor to the burden of unwanted pregnancies. It is because men do not consider reproductive health matters as a part of their responsibility the low percentage of males using contraceptives is due to a lack of knowledge and awareness, limited delivery and limited access to male contraceptive services. Cultural and social factors also play a part because communities and families may still regard male participation in contraception as being unnecessary (Sciartino 1998). Males are less aware of the family planning program and are more likely to consider family planning programs to be domestic issues for women because of the association with the reproductive processes (such as pregnancy, delivery and breast-feeding).

The primary role of the husband as the decision-maker is also reinforced by legal requirements. Every married woman who comes to the reproductive clinic to seek abortion services is required to have been granted prior spousal consent. This requirement limits access to services for women who do not have family support for their decision to abort. Sometimes women were not permitted by their husband, or other family members, to have an abortion. It is again because of the gender roles that are given to men and women in the paternalistic pattern.

It is largely known that in the patriarchal system men want more children than women, as the burden of care was largely shouldered by the latter. Also within the patriarchal system there is a
preference to have son. I found that in my fieldwork result. One of my informants told me that her reason for having children has been accomplished since her last child was a boy, as her husband and family wanted the child to be. Then, when she was finally found out that she was pregnant again, she wanted to abort that because she had enough children (seven children). The patriarchal system absolutely takes a role in the area of reproductive health especially in having the 'correct' children and in not having more children. Similar case founded in Nigeria and Vietnam (Koster 2003; Gammeltoft 1999).

6.3 Lack of knowledge on reproductive and sexual health among women

In the area of education women are still facing a big gap. Although over the past decade there has been a rapid change in primary school attendance rates, gender disparity is still significant in lower and upper secondary school. The family and the community still continue to favour male access to a higher level education over female access. Parents are less motivated to invest in a girl’s education since they will be married and move in with their husband’s family. Women with no schooling (upper 10 years old) total 42 percent in the rural areas and 23 percent in urban areas. The rates of illiterate women (upper 15 years old) were 45 percent compared with illiterate men at 23 percent (UNFPA 2004).

The educational status of women was also reflective the fertility knowledge of women. Martin and Juarez (1995) stated that education has long been recognized as a crucial factor influencing women's childbearing patterns and has an impact on women’s desires and behaviour. They argue that literacy conditions have an impact upon access to information which is instrumental to informed fertility choices. Furthermore, they said that the increasing reliance on scientific explanations to provide greater awareness of alternative lifestyles is gained through education.

The findings of my fieldwork showed that women who sought abortion in reproductive clinics had a higher level of education than other women in the community. They argued that as a woman, with a mandatory of ‘motherhood ideology’, she had the responsibility to think about their children’s future. Contrary for other women in the community, although they also thought about their children's future, they chose to continue their unwanted pregnancy. It was related to their degree of autonomy in determining whether and when to bear children in the family.
As a form of women’s agency, TSP is the day to day life of women within which they lack reproductive and sexual health education. The lack of reproductive and sexual health education contributes to the problem of women who want to limit fertility or space their children but are not using any contraceptives method (unmet need). As I mentioned before women felt that contraceptives methods made them sick, have pain and feel fat. They got these ideas from the bad experiences of other women. Issues of failed contraceptives that shape the community’s views are reflective of the lack of the information about the effectiveness of the contraceptive method. They did not know that the method that they used had certain requirements that must be strictly obeyed.

The possibility of discussing reproductive and sexual health is also a barrier preventing women from getting the right information. One of my informants told me that she received no instruction from the midwife that she must not miss taking the contraceptive pill not even for one day. She said that the midwife would not talk actively about it and that she was too embarrassed to ask about it. It is also generally known that discussion about reproductive and sexual health is forbidden for a child and is sensitive for adults. It is considered taboo to talk about this matter, especially in the public area. Women who talk about this issue will be regarded as bad women or as naughty women.

Since the issues are sensitive, most women do not talk about this issue in public area but will do so secretly through their discussions with their close friend or neighbor. Through these secret conversations, information is transferred. The fact that women get their information about reproductive and sexual health in this manner, and that this information sometimes is not right, may even lead them to dangerous practices such as unsafe abortion. In the fieldwork, many women received information about TSP practices from their close friend or neighbor. Similarly with women in Bangladesh, they tend to obtain information about sensitive issues through the informal network of friends and family rather than from the media (Islam, Rob, Chakroborty 2004).

The ideas about taking any western medicines, pills on which are written “prohibited for pregnant women” are also because of the lack of education that they have. They consciously knew that if they still took the pills they would affect their fetus’s health but they would not realize that at the same time it would also be dangerous to their health. Women’s ignorance on their own health shows us that lack of information of empowerment women. Women thought that their sacrifice will be worthy and show their role as a good mother. Unfortunately, they did not realize that their healthy and their live more precious for their children’s future and family.
With regards to fertility knowledge, most of the women involved in my research did not know the right time for their fertility period. For them, their fertile days are before and after menstruation. In this way, when they drink jamu as one way of their TSP practices they drink it on fertile days so that they can protect themselves from pregnancy. When they used abstinence or withdrawal methods (calendar), they have falsely calculated their fertile days. Similar case with women in India and Sri Lanka (Nichter and Nichter 1998). A lack of education, especially about reproductive and sexual health, has contributed to TSP practices and perception among women.

6.4 Inaccessibility of safe abortion services

As I mentioned before there is an ambiguity on the terms of abortion and menstrual regulation. The terms are given an opportunity to have different interpretation on what really women’s do. The terms of menstrual regulation is often used by women as a coping strategy. Women do not have to take their pregnancy test if they do not want their practice called as an abortion. This opportunity has seen by the Government of Bangladesh as a pragmatic solution in the middle of illegal status of abortion except to save the live of a woman. The Government declare a policy regarding TSP on 1974. (Ali, Zahir, and Hassan 1978: 31; Ganatra 2001: 182).

Similarly to Bangladesh, in Indonesia most of the abortion services used the term of TSP. In the clinic X in which I conducted my fieldwork, they used the terms "Induksi Haid (IH)" which literally means “TSP”. As Hull et.al. mentioned TSP in Indonesian is called as induksi haid or disedot and dilatation and curettage (dikuret), through rare second and third trimester cases of saline induction and the use of prostaglandins – are, in effect, modern approaches to an old problem in Indonesian society (Hull et.al. 1993: 241). Other Non Governmental Organizations (NGOs) which were also providing the services used the same terms such as “pemulihan haid”. For the report on abortion, they used very soft language such as “penghentian kehamilan tak direncanakan/to discontinue un-planned pregnancy” or “penghentian kehamilan tak diinginkan/to discontinue un-wanted pregnancy”.

NGOs would not use the term abortion because the sensitive ideas that are attached to the word. The aim of using the soft words relates to making their advocacy at least being heard by the parliament. Until now, they have been struggling to regulate abortion but they said they did not want to legalize abortion. Although they had tried to package the word nicely, they are still a long way from getting a successful amendment of the Law of Health no.23/1992. Despite using the same terms as in
Bangladesh, in Indonesia we do not have any law or policy to cover the practices of abortion. It remains illegal and everyone who is involved in these services still has to face the prohibitive law.

While abortion is widely and routinely performed throughout Indonesia (estimation two million abortions per year; Utomo et.al 2001: 45), pregnancy termination is illegal without medical indication that a woman’s life is placed at risk by her pregnancy. By (uncertain) law, abortion can only be performed by an obstetrician/gynecologist or other biomedical doctors with appropriate specialist training. Traditional birth attendants, nurses, midwives and many general practitioners also provide abortion services illegally and consequently the lack of access to adequate training means that they are not subject to quality assurance. The ambiguity of the abortion legislation with regards to the definition of a “medically indicated” pregnancy termination, and its potential implementation in the prosecution of providers – even those who are legally qualified – encourages the invisibility of abortion and further inhibits quality assurance. Consequently, the risks for women associated with abortion, are magnified because the technical competence of most providers cannot be assured (Bennett 2000: 3).

I agree with Islam, Rob and Chakroborty’s (2004) statement that TSP practices are an unrecognized form of birth control, although I would like to say that it is recognized by women, provider and secretly also by the government as a form of birth control. It is recognized that abortion is a method used to protect women from having additional children or to help them plan their ideal family. Undoubtedly, the extensive use of induced abortion, which is called TSP, plays an important role in maintaining such a low level of fertility rate of 2.6. This would indicate that there is some urgency to lower the rates of induced abortion and the number of unwanted pregnancy because at the same time the Maternal Mortality Rate (MMR) is high (307/100,000 live births). As Azrul Azwar from the Department of Public health, Indonesian Ministry of Health said 15-50 percent of this rate is contributed to by unsafe abortions or, in other words, from every ten pregnancies in Indonesia, it could be that one case died because of unsafe abortion (2004: 98).

Although public awareness of the urgency to lower the rates of unsafe abortion is slowly rising, we shall look at what was the reality underground. The results of the fieldwork shows us that most women have no access to a safe abortion, if they decide to abort the pregnancy, and that they have no alternative way to deal with their unwanted pregnancy if they decide to continue the pregnancy. For women who already did TSP, especially those practices which are considered as posing a high risk for both of women and the foetus, it took time for them to decide and to go to search for abortion services.
Abortion, which is considered a very taboo word and to be very sinful, is not really popularly discussed among women, especially in the community.

Moreover, most women did not know where to find the “safe abortion services”. Almost similar to the Bangladesh case, information about TSP services is obtained from relatives and family planning workers, but not from the media (Islam, Rob and Chakroborty 2004). A lack of information about safe abortion places women in danger. They might end up practicing unsafe abortion such as one of my informants had experienced a massage from the traditional massage practice. Although she was lucky, her baby died after delivery. But others might be not as lucky as she is. I heard also of similar cases in the community where two women died after delivery in the previous four years in the same area which was suspected to be due to a use of TSP. Both of them had many children, one of them even had seven children.

Indeed, there are many factors that make safe abortion services inaccessible for women besides the lack of information about the services (Kabeer 1992; WHO 1998). In reality, women would like to choose to use TSP through drinking jamu peluntur, concoctions, or using massage which are less expensive and very easy to gain access to.

Most of my informants who came to the reproductive clinic for the first time said that to access the clinic was not so easy. They might search for the information through their friends or family after they were sure that they had a positive pregnancy result. It usually took a minimum of two weeks after they realized that they were late in menstruation and they were waiting for the right time to get their self-test pregnancy. If they were lucky, they would get the right information and come to reproductive clinic in which they would face another barrier. Before they came to the reproductive clinic, a lot of preman (mediator) for unsafe abortion advertise in front of the reproductive clinic that they will offer them abortion services performed at reasonable prices (sometimes higher than the clinic). The location of this ‘hidden clinic is near to the reproductive clinic. If they were not lucky they would end up getting ‘wrong information’ such as the information that I got from one of my informants that before she came to the clinic, her neighbour told her about the availability of abortion services outside of the city but that they were very confidential and that even many artist and famous people came there.

It also arose in my fieldwork that women who came to private obstetrician/gynaecologist clinics had been refused and recommended to continue the pregnancy. They said that the doctor argued that abortion is a sin and when my informants insisted on an abortion the doctor unwillingness decided to
recommend one clinic. Judgemental behaviour from the provider (doctor, nurse, midwives and others) is really common in the area of the abortion services.

There was interesting research conducted by Jurnalis uddin et.al. (2004: 30) that involved pre-post interventions of general practitioner students’ knowledge, attitudes and practices. The research found out that knowledge about the number of abortions, the maternal mortality rate, and the law on abortion and the various differences of religious perspectives were very low. But after the interventions, they got information about the background and situation of women who decided to get abortion and lack of law protection on unsafe abortion, their views and attitudes has changed became more acceptable for safe abortion services and regulation. As a result, they were really realized that there was an urgency to solve the problem promptly.

To sum up of this chapter, I would like to say that the idea of being fertile is always seen to be internalised in women mind and practised as an ideal contraceptive methods. For women, contraceptive methods had to adhere to their expectation which is parallel with the expectation of the motherhood ideology. When women were faced with situations where there are limited options of contraceptive methods, their only options are to accept methods that paradoxical with their belief. Then women refused to use any contraceptive method (unmet need). Unwanted pregnancy has become undesirable condition which gives women difficult options to decide whether to continue the (suspected) pregnancy or to practice TSP.

However, practicing TSP which women perceived as ‘telat bulan’ had its own dilemma. Using TSP results moral disgrace from the dominant ideology at the same time women are expected to an ideal family (few children) as influenced by the motherhood ideology and patriarchy system. Although abortion is generally disapproved by the community, it is frequently practiced in secrecy. In this situation women search for an opportunity to have their aim accomplished. Women see the ambiguity in the community on perception of TSP. In one hand community disagree with TSP practices and in other hand they acknowledge women’s motivation to do TSP. In this ambiguity women decide it to create an agency to solve their problem. Women's agency is to make the community reason with them on why they have to practise TSP.

It seems like a successful agency since slightly community's perception slowly changing to be more acceptable to TSP practice but on the other hand TSP has become a death trap for women. On the process of searching the right way to do TSP, women due to ignorance on sexual and reproductive
and inaccessible safe abortion service resort to harmful and dangerous practices. In the context of the surrounding environment women continued practicing TSP which at the end contributes to the unsolved problem of maternal mortality in Indonesia.
CHAPTER VII
CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions

Although we cannot generalize the results of this research, there are many interesting insights on women's experiences with and perceptions of TSP. In summary, women did practice induced abortion, which was considered/expressed as menstrual regulation from their point of view. Various methods that women used, such as the drinking of jamu telat bulan or jamu peluntur, concoctions, other drinks, western medicines, and massage or ‘nyampingin peranakan’, did show their serious efforts to get rid of their unwanted pregnancies.

Women argued rationally that what they had done served the future of their families. They described themselves as mothers who had taken the responsibility for their families, in agreement with how the ideology wants them to be. In spite they were acting against the community’s perception of abortion, they created an agency to make sure that their messages would be received successfully in the community. They communicated their bad condition of using contraception, failure contraception and other issues, such as their poor relationships with their husbands (bad behaviour) as an evidence to legitimate their practices.

These secret communications show us that women were very clever to deal with their lack of authority concerning their own body. As I mentioned before, women do not have authority over their own body, since the patriarchy and gender relations have taken over the power and gave it to their husbands or mothers-in-law. The women’s agency shows us that the community finally accepted (but no fully) their practices, and that women achieved a lighter judgement from the community. TSP or abortion (part of the community perceives it that way) were not too much discussed in the public area as a really sinful act if the women had good reasons to do it.

As a result, women have became followers of the motherhood ideology, but at the same time they play tricks on the ambiguity of the community. Under these circumstances, [women’s agency is constructed slightly in the society]. Their negotiations with the community in order to avoid stigmatization seems successful. Women can freely continue their activities since the authorities do not give attention to the area of TSP. The survival tactics of women in terms of induced abortion are also an agency in their negotiations with the community world. But the success of their agency at the same
time becomes a death trap for women. These activities to bring back their menstruation are considered unsafe since they use harmful techniques or medicines.

Moreover, the needs of women who are seeking abortion to solve their problem should be respected. As Schrijvers said: “when we try to improve women’s general and reproductive health, there is an importance to understand the full background of their reproductive choices, for that reason, we have to consider total social-cultural and historical context of their lives” (1998: 12).

7.2 Recommendations

In light of these conclusions, I make the following recommendations.

Legalize menstrual regulation and abortion

There is an emergency call for a clear legal reformation to reduce unsafe abortion services as well as the practicing of unsafe TSP or induced abortion. Regulation of TSP and abortion will contribute in providing and improving safe abortion services. If abortion and TSP practices are regulated strictly, we have the tools to control the unsafe abortion services which now remain unaffected.

Provide and improve safe abortion with counseling-based services

There is an urgent need for providing and improving accessible safe abortion services for women. The counselling-based services are needed to avoid repeated abortion. Widyanotoro and Lestari (2004) said that 20.5 percent of the women who came to seek abortion had experienced abortion (repeated abortion). They also proposed trained personnel to perform the services at low costs, so women will achieve safe services and can access the services. Kabeer said that legislation alone does not guarantee availability of abortion services; what is needed are trained personnel and low-cost services (1992: 17).

Advocate for public awareness

Advocacy efforts must be addressed concerning the mobilization of public awareness for safe abortion services, in order to minimize ignorance about the problems of unsafe abortion. To deal with immediate rejection by the community, we should enlighten the community with the backgrounds of the problem and the stance of Islam regarding abortion. Increasing the community’s empathy is very important to gain successfully support, and to minimize barriers against abortion services from the community.
Empower women for their rights

Empowerment of women is one thing that we must concentrate after we understand the everyday life of women. The Government must pay attention to several sectors, such as the opportunity to go to school, equality in the working place, participation in decision making, and more political rights for women. I would agree with the idea that women themselves must change from Utomo and Hatmadji that empowerment is not something that can be done from the outside; it is something that women need to do for themselves. Empowering women for their rights is important (2004).

Promote greater cooperation of women’s groups, NGOs and Government

The government seems reluctant to regulate abortion, but it also does not open its eyes to the fact that a lot of services offer unsafe abortion to women, and we do not see that the Government is trying to ban it. We are definitely in need of a solution to solve the problem of unsafe abortion, and we hope this solution also will decrease the maternal mortality rates. Sciortino said that the main emerging approach seeks to involve different actors at different stages (1997: 40). Promoting greater cooperation of women’s groups, NGOs and Government are needed to get to the bottom of the unsafe abortion problem.

Increase male responsibility

There is a need to promote male methods of contraception (condoms and vasectomy). I strongly support the strict policy of male responsibility on contraception, to make sure that males participate.

Finally, I hope that this research makes a small attempt to go in the recommended directions, by giving Indonesian women voices and self-representation on abortion issues, which often affects their daily lives. I heartily encourage other, further sophisticated, research to be undertaken, using multidisciplinary approaches and combining methods of quantitative and qualitative research from the fields of epidemiology, demography, and the social and behavioural sciences, in order to increase understanding on the women’s experiences and perception of abortion. Especially, I would recommend a national survey, to get precise information on the proportion of induced abortions and its contribution to the Maternal Mortality Rate in Indonesia, to get insight in the magnitude of the problem, and as a way to come to a proper policy.
PROBLEM ANALYSIS DIAGRAM

Structural level
- Policies
- Gender
- Religion
- Marital Norms/Motherhood ideology
- Access to safe abortion
- Access to education
- Knowledge of contraceptive
- Knowledge of reproductive and sexual health

National level
- Legal restriction on abortion

Social level
Community
- Motherhood ideology
- Moral disgrace
- Ambiguity

Individual level
- Contraceptive use
- Patriarchy and gender relations
- Low-level education
- Lack of knowledge of reproductive and sexual health
- Limited access to safe abortion
- Agency

--- These units are not focused in this study ---
REFERENCES

Administration of Jakarta

Alcoseba, Belen. Sr.Ma

Ali, Aurangzeb.

Ali, M.S, M.Zahir and K.M. Hassan

Anshor, Maria Ulfah and Abdullah Ghalib

Azwar, Azrul

Bennett, L.R.

Blanchet, Therese.

Boomgaard, Peter.

Budiarsana, Meiwita.
2004 Barriers of managing reproductive health problem in Indonesia as global commitments. Paper presented to conference of legislative parliament on reproductive health program, Jakarta, 3 Apr.

CBS & ORC Macro.

Cholil et.al.
Cote’, J.

Flanagan, Anthony

Gammeltoft, Tine.

Ganatra, Bale.
2001 Unsafe abortion in South-East Asia: a review of the evidence. Pp.151-186, June

Giddens, Anthony.

Good, Byron. J.

Gupta, Jyotsna Agnihotri
2000 *New reproductive technologies, women’s health and autonomy: freedom or depedency*. New Delhi: Sage Publication Inc.

Guttmacher’s, Alan F.

Hadley, J.

Hull, Terence H. etc.

Inhorn, Marcia C.

Islam, M.Mazharul, Ubaidur Rob, and Nitai Chakrobery

Jaffer, Haider.

Jurnalis uddin et.al.
Kabeer, Naila.
1992 From fertility reduction to reproductive choice: Gender Perspectives on Family Planning. Brighton: IDS.

Kamaluddin, Siti F.

Koster, Winny.

Leach, Belinda.

Liamputtong, Pranee.

Lock, Margaret

Martin, Teresa Castro and Fatima Juarez

MUI

Murti, Vasu and Mary Krane Derr
2006 Abortion is bad karma: Hindu perspectives http://www.fnsa.org/fall98/murti.html

Nanda, S. & R.L.Warms
2004 Cultural anthropology (eight edition). Belmont, Ca: Wadsworth

Nichter, Mark & Nichter, Mimi.

Qardhawi, Yusuf.

Russo, N.F.

Schrijvers, J.

Sciortino, Rosalia.

Shahab, Yasmine

Snowden, Robert and Christian B, eds.

Soewondo, Nani.

Stevens, Alan M.

Sub district’s report
2006 Direct information from Kampong Meruya leader.

Sugandhi, R.

The Holy Bible
1971 The Bible: revised standard version; Glasgow, HarperCollins Publisher.

The Holy Qur’an

UNDP

UNFPA

Utomo, Budi, Sujana Jatipura and Arjatmo Tjokronegoro
1982 Abortion in Indonesia: a review of the literature, Jakarta: Faculty of Public Health, University of Indonesia.

Utomo, et.al.

Utomo, Iwu D. & Hatmadji, Sri H.

Widyantoro and Lestari

Wikipedia

WHO

WHO