Women's Experiences with abortion due to contraceptive IUD failure

Thesis submitted by
Budi Wahyuni

Supervisor: Dr. Anita Hardon

Amsterdam Masters In Medical Anthropology
Medical Anthropology Unit
Faculty of social science
University of Amsterdam

August, 2000
# Table of Contents

Acknowledgments ............................................................................................................. ii
Abstract ................................................................................................................................ iii

## Chapter One

Introduction ......................................................................................................................... 1
1.1. Abortion a world wide problem .................................................................................. 1
1.2. Pro and Contra an Abortion in Indonesia ................................................................. 2
1.3. Family Planning Program ......................................................................................... 5
1.4. Role of Non Government Organization ...................................................................... 8
1.5. Why was this topic selected ..................................................................................... 9
1.6. Purpose of the study ............................................................................................... 10

## Chapter Two

2.1. Type of study ............................................................................................................ 11
2.2. Location of Study ..................................................................................................... 11
2.3. Data collection technique ....................................................................................... 13
2.4. Study population & sampling ................................................................................ 16
2.5. Ethical consideration ............................................................................................... 17
2.6. Experiences in Field Work ..................................................................................... 18

## Chapter Three:

Findings
3.1. Abortion, their perception ....................................................................................... 21
3.2. Abortion in the PPA Yogyakarta ........................................................................... 27
3.3. Decision for abortion ............................................................................................. 33
3.4. Experience after the abortion ................................................................................ 39
   3.4.1. Painful, nauseous ............................................................................................ 39
   3.4.2. Feel ashamed .................................................................................................. 39
   3.4.3. Women’s need for assistance ........................................................................ 41
   3.4.4. Change in sexual relationship pattern ........................................................... 42

## Chapter Four

Discussions and conclusion .............................................................................................. 44
4.1. Discussions ............................................................................................................ 44
4.2. Conclusions ............................................................................................................ 47

## ANNEXES

Annex 1. References
Annex 2. Problem Analysis Diagram
Abstract

This study is based on the fact the increasing number of women asking for abortion services in the IPPA clinic, Yogyakarta.

This study aims to study in details factors which endorse women to make a decision for abortion and also the experience of women having abortion. Moreover, to explore in-depth the experiences and opinion of the physicians, midwives, and counselors in helping women by providing abortion services. Also the opinion of government officials in health and family planning sectors, as well as staff in the IPPA Yogyakarta.

The clients of the IPPA clinic were chosen as the sample of the study. The study population was married women with unwanted pregnancy due to IUD failure.

In this study, it was proven that abortion was one of the alternative solutions for not adding more children. Small family norm is a need that could not be postponed. Women felt ashamed of having more than two children since social pressure was coming not only from the neighborhood, and working environment, but also from their own teenage children.

Contraceptive service is available everywhere, easy to access, however there is no available services for abortion or protection for women since abortion is illegal and considered taboo by the community.

Woman's first effort for restoring her menstrual cycle was consuming traditional herbs (jamu) or even modern pill for late menstruation as soon as she missed her period. If this initial effort did not work, she would ask her husband to seek abortion service. Due to limitation of knowledge, abortion usually undergone after the next 5 - 7 days. In the period of looking for abortion services, the woman usually faced through a confusion, or nervousness.
To experience such unexpected situation, these women perceived that abortion did not necessarily mean immoral. In order to prevent social stigma, the term abortion has been substituted with menstruation induction. In the future, unwanted pregnancy will continue to increase, therefore a responsible induced abortion service has turned to be an emerging need.
Chapter I

Introduction

1.1. Abortion, a world wide problem.

Induced abortion is one of the oldest methods of fertility regulation and one of the most widely used in the world (Royston and Amstrong, 1989). Around 55 million women are seeking to end unwanted pregnancies annually. This is one-fifth to one-third of the number of total pregnancies (Jacobson, 1990). The World Health Organization (WHO) estimates that 20 million women especially from developing countries risk their lives with unsafe abortions and about 80,000 of those women die each year. Thus, the right to abortion may for a woman be the right to life (Doyal, 1995). However, millions more feel they have little option but to carry unwanted pregnancies to term, often with negative effects on their own well being and sometimes that of their children. This ‘invisible plague’ is entirely preventable, arising as it does from a complex mixture of ‘social intransigence’, religious intolerance, economic self-interest and political apathy (Jacobson, 1990).

Many women who decide to terminate their pregnancies feel their decision is at odds with many of their own desires. An abortion makes a serious and meaningful mark on the lives of many women. This situation will yield to a crisis that made them grow up and led them to form new points of view, rethinking their personal relationships, their work, their whole of their existence (Zoja, 1997). An obstacle, which could not be neglected, especially in the countries in which abortion is illegal such as Indonesia, is stigma of abortion practice. Abortion is considered an immoral action. Since abortion is considered as an act of elimination of one's life. The stigma puts the women in a difficult situation. Factors involved are: the financial burden, the emotional commitment to both pregnancy and the raising of the child, and the relationship between the partners. For women who have completed their
ideal family size, the decision to abort can be excruciating. It's a lifestyle choice, and she is not taught to think in such a self-centered way (Stein, 1978).

According to Leonard, three factors influence the prevention of pregnancy: the availability of contraceptive methods, effective use and effectively of the method. Tietze and Bongaarts (1975) said that contraceptive methods could be effective up to 95%. These two demographers estimated that 7 out of 10 women wanted to terminate their pregnancies during reproductive age, in order to reduce fertility to an average of two births per woman. Although an effective family planning program could reduce the number of unwanted pregnancies, it does not mean that it could eliminate the need for abortion. This need is even higher when we cannot be 100% sure that all contraceptive methods are always functioning properly.

The need for abortion is high because women with unwanted pregnancies do not want to keep their pregnancies, even though not all unwanted pregnancies will be ended by abortion. Most of the women with unwanted pregnancies were forced to keep their pregnancies since abortion is impossible to perform due to many reasons such as advanced state of pregnancy (the IPPA, 1998). Women who need abortion due to unwanted pregnancies have to consider many factors that could influence the decision to have an abortion such as availability of services, high costs, and stigma.

1.2. Pro and Contra Abortion in Indonesia.

In 1994, representatives of more than 180 nations met at the International Conference on Population and Development (ICPD) Cairo, and approved a Program of Action that emphasized the need to improve reproductive health. In the ICPD Program of Action it is stated that every pregnancy should be intended. The recommendation for action of ICPD Cairo 1994 underlines the
importance of country interventions for reproductive health problems. However, the interventions aim to give room for individuals in performing their reproductive functions according to their needs and not restricted by certain values and forces to which every individual has to stick (Mohamad, 1998). Although there is a commitment at international and national level to consider address reproductive health problems, implementing the ICPD program of action is not an easy task for Indonesia.

Abortion in Indonesia has always been a controversial issue in the context of human rights, religion, and moral judgment. The debate on pros and contras abortion is actually caused by a difference on defining abortion itself. At one side, abortion is seen as the murder of human being. And at the other side there is the opinion that abortion is also an individual woman’s right (Wilopo, 1994).

Pro and contra abortion lies on the opinion “when life begins”. Whether at the time a sperm enter the ovum, or 120 days after that as stated in the Qoran, based on the hadist of Mohammed. This was explained by Bukhari and Muslim as follows: "Every individual develop in her/his mother’s womb in 40 days, after that she/he has something (fetus) for the same days; the n she/he develop her/his own flesh also for 40 days; Then Allah asks the angel to blow the soul (Emiyanti:1997:26).

According to study quoted by Terence Hull, Sarwono and Widyantoro (1993), each year the number of abortions in Indonesia is estimated around 750,000 – 1,000,000 cases, though the estimation of Indonesian Minister of Women’s Empowerment gives a different number of around 2 million abortion annually (Tempo, 1999). There is no accurate information on this sensitive subject of abortion in Indonesia, as the procedure is legally restricted and official statistics on abortion are not collected.
In May 2000 in Yogyakarta, there was a discussion on abortion by religious leaders from Nahdatul Ulama and Muhammadyah. The Majelis Tajrih\(^1\) stated that abortion is allowed up to 120 days of gestation age. However in July 2000, a national meeting of Muhammadyah decided to prioritize the Moslem doctrine, and to forbid abortion.

In Indonesia, abortion services are very limited. Stigmatization of abortion and legal sanctions has generated a flourishing market for illegal services. Some clients turn to traditional birth attendants who sometimes perform abortion under very poor hygienic conditions resulting in complications. Also some doctors agree to carry out abortions, in spite of the risks they face, either to help their patients – or to pocket some extra income or both. Due to the illegal status of abortion costs of abortion practice are high.

Prohibition of abortion is stated in Indonesian Health Law No. 23/1992 - Article 15 of the chapter on family health as follow:
1. In emergency cases, in order to save the life of a pregnant woman or that of her baby, certain medical procedures could be performed.
2. The mentioned medical procedure should only be performed under the following conditions:
   a. Based on medical indications that warrant the procedure;
   b. Done by health personnel who is qualified and has authority to do it, and done in a professionally responsible way and (those medical indications) should be confirmed by a team of experts;
   c. With the consent of the concerned pregnant woman, or her husband, or her family;
   d. Performed in an assigned health facility.

\(^1\) A Moslem league which is able to give recommendation about the Al ‘Quran explanation.
3. To further regulate this matter, implementing guidelines shall be issued by government.

Even though abortion is not explicitly mentioned, one can understand that abortion is part of the “certain medical procedures”, or the “certain medical procedures” is actually a way to avoid using the word abortion. In a country where many religious leaders are still strongly against abortion, the avoidance of explicitly mentioning abortion is understandable. This is a political compromise for those who are categorically against legalizing abortion but understand the need of safe abortion services, though on the other hand they do not want to take any political risk.

Under these circumstances, neither the patient nor the abortionist is willing to report the practice to the authority. Consequently, it is very difficult to record the incidence of terminated unwanted pregnancies and their complications. Data available show that more than 65% of the abortion cases identified from many provinces in Indonesia were married women. The increasing demand for abortion could not be separated from the ‘ideal’ to build a small family that is promoted by the government through the family planning program (Darwin, 1997).

Abortion problems seem to be more complex since the government and parts of the community tend to consider abortion as a problem related to extra marital pregnancy or irresponsible women who do not want to raise a baby.

1.3. Family Planning Program

In the era of the old order 1945-1965, the Indonesian community was considered an agricultural community and children were considered as

---

2 Despite numerous discussions until this date, no guidelines have been developed.
assets of the family. Therefore there was a motto/slogan “banyak anak banyak rejeki” (lots of children means prosperity), since there would be lots of people who could help in the rice field. Sukarno, as the first President of the Republic of Indonesia, promoted a strong nation is a highly populated nation.

However, during the new order of Suharto, the Indonesian government, to the contrary, said that a highly populated nation is a threat to the nation itself. For that reason, a family planning program was introduced to control the population growth. In order to gain the support of the community, the family planning program was changed into a National Movement. By promoting Norma Keluarga Kecil Bahagia Sejahtera (NKKBS), “A Small, Happy and Prosperous Family Norm”, the community was encouraged to change their views on family size. The government practices a traditional approach in the family planning program, since almost all promoted contraceptive methods are for women. The government promotes modern contraceptive methods for reducing maternal mortality, and also to improve the health status of mother and child.

The idea was that by keeping the family small, happiness and prosperity would be formed. The government tried to convince the community, that with only two children3, the parents would have more opportunity to give love and attention. Women would have more opportunities to be involved in economic activities. They would be healthier, since they would not frequently give birth. Moreover this would also result in a lower maternal mortality rate. In order to endorse this ‘two child norm’, the cafeteria system4 in family planning services was replaced by strong promotion of

3 Government’s slogan: “two-children is enough, boy or girl is the same”
4 Contraceptive services, which allow the client to choose a suitable contraceptive method.
long term effective contraceptive methods, such as implant, IUD and sterilizations.

Triggered by the economic crisis in 1997, contraceptive aid from funding agencies was reduced, and the provision of effective methods was drastically reduced and in many places only IUD was actively available. IUD is promoted as an long term effective contraceptive method, has in scientific trials a low failure rate\(^3\), is cheap, does not have many side effects since does not contain hormone. When removed, the fertility of the woman is immediately restored.

While reproductive health is supposed to be the main concern, in the Indonesian family planning program, the government is not able to accommodate the needs. Modern contraceptive methods have successfully accomplished a level of population growth to be proud of\(^6\).

In reality the family planning program is not exactly doing what it has promoted. Contraceptive methods do not always successfully promote women's health. Some women using an IUD, experience a change of feelings, nausea, strong and long menstrual bleeding. These experiences were also found in a study in Vietnam (Gammeltof, 1999).

In case of contraceptive failure, no menstrual induction services are offered. Women are only given compensation when they continue their pregnancy. The compensation given is only Rp 50,000, - (US $ 6) which does not cover prenatal check up and delivery costs.

\(^3\) 0.03 % (BKKBN, 1997)
\(^6\) UN award given to President Suharto as a reward for the success of the family planning program, 1995.
In many contraceptive failure cases, women have decided to seek abortion. It is interesting to note that in the last decade, abortionists have only rarely been prosecuted, except when there was a fatal outcome. In case of detection of an illegal abortion the punishment will be given not only to the woman who seeks abortion, but also to the abortionist.

Some Indonesian women feel ashamed in openly admitting that abortion services are needed under certain conditions. Others strongly oppose abortion regardless the reasons behind it.

1.4. Role of NGOs

The IPPA (Indonesian Planned Parenthood Association) is one of the NGOs in Indonesia providing family planning and reproductive health services. The IPPA began its activities since 1957 and is committed to improving health services in the community. IPPA has clinics in 24 provinces. Although there are many NGOs focusing on family planning and reproductive health, the IPPA is the only NGO providing menstrual induction services. The menstrual induction services at the IPPA were established to reduce maternal death due to unsafe abortion. In principal, menstrual induction service is provided for all women with unwanted pregnancies.

The local branches of the IPPA, due to different cultural characteristics, are obliged to develop the own regulations, within the national policy. Therefore the criteria for providing abortion or menstrual induction depends on the provincial the IPPA policy makers. Standard operational procedures are set by the IPPA headquarters, for example: counseling before the service, signing the informed consent form, follow up visit after the service. General practitioners and obstetrician-gynecologists who perform abortion in the IPPAs clinic have followed specific training courses.

7 In 15 clinics only.
Even though the national law prohibits it, the government allows the IPPA to perform abortion within the strict standard operating procedures. In this way the IPPA is able to protect the physicians, midwives and counselors working for the IPPA.

1.5. Why was this topics selected?

I. In Indonesia IUD is one of the most recommended contraceptive methods and the government provides subsidy. Even incentives are given to IUD users, such as fellowship for her children, and other privileges, such as an insurance.

II. IUD failure is a consequence of failure of technology not as the result of neglect of the woman.

III. IUD failure can only be detected after pregnancy is diagnosed.

IV. Compare with other contraceptive methods, IUD failure has more complicated consequences. If the woman decides to continue her pregnancy and keep the IUD inside, this condition could harm the health condition of the baby. This condition will have a psychologically influence on her. Several physicians said that for lips loop IUD that are made from plastic does not have any bad influence on the baby, however for other types of IUDs with copper, there is a 50% chance that it will harm the baby. On the other hand, if she decides to have the IUD removed, there is a risk of loosing her baby.

V. Moreover, there are no qualified services for abortion if the woman does not want to keep her pregnancy.

---

8 ASKABI (Indonesian Family Planning Insurance) only provides delivery cost for IUD failure or surgery cost for IUD translocation for Rp. 250.000. The insurance premium is Rp. 10.000 for one user.
1.6. Purpose of the study.

The study aims to explore in-depth in the context of illegal abortions and a two child family norm:

- Perceptions on abortion
- IPPA menstrual induction services
- Decision for abortion
- Experiences after abortion.

Hoping that the result of the study will contribute in improving the quality of reproductive health and family planning services. The need for appropriate law protection for medical personnel and offering safe abortion services for unwanted pregnancies due to contraceptive failure will most likely be highlighted.
Chapter II
Methodology

2.1. Type of study.
This study used an exploratory design: How married women interpret the nature of
the problem and decide to have an abortion as a solution. The description of the
study includes problems, causes, consequences and alternative solutions according
to their identification. (Hordon, et al. 1995: 117)

2.2. Study location.
The sampling unit of the study is married women who have experienced abortion
due to contraceptive failure in Yogyakarta area. Yogyakarta is one of the 26
provinces in Indonesia. Since 1997, Yogyakarta is the province, which has the best
management of Family Planning Programs, the lowest population growth\(^9\) and has a
high number of IUD users. (Table 1 and 2).

Table 1.
New Contraceptive users up to March 2000 in Yogyakarta

<table>
<thead>
<tr>
<th>No</th>
<th>Methods</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IUD</td>
<td>9734</td>
</tr>
<tr>
<td>2</td>
<td>MOP</td>
<td>255</td>
</tr>
<tr>
<td>3</td>
<td>MOW</td>
<td>3624</td>
</tr>
<tr>
<td>4</td>
<td>Implant</td>
<td>4229</td>
</tr>
<tr>
<td>5</td>
<td>Injection</td>
<td>19133</td>
</tr>
<tr>
<td>6</td>
<td>Pill</td>
<td>7052</td>
</tr>
<tr>
<td>7</td>
<td>Condom</td>
<td>1904</td>
</tr>
<tr>
<td>8</td>
<td>Vaginal tab</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>46022</td>
</tr>
</tbody>
</table>

\(^{10}\) BKKBN Target, calculated from number of non-user eligible couples.

\(^{9}\) 0.03 % sedang angka tertinggi mencapai 3.34% (Statistical Year Book of Indonesia, 1997)
Table 2

Total number of Family Planning current users
In Yogyakarta

<table>
<thead>
<tr>
<th>No</th>
<th>Methods</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IUD</td>
<td>140296</td>
</tr>
<tr>
<td>2</td>
<td>MOP</td>
<td>3283</td>
</tr>
<tr>
<td>3</td>
<td>MOW</td>
<td>23884</td>
</tr>
<tr>
<td>4</td>
<td>Implant</td>
<td>19992</td>
</tr>
<tr>
<td>5</td>
<td>Injections</td>
<td>112364</td>
</tr>
<tr>
<td>6</td>
<td>Pill</td>
<td>54915</td>
</tr>
<tr>
<td>7</td>
<td>Condom</td>
<td>26451</td>
</tr>
<tr>
<td>8</td>
<td>Vaginal tab</td>
<td>465</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>381650</td>
</tr>
</tbody>
</table>

No. Current users 427672
Eligible couples 468923
Coverage % 91.20

Source: BKKBN-DIY, 2000

Table 2 shows that IUD is the most commonly used method. The high prevalence of IUD users is the proof that the government has successfully promoted IUD as one of highly effective contraceptive methods, and has made Indonesian women to choose IUD as the most popular method in this area.

Yogyakarta is also well known as the city with a lot of women activities. The first Indonesian women Congress was carried out in Yogyakarta. Nowadays, many NGOs in Yogyakarta have activities, which focus on women’s empowerment. Rifka Annisa Women’s Crisis Center which deals with violence against women, LSPPA which targets women and children related with gender inequality, Mitra Wacana which collects many documents on women’s cases, Women’s coalition and Annisa Swasti Foundation concern to Women Migrant Workers, SPBY also with Women Migrant Workers and domestic worker, and the IPPA Yogyakarta Chapter which deals with Reproductive Health and Sexual Health. There are more than five Women’s Study Centers managed by different
Universities in Yogyakarta. All these institutions show the area of women’s efforts to overcome the problems of women in Yogyakarta.

Although these institutions and NGOs do not directly relate to the goal of this study, however Yogyakarta has a specific nuance, culture and dynamism of the people especially those related to women’s problems, which enriched the meaning of this study.

2.3. Data collection technique.

To fulfill the objectives of this study, data was collected by direct observation and in-depth interviews using an open-ended questionnaire. Information was also collected through one Focus Group Discussion with eight participants. One IPPA staff helped the investigator to record the discussion.

The information was collected in several ways:

**Interviews**

In-depth interviews with the informants (women who have recently undergone an abortion) are expected to reveal the life stories, and factors, which influence the decision process for abortion, and give insight in women's views on abortion. Interviews were carried out with the women who have experienced abortion.

In-depth interviews also carried out with the key-informants such as nurses, doctors, the IPPA staffs, law experts, government officials who are expected to reveal their knowledge of abortion practices.

**Observation**

Observations were carried out in the clinic, including observation in the registration area, waiting room, parking area, recovery room, counseling room of the IPPA clinic.

**Registration**
In the registration area, which is 4 x 5 m², 3 administrative and accounting staffs work everyday. The mitra\textsuperscript{11} will register by giving her ID card, and the IPPA staff will put her name in the book of new client. The administrative cost for registration and consultation fee is Rp. 8,500, - or more or less the same as one US dollar. Marriage status of the mitra will also be asked, since the counseling sessions will be different for married and unmarried women.

Waiting room
After registration process, the mitra will be asked to wait in the waiting room. Many people wait for their turns either for counseling session or for abortion service. Moreover, some wait for follow up consultation and examination. The area of 40 m² is equipped with a Television set, 15 chairs, drinking water tap, and several magazines and newspapers.

Counseling room
The investigator asked permission to the counselor first before doing the observation and the counselor also asked permission to the mitra. If she did not object the presence of the investigator, the investigator would sit in the corner of the counseling room. Five-day observations were done between 9-12 am and 12:30 – 3 p.m.

The examination room
The examination room in the clinic is relatively small; therefore the observation was done for not more than 5 mitra.

\textsuperscript{11} Within IPPA Yogyakarta mitra means client and in Bahasa Indonesia it means “friend”.

The room for abortion service

In this room, the investigator did not conduct any observation during abortion service since the investigator does not have any medical background, although permission from the physician and the client was given.

Recovery room

Recovery room is situated at the back part of the IPPA clinic. The area of 6 x 6 m² is equipped with 7 beds, and side tables. On average the client will stay around 1 - 1,5 hours and accompany by her relative or husband. On the table, a glass of tea, and snack would be served, also medicine that should be taken by the client. This room also equipped by a fan, and a framed message for the clients that should be read before leaving the recovery room.

Parking lot

The investigator tried to observe the visitors of the IPPA clinic in the parking lot. Besides a relatively small waiting area, some of the companion of the clients felt more comfort in parking lot. Some of them were waiting quietly, some talked to each other. Topics of their discussions vary from service time of the clinic, to sharing experiences. Some of them accompanied new clients, some old clients. In the parking lot they could also smoke without disturb anyone and they could also buy soto (a kind of soup) with rice which is sold by the dweller in front of the clinic.

Focus Group Discussion

In order to get more information and to explore more deeply the information for this study, beside the interviews, one FGD was done. Time limitation could not allow to conduct more FGDs. From twelve informants, 8 informants showed up. Three of them did not show up and did not giving any explanations, and one of the informants was sick at the time of FGD.
Primary data collection

There is no complete quantitative data in the IPPA clinic, therefore data collection should be done by looking at all the registration books and medical records. This activity was time consuming, it took 6 hours a day for 4 days, and it was carried out with the help of 3 persons from clinic staffs. Clients’ data from 1997 – 1999 includes level of education, economic condition, occupation, age and reasons for not continuing the pregnancy. The data is shown in table 3.

2.4. Study population & sampling.

The informants of this study are:
1. 12 married women who experienced abortion due to contraceptive failure. Abortion was done during May 1999 – November 1999.
2. The husband whose wife has experienced abortion (5 persons). Four of them due to IUD failure, while one due to not using contraception at all.
3. Physicians, midwives and counselors in IPPA clinic and physicians who undertake abortion in other clinics.
4. Government officials from the health sector and BKKBN Yogyakarta. They were interviewed to get information on physicians, midwives and traditional birth attendants who undertake abortion. All types of health and family planning services in Yogyakarta are under their coordination and supervision. Nevertheless, the information on government policy of unwanted pregnancy and abortion as the solution will be obtained
5. Two law experts were interviewed to obtain their opinion concerning abortion in legal perspective, penal law of abortion, and women reproductive rights.

The investigator did not find any difficulties to identify and find the informants, since the medical records in the clinic are well kept in the IPPA clinic. The administrative officer of the clinic informed the address of the informants who meet the criteria and the counselors were well involved in this study in order to
keep the counseling ethical code. The privacy of the clients was kept between them and the counselors, while the investigator could only carry out the interviews with the *miutay's* permission. Three of the IPPA staff delivered the letters to all informants and they also asked the informants to fill in the form that stated their readiness to participate and chose the time for the interview session.

There were 17 abortion cases due to IUD failure identified from May 1999 to November 1999. After asking their readiness to participate in the study, 3 of them refused to participate. The reasons of the refusal were busy with their small children and due to family reasons. While one of them could not be found because she moved outside Yogyakarta, and one other is working abroad as a migrant worker. Twelve persons stated their readiness to be interviewed. One of the twelve refused to be recorded since she believed that her voice was not good enough. Although it was informed that the record would be very useful for the interviewer to remember all the discussions during interview process, however still she refused because she was ashamed to be recorded.

Sixteen key informants were successfully interviewed. They were three physicians who undertake abortion in the clinic, three physicians as government officials, five counselors, two paramedics, one the IPPA Yogyakarta staff and two law experts.

2.5. Ethical consideration

Abortion is still perceived as an inappropriate practice by most of community members. For that reason, it could be understood that they are reluctant to tell their abortion experiences to other people, even to other family members.

In order to avoid obstacles and difficulties in collecting data for this study, the investigator prepared activities to anticipate problems in data collection. The preparation phase was carried out by asking the counselors from the IPPA clinic
were asked to send letters of information of the study to their clients who have received abortion services in the clinic and asking their readiness for participation in the study. The administrative officer of the clinic did the sample identification while the counselors signed the letters to them.

The privacy of the clients and confidentiality of this study were kept by doing the interviews, FGD and also transcribing by the investigator herself in spite of time limitation of this study. This effort was chosen in order the informants could openly and freely tell their feelings and experiences.

2.6. Experiences in Field Work:

One of the key points for an investigator is first contact with the informant. First impression will yield to a successful or a not successful interview. In the proposal it is planned to have a souvenir or a gift for the informants. The question is when the souvenir should be given? After the first interview, while there might be follow up interviews after that. Or the souvenir will be given after a series of interview. However, a souvenir or a gift is a sign of attention from the investigator to the informant who has given their readiness to be interviewed. Since it was very difficult to measure the time and energy given by the informants for the interview process, it was decided to provide informants with snacks. Similar situation was encountered when invited informants and clients for FGD. Due to various distance of the informants and clients from the IPPA Yogyakarta Office, it was quite challenging to compensate their transportation allowance. Would it be according to distance? Should it be given equally? Initially, it was decided that transportation allowance would be given according to the distance. However, how about if they talked among their selves the amount of money provided? Finally, it was decided that they were given equal amount of money and I explained that the amount given was really for transportation, because their time and effort to come could not be valued with money.
Counselor as an investigator

In addition to the above-mentioned experience, I encountered a number of interesting aspects in relation to my position as a counselor and women activist, who is interested in the issue of abortion.

There are two possibilities that I would face as an IPPA staff that used to manage unwanted pregnancies and then doing a study on the same topic. First, I would be very lucky since I know the topic very well, and the second, I would not find anything new. The findings might be the same as my experience as a counselor. The informants who were my clients will not openly discuss their experiences. However, all these doubtful situations were answered during the study.

My experience as a counselor is very important given that abortion is a very sensitive issue. At the beginning of the interview process, most of the informants had difficulty telling their story, even in the middle of the interview, three informants cried because they remembered their sad experience. However, having an experience as a counselor, some considered me as a friend. Moreover, some of them also called me, just to talk about their health condition after abortion.

Some of the informants strongly and enthusiastic told their experience. For those who had abortion more than once could tell the difference between the first experience and the next one. When they came to the counseling session, they faced difficulties and ashamed to tell their problems, since abortion is considered taboo by the community. However, after their first experience of abortion, they felt easier to cope the same situation after. Mrs. Lm brought this up.

My own ideological background versus reality.
With a different ideological background as a woman activist, I could feel bias in interpreting problem of married women and abortion. I felt that everything done by those women was part of violence, especially the abortion practice. I tried many times not to diffuse in that kind of thinking. Mrs. Mh, one of the informants said over and over again that abortion was her own choice and decision. She was not forced to do that. She had the abortion even twice. During the interview, the investigator tried to probe to get deep and honest information.

Some key-informants, the physicians and the IPPA staffs asked me to keep the information for myself and not publish it. They were afraid if the government learns that the IPPA clinic gives abortion services, it would be closed. Moreover in this reformation era, some people could just make up reasons to do riot, and could burn down places which they consider immoral. This kind situation could be happened to the IPPA clinic. If the government due to people power closes the IPPA clinic, what will be happened. Many women with unwanted pregnancy will try to seek help to traditional birth attendants. Another alternative solutions, they could keep their pregnancy or just leave the babies unguarded after birth. However, by hiding those information could not help solve the problems. Abortion is there in the community; it could not be hidden anymore. Factual data of abortion cases should be brought up to front, therefore alternatives problem solving activities or program could be developed especially for those with contraceptive failure.

Some of the women and health workers were very surprised with the topic, and hoping the result of this study could uncover the fact of the hidden issue in the community. However the two government officials expressed their pessimistic feeling, and said that it will be very difficult for the government of Indonesia to legalize abortion given the pluralistic nature of the Indonesian Community (dr. B).
Chapter III
Findings

In this chapter the findings from my fieldwork are presented, divided into four parts:

3.1. Perception of Abortion
In Indonesian community, abortion is generally defined as an immoral and sinful practice and directly related to unwanted pregnancy due to outside marital relationships. Babies born from unmarried women usually will not be accepted in the community and will be treated differently, even though for the law they have not the same rights. Married clients of the IPPA Yogyakarta receive counseling before the abortion services, and they introduced the term menstrual induction or menstrual regulation.

*Induksi haid* or *IH* means menstrual induction is used by the IPPA for two reasons, first; technically the process uses a suction pump with a small pipe. This technique could be used up to 10 weeks of pregnancy. Secondly, this term is used as an alternative name of abortion, therefore it could be accepted by the community.

*Mitra's perceptions.*
The women consider the term IH as more suitable for a pregnancy after 12 weeks because the baby's organs have developed completely. They chose this term either to reduce their feelings of guilt for “killing” the baby or truly believe that they only ask for cleaning their wombs not abortion. Mrs. Yt (23) said:

"First I was thinking that abortion is almost the same as giving birth, so I prepared all my clothes, and other things completely. But it was only blood that
has been expelled from my womb. Then I think the term menstrual regulation is more suitable. Even when I asked the IPPA's doctor whether I could bring the baby, and do the Javanese ritual for the deceased. The doctor said that I could bring it however, it is only blood. With this answer, I was sure I was only asking for menstrual regulation not abortion, and the doctor only cleaned my womb. I call it abortion only for those irresponsible women who get pregnant due to sexual acts outside marriage that we frequently read about in the newspaper. The doctor really only cleaned my womb, because I missed my period.

Most of the informants agree that the term abortion is identical with an immoral act or against the norm. One of the informants said that she refused to have an urine test, and asked the midwife and doctor to examine her. “I did not want to have an urine test, because if it is positive, it means that I am pregnant. Without any urine test, I know that I am not asking for abortion, just want to clean my womb since I have irregular periods” Mrs. RW said.

Most of the informants agree that they were not asking for abortion. They said, that the difference is really very clear. If it is done after 4 months of the expected date of the period, it is called abortion, and it should be banned. They asked for cleaning of their womb, and it was less than 4 months. They believed that after 4 months, the baby is well developed and has a soul. Therefore, the process could be named abortion. One of the informants even explained that according to Islam, it is allowed to be done before 120 days. However, Mrs. TU, who is non-Moslem, said:

"Her religion does not give permission for abortion, even to use contraceptives is forbidden, but she was sure that what she had done was the best for her, and God knows. One of the FGD's participants said that it was not a big mistake since they tried to use contraception. They objected to be accused of someone who did a criminal act. "

22
Husbands perceptions.
According to one of the husbands, whatever used for the process, it does not matter.
"The important thing is it cleans the womb. It will not make any difference, by using traditional herbs, or asking traditional birth attendant, or asking the physician with modern technology. However, asking the physician, I am sure, the result will be better", Mr. Mh.

Meanwhile, some of the husbands said that the term abortion is too rough. It has the impression of murderer of her own child. In fact, the reality is only asking for cleaning her womb in order to have regular menstrual cycles.
"I am sure that human could only try by using contraception, but God will decide" (Mr. Rw).

"At the beginning I do not agree with my wife having an abortion. It was my wife's fault. She never went for a follow up visit after the IUD insertion. It is not a problem of raising another child, I will be responsible for that. However, after the counseling session, I understand that the doctor only cleaned her womb, and it only took for about 10 minutes. Up to now I can not accept that what has been done to my wife was an abortion" (Mr. Sr).

Medical Doctor perceptions.
Abortion services are also described as lucrative services. This opinion was brought up by health worker. It might be true that many doctors and midwives are willing to give abortion services, they can make a lot of money. (Dewi, 1997:45). This impression causes a stressful burden to all physicians who work at the IPPA clinic. It seems that making money fast and easy motivates all doctors who are willing to provide abortion services. The study of Erniyanti (1997) 'an abortion, attitude and practices of the paramedics', shows that some
of the respondents said that one of their motivations to provide abortion services was the economic benefits.

"It can not be denied that many of our friends have done such things," said dr.UP. Even with a relatively not expensive fee\textsuperscript{12}, many clients of the IPPA clinic asked for free services, or to pay less. Therefore the impression of making lots of money as the only reason for the doctors who are willing to give the service is not always true.

"To provide abortion services is not difficult at all, even relatively easy, no expensive medicine is required. If there are doctors who ask high fees for the service, even up to more than six million rupiahs, that is the cost for conducting an illegal activity. Moreover, we also want to give a hard time to the women, so that they will think it over will not end up in the same situation. With the illegal status of abortion, the doctor will get a very hard punishment. He will be put in jail up to 15 years and will be fined for 500 million rupiahs, and will not be able to have his own private practice anymore. There will be no future anymore" One of the doctors in Yogyakarta said.

Almost all key informants with a medical background said what has been done to those women was abortion; even it is called menstrual regulation. Medically, menstrual regulation is done for terminating pregnancy. The term menstrual regulation is used to make it simpler and not vulgar. He also stressed that using another term for abortion is needed to reduce stigmatization in the community, stigmatization of the service providers and also of the women who ask for the services. They also agree that abortion services should be provided, however should have a clear reason. Clear criteria for abortion services should be prepared, therefore the physicians could not easily decide to undertake abortion for their own profit, even without looking at the safety of the women. However if

\textsuperscript{12} Tiga ratus ribu rupiah. In other clinic, the cost varied from 1.5 million - 2 million rupiahs
the physicians do not want to help women with unwanted pregnancy, who will do it then? They will ask anybody who is willing to help, even traditional birth attendants. This situation will lead to a high maternal mortality rate, and a high number of unwanted children. (dr. AK).

The physicians are totally aware that legal sanctions of abortion are really strict, however the IPPA has been struggling since the beginning for providing protection to women with unwanted pregnancies.

"The physician will be the first to receive legal sanction, however as the IPPA staff I am motivated to help women with unwanted pregnancies. I do not gain any profit for that service. I only receive Rp. 50,000, from Rp. 300,000 that the woman pay to IPPA. Even, there are lots of women who could not pay." (dr. AK).

Counselor perceptions.
Abortion stigmatization was not only experienced by the women and the doctor, but also by the counselor. As one of the counselor said,

"First I felt rejection and a different attitude from my neighbors since they learned that I work as a counselor at the IPPA clinic. However, I explained to them that as a counselor I have to help pregnant women who have problems, even though not all women will get help, only those who are married and have become pregnant due to contraceptive failure". The other four counselors also had the same experiences.

The counselors are also aware of the risks of their job. They could receive law sanction as well. Their motivation for working as counselors are also the same as the physicians, for helping women with unwanted pregnancy. All the counselors are women, and they said if they as women do not want to help, do not expect men will help either. One can help without experiencing the problem first, one of the counselors said. The counselors also said that there are a variety of clients.
who come to the IPPA clinic, from the wife of tukang becak, religious leaders, police, lawyers, government officials or even doctors. This situation proofs that abortion is a need (Nn, a counselor).

**Paramedics perceptions.**

Two paramedics added, even though they are worried to be involved with abortion services given the illegal state of abortion, however they agree abortion should be provided to those with contraceptive failure.

"The persons who do not agree with abortion, actually never experienced the problem themselves. If they face the same situation they would agree. Moreover many people will protest with a very strong voice, even use words as 'murderer or sadist', however, they will ask help to terminate the pregnancy for their own relatives."

**Policy makers perceptions.**

On the other side, BKKBN, which is responsible for Family Planning program, refers to the policy for abortion in Health Law No. 23/92. Dr. S, head of BKKBN Yogyakarta explained: "It is difficult to say that I agree to make abortion legal even with a simpler term such as menstrual regulation. I always inform all my field staff to motivate all women with pregnancy due to contraceptive failure to continue their pregnancy. The government will give some money for delivery costs. However, if they choose to have an abortion, that will be their own responsibility. My own opinion, termination of pregnancy is identical with murder. It is a sin."

The health sector that is responsible for health problems and programs, is in charge of preparing a policy and standard operating procedures for abortion. "Unsafe abortion will threaten a mother's life, however if it is impossible for the government of Indonesia to make abortion legal, then a special institution
should be established. This institution should serve as a referral facility for unwanted pregnancies. As a result unsafe abortion practices will be reduced. But this opinion should be proposed by NGOs or community organizations”, said Dr. B.

“Everyone could help women experiencing unwanted pregnancy, however, one should know that the government through the Provincial Health Office will never give any permission for abortion without any definite reason. Abortion can only be undertaken to save the mother’s life. The government will keep silent, as long as there are no complaints from the community”, said Dr. H.

Lawyer perceptions.
According to one of the key informant, a lawyer, abortion could not be seen as right or wrong, clearly as black or white. There are always reasons behind abortion. However, Indonesian law is still far behind in protecting women, including acknowledge the need for abortion. It is clear that abortion is needed due to contraceptive failure, the government should facilitate this need. (SKN)

3.2. Abortion in the IPPA – Yogyakarta Chapter

Policy:
Since each province in Indonesia have their own culture and beliefs, the policy for giving menstrual induction services depends on the IPPA board at the provincial level. Menstrual Induction services have been provided to the mitra in the IPPA clinic Yogyakarta since 1984, however up to now, the IPPA Yogyakarta could not assist all women with unwanted pregnancies. The service is prioritized to married women, especially those with contraceptive failure. In reality, the IPPA Yogyakarta does not have rigid criteria for contraceptive failure. For example, whether the IUD is still inside the woman’s womb or not. In the case of pill user, if the woman forgot to consume the pill or misses the due
date for contraceptive injection. The criteria is not too rigid, if women urgently need help, such as those in the process of divorce, who has a contract for work or education, or a victim of rape or incest, the IPPA will provide the service.

However, the IPPA Yogyakarta intends to stress that only married women and pregnancies related to contraceptive failure will obtain menstrual regulation in order to avoid mitra from all over the province and students. The IPPA wants to keep the community believe that the menstrual induction in the IPPA clinic could only be performed through a very tight selection.

Services:
Up to now, the services provided in the IPPA Yogyakarta clinic cover:
1. Consultation in Reproductive Health and Sexual Health.
2. Consultation on HIV/AIDS
3. Examination and treatment of STDs.
4. Contraceptive services.
5. Circumcision.
6. Contraceptive failure service (i.e. Induced abortion, menstruation induction)
7. Pap Test.
8. Reproductive Tract Infection Test

From all those services mentioned above, menstrual induction services in the IPPA Yogyakarta clinic has the highest coverage (90%). Contraceptive services are only provided as a mandatory service for women after abortion services, or to reinsert the IUD due to expiration.

The IPPA Yogyakarta noted that in 1999, out of 3891 clients, 90% complained about unwanted pregnancy and asked for abortion. According to a counselor, only 60% of them were assisted. The rest was unable to get assistance due to no
legal marriage status, but the greatest number was due to the condition of the pregnancy, which was over a 10-week period. Clients who were not assisted by the IPPA Yogyakarta were referred to other service facilities, or were advised to keep the pregnancy.

In the IPPA Yogyakarta, the number of clients who come for a consultation due to unwanted pregnancy tends to increase. In 1997, there were 1802 clients assisted in induced abortion. In 1998, the number was 1503, and in 1999 it turned to be 2264. The decrease in 1998 was due to a service pause for a two-week duration.\(^\text{13}\)

According to N, the IPPA's counselor, due to significant numbers of abortion cases at that time, almost all doctors who initially were willing to help, became hesitant to undertake abortion because they were afraid. Certainly, as a counselor who meets with the clients directly, the IPPA felt overwhelmed with clients from surrounding areas. Initially, IPPA Yogyakarta tried to continue the services, because basically IPPA Yogyakarta was very selective and provided abortion services only to those who experienced contraceptive failure. However, due to intensive reports in the mass media, the PPA Yogyakarta doctors were threatened, and therefore the IPPA Yogyakarta discontinued the service for about two weeks. It could be expected, that if 10-12 clients came for a consultation daily on average, this meant there were 150 clients within two weeks who did not know what to do with their unwanted pregnancy. Unfortunately, as a counselor, we could not refer these clients to any other service facilities, because almost all clinics and private doctors did not want to provide such services".\(^\text{14}\)

\(^{13}\) The upheaval caused by the report of illegal abortions in Warakas, Jakarta, published in national newspaper in November 1998, made IPPA Yogyakarta afraid to undertake abortion.

\(^{14}\) Doctors afraid to undertake abortions
A client who is going to use the abortion services of the IPPA Yogyakarta Clinic is required to register and attend counseling sessions. The counseling sessions aim to:

1. Explain the service procedure in the IPPA Yogyakarta
2. Explain all the possible risks of the services, for example medical risks, such as the failure of abortion, and against the law risk.
3. Give a chance for the clients to ask questions concerning abortion services
4. Ask clients to think over their decision, and the possibility to continue their pregnancy.
5. The husband has to be present at the counseling session.
6. Explain the family planning method for preventing pregnancy. After the induced abortion, it is mandatory to use contraception, especially effective contraceptive methods or sterilization. This policy is made as a social responsibility that menstrual regulation is always followed by preventive effort. Explain informed consent if the decision has been made, ask the clients to learn the informed consent and sign it.

Experience showed that time to think the decision of abortion over could not be performed in all cases, since there was a need to do the abortion promptly.

The IPPA Yogyakarta tried many activities to make the community accept the fact that menstrual regulation is done as an alternative solution to contraceptive failure. The activities such as seminars, talk shows, radio campaigns, books, policy studies, or giving statements to government policies, especially concerning family planning, and hotline services.

In 1999 the IPPA Yogyakarta assisted 2,264 women with the characteristics as described in Table 3 below.
Table 3
Characteristics of Induced Abortion Clients
IPPA Yogyakarta

<table>
<thead>
<tr>
<th>Year</th>
<th>1997</th>
<th>1998</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients</td>
<td>(1802)</td>
<td>(1503)</td>
<td>(2264)</td>
</tr>
</tbody>
</table>

Education level

1. Elementary | 285 | 205 | 357 |
2. Junior high school | 285 | 189 | 316 |
3. Senior High School | 882 | 701 | 970 |
4. University | 370 | 288 | 278 |
5. Not known | 62 | 130 | 249 |

Age

1. 15-24 | 155 | 91 | 159 |
2. 25-34 | 945 | 798 | 966 |
3. 35-44 | 659 | 585 | 945 |
4. 45- | 43 | 29 | 37 |

Status

1. Have a job | 1113 | 1503 | 1665 |
2. House wife | 689 | 457 | 599 |

Supportive reasons

1. Having enough children | 1239 | 420 | 1108 |
2. Having enough children and economic | 65 | 583 | 192 |
3. Having enough children and health | 117 | 239 | 272 |
4. The last child is too young | 68 | 167 | 439 |
5. Missing data | 313 | 94 | 253 |

Source: Primary data of the IPPA Yogyakarta, 2000
The utilization of a modern contraceptive method serves as evidence that the woman does not want to get pregnant again in a certain time period, or does not want to have additional children. They visited the health services such as, government hospitals, private hospitals, health centers, Posyandu (Integrated posts for health and family planning services) or Polindes (Village delivery huts), or also doctors and midwives private practices. Only five percent of the clients came to IPPA clinic to specifically ask for contraceptive services (IUD, tubectomy and vasectomy).

In the meantime, failure in pregnancy planning could happen due to these reasons (The IPPA Yogyakarta, 1998):

1. Never use modern contraceptive at all, due to feeling afraid, inconvenience in sexual relationship, lactating period.
2. Temporary discontinuation of contraceptive use with one of these following reasons:
   - Fed up with a particular contraceptive method.
   - Transition period from one contraceptive method to another.
   - Want to experience menstruation again (specifically to those who use injection).
   - Bleeding
   - Infection.
   - Not comfortable when having sexual intercourse.
   - Headache, gain weight, losing weight, nausea, and pain
   - Thinking that the menopause has started.
   - Expire date is due, and the same contraceptive is unavailable, or very expensive therefore inaccessible.\(^{15}\)

3. Getting pregnant while still using contraception.
   - IUD still inside the womb

\(^{15}\) Economic crisis 1997-1998, shortened contraceptives supply.
· Before the next injection schedule
· Forgot to take the pills
· Forgot to use condom

3.3. Decision for abortion.

Family planning campaign to promote effective contraception especially IUD is successfully done in Yogyakarta. More than 40% eligible couples registered as IUD users. The reasons of using IUD are: the failure rate of IUD is relatively small compared with other types of contraceptive methods (1.5 – 5%). It is a long-term method, high cost-benefit; it is also a non-hormonal contraceptive and therefore causes fewer side effects such as acne, gaining weight or sunspots. IUD is also a mandatory choice for the IPPA clients after receiving an abortion. 10 out of 12 informants choose an IUD because they do not want to have more children, while the other two informants said that they want to postpone the next pregnancy. Some of the clients know other alternative contraception, such as tubectomy and vasectomy, however they reluctant to have either of the methods. They consider tubectomy and vasectomy identical with "surgery", this was brought up by Tu,

"in my family, surgery means to save one's life, the last to be chosen. If just want to prevent pregnancy, why should I have a surgery".

Some of the informants also agree not to let their husbands into vasectomy, because women who will be pregnant therefore they should use contraceptive. IUD is believed as an effective and safe contraceptive; therefore some of the informants felt very surprise when knowing they were positively pregnant. Rejection to the pregnancy continued by a decision to have an abortion.

Slightly different from the literature, this study identified that the idea to ask for abortion appeared spontaneously after learning the first signs of pregnancy, such as missing a period, nausea, and backache or breast enlargement. The first attempt to terminate the pregnancy was using traditional herbs. If it failed, they would ask the
nearest midwife or asking their best friend for help. Especially after they had the positive urine test.

Asking for an abortion is not a spontaneous action without any consideration beforehand. Mrs. Mw even said to her husband to look for lots of money because she has made a decision to have an abortion.

The reason that women who were too late to ask for an abortion, was not due to reluctance to decide whether to have abortion or not, but it was merely because they did not know the place which could help them. Almost 90% of the clients of the IPPA Yogyakarta did not have any doubts to ask for an abortion, said R. a counselor.

In the IPPA clinic, reasons to request an abortion service too late are usually due to administrative problems, incomplete identity card, or marriage certificate, or they do not have enough money yet, or do not want to leave their children alone too long, or the husband is away.

The twelve informants said the initiative for asking abortion is their own idea. Some of them asked their husband opinion, and some other asked their husband to look for the place for abortion. Two of them, even asked their mother or mother in law. However, they also said, that even if their mother or mother in law disagreed, they will keep the decision for asking abortion.

Factors, which endorses the decision for abortion:

a. Economic reason

Economic reason was one of the reasons, such as told by Mrs. TU (42 years old)

"If my economic condition is enough to have another child, having four children is OK. Since my family income is just barely enough to live on, three children in fact very hard for us. If I was rich enough, I want to have more children"
b. **Health reason.**

Health reason was also a factor raised by R (35)

"For my first pregnancy, I stayed in bed the whole time, I could not do anything because if I moved, I would bleed and threaten my baby's life."

Mrs. R. felt very lucky when she came for abortion service to IPPA clinic, there was no obstacles at all. Since there was a letter from her doctor telling the clinic that even she only has a 7-year-old son, her health condition was not good enough for the pregnancy. Her first abortion was done due to not using a contraceptive method, while the second one was due to contraceptive failure. She is still using an IUD because it was a condition for the IPPA clients to use a contraceptive method after the abortion. She said that if it fails again, it would be the IPPA’s responsibility.

c. **Baby's health condition**

After using traditional herbs or medicine to terminate the pregnancy but failed, they worried if they continue the pregnancy, the babies will have birth defect. That is one of the reasons told by the informants.

d. **Have official working/education contract**

Woman with official working or education contract could not get pregnant because pregnancy could hamper working or education process. If she gets pregnant, she has to withdraw and pay back all the expenses. That is the reason for asking abortion.
e. Social Status.

Social aspects were often brought up as reasons as reflected in the following
interviews:

"I am a community leader and I am respected by people in my community. I will be ashamed if I have another child ".

"I am old, my eldest daughter starts dating a boy, how can I have another child, *mbok ya ngilo githok to mak* ... (Look at yourself, mum ...) that was my daughter saying to me".

"How could I continue my pregnancy, cause in one or two months I will have my first grandchild. The proverb says I am not "ngilo githok"

Mrs. SR. said that she was very ashamed to have another child since she has two children, a boy of 6, and a girl of 5 years old, taking into consideration the poor economic condition of the family. Moreover, she thinks that having many children in this era is unwise. Almost everyone in the village, from Family planning field officer, village chief to posyandu cadres talk about the benefit of being a family planning acceptor, then if she is pregnant, everyone will think she is stupid. Although she is only a primary school graduate, she wants to look smart. As she said," Tiyang meteng niku nggih jalaran kempal, la nek mboten kempal nggih mboten meteng. Tiyang kempal niku la nggih tiyang mung remen-remen to?" jamane men krisis kok nggih meteng malih." (I am pregnant because I had sex with my husband, if I did not have sex, I am sure I will not get pregnant. Sex is only for fun. In times of crisis, I should not be pregnant!)

d. Tired of raising children

Another reason that was raised during interview was tiredness of raising children as reflected in the following interview:
"It might be unreasonable, since it is God’s will for women to raise their children", Mrs. Sr said, "but I really feel very tired, I could not have another child. If I have no other choice besides having another child, I would find a way to raise the child but if this heart does not have the will, the result will not good."

Mrs. Sr. feels that to be pregnant, give birth, and take care of the children are her duties as a woman. However, she really wants to make her husband realize that taking care of the children is a very hard task. "I am raising all my children, taking care of them, although I have heard and read the newspapers that both husband and wife are responsible for taking care of the children. However, it never happened in my family. I am not only taking care of the children but also I have to borrow money if my husband did not give it to buy food. I prefer to have girls, they obey to what we say, however I realize that there are lots of problems faced by women, I feel sorry and afraid to have more daughters. Therefore, three children are more than enough for me, I am tired, really".

c. To keep the unity of the family

Unity of the family was one of the reasons of having an abortion.

I tried to ask my children how to solve the problem. I have three children, the first one is studying in the university, and in the afternoon works as a teacher in the Al Qur’an reading class. The second one is also studying in the university, while the third one is in high school. When I told them that I was pregnant, and asked them what should be done, my second and third children asked me to terminate the pregnancy, while the first one said suggested to keep the pregnancy since having an abortion is a big sin. We tried to openly discuss all the consequences, but since two of our children suggested to terminate the pregnancy, I decided to have an abortion.
h. The last child is too young

The interval with the last child was become a consideration. Almost all the informants said impossible to be pregnant if still breast feed the child, therefore they were reluctant to use modern contraceptive especially before they have their first menstruation after giving birth.

Inhibiting factors

Some of the informants said even they made their decision because there are no other choices, however several factors should be think of, such as:

a. Religion: all the informants said that they religion do not allow abortion
b. Cost: Not all the doctors or the midwives are willing to undertake abortion, therefore the procedure is very costly.
c. Place: The entire informant said, they do not know exactly the place, which could help, usually they went to the clinic where they had the IUD or they came back to the midwife who helped in delivery.

The counselor identified that during the counseling sessions, women seemed more convinced to have an abortion. Even some of them tried to convince the counselor that having another child means a need for more income of the family, therefore it will put another burden for the woman. Borrowing money for abortion is considered better.

All those women had never thought of the risks of having an abortion, they only thought of ways to get rid of the pregnancy. This was brought up by one of the client as follows:

"If all the women who have asked for an abortion will be kept in jail, I will not be afraid, since there many of them, we will have lots of friends."

There are many ways women use to terminate the pregnancy, such as consuming traditional herbs, or other medicine. These kinds of efforts indicate that whatever the counselors say to them to keep the pregnancy, they will not listen. They will not
change their decision to have an abortion. The important thing for them is how to get rid of the pregnancy. This situation is frequently found in the counseling session, one of the counselor told her experience that one of the client said: "Kulo mboten sah didangu werni-werni, rebat cekap mawan bu dokter niku saget ngicalke janin kulo nopo mboten". (Don’t ask me too many questions, just directly tell me whether you can help me or not). Some of the informants also said that during counseling session, they could not concentrate at all, they just want to have an exact information whether IPPA could help them to terminate their pregnancy. Only if there is no other way to end the pregnancy, for example when the pregnancy is more than twelve weeks, they felt forced to keep their pregnancy. In that case some women would go to a traditional birth attendant or midwife and face the risk of an unsafe abortion. (dr. yi)

Some of the informants said that the abortion cost of Rp 300,000 is not expensive. At the beginning they thought that the cost might be very expensive, since there is not many doctors are willing to do the abortion. Besides, the service in IPPA is done by doctor, therefore it should be costly. Doctor is identical with expensive services. Experience of having abortion in a private practice of a physician also strengthen this opinion. In 1997, the cost for abortion was Rp. 500,000, and also had to stay for one night.

3.4. Period after abortion.

When the informants were asked to share their experiences after the abortion service, they gave many input as mentioned below:

3.4.1. Pain and nausea

One or two hours after the abortion, they felt nauseous, especially when the blood comes out. They said that pain is normal since there is laceration inside their womb. However, after that they felt nothing at all. Feelings of pain, headache, nausea, and anxiety were mixed, but then suddenly gone and they felt relieved.
The burden was gone since the doctor helped them to solve their problem. "I was prepared to stand the pain however, I would not know what to do if I were rejected and could not be helped", said Mrs. Mw.

3.4.2. Feel ashamed.

"How could we tell our neighbors... we felt very ashamed. Abortion is a sin and a disgrace for both of us. We should be responsible for what we have done. In fact our income is enough to raise another child, we are married, so it is difficult to explain why we choose abortion as the solution" (Mrs. Dw)

"I was ashamed since abortion is still considered taboo in the community, and I was afraid that I was the one who was not responsible for what I had done. My neighbor had done the same thing, but I pretended not to know about it. When I went for a follow up visit, I said that went to a party, so they would ask me anymore. My daughter also said, that from the clinic I should straight come home, otherwise, I would go around and I would tell what happened to someone. (Mrs.).

"The abortion did not influence my daily activities. When the midwife wanted to give me a hand after the abortion, I refused it since I could walk by myself. I did not stay 2 hours for recovery, I took the medicine and went home. One or two days after, I felt ashamed of myself, however it diminished. Then I had feelings of guilt because I forgot to take the pill and get pregnant, however even when I then used IUD, but still I got pregnant. These kind of feelings came u when I felt tired, usually I have wudhu” and pray. It took two months, then everything came back to the same situation as before. (Mrs.Sar.)

FGD participant who had experienced abortion more than once, said "there is a difference between the first abortion and the others. However, if the pregnancy was due to contraceptive failure the feelings of guilt will not be as much as the failure of the calendar system or not using contraceptives at all. Failure of the
calendar system is all our fault, we were careless ... so it was normal that we felt guilty (Mrs. Sr.)

"I felt no pain when my wife had an abortion, I am a man, however I feel guilty because a pregnancy happens by the unity of the sperm and the egg. The difference is that my guilt feelings are not as long as those of my wife. It was just simple, it has happened ... and that's all. A man will not think over small things" (MH, 48)

3.4.3. Women's need for assistance.

Other findings from FGD session are the perception regarding the number of children and attitude towards abortion, such as expressed by Mrs. TU and strongly supported by other 4 participants that “since the abortion, I could understand why there are families with many children. They might have the same experience, contraceptive failure or failure in planning their pregnancy. However they did not find a place to get help or did not have money to pay for the abortion service. I am not surprised anymore since I felt a headache when I found no way out to overcome the problem. Living in the condition like this there is no woman who is willing to have many children.”

After I experienced unwanted pregnancy, even twice, I questioned myself so many times, and asked my husband also “why abortion is still a taboo in our society, why is it still illegal, so that we have to search for the services. Our family is really been helped with the service,” said Mrs. Rt.

"Only immoral women who want to kill their babies have an abortion, that was my opinion too. However, when I experienced contraceptive failure and choose for an abortion, I thought of it over and over again, am I also immoral? Community only judges us without knowing the problems. Many women face the same problem, and they need assistance.” said Mrs. Sr.
In the FGD session, all the participants said that they felt very lucky to find a health facility like the IPPA clinic. The women are usually faced with confusion, or nervousness in the period of looking for abortion services. They needed approximately 3 – 7 days for finding the right place. Initially, some of the women thought that the government owns the IPPA clinic since they had a referral letter from the midwives or the physicians.

"If it is an illegal clinic, why so many patients come to the IPPA clinic? Illegal means a hidden place or activities such as abortion services by traditional birth attendants", said Mrs. Tu.

3.4.4. Change in sexual relationship pattern

The experience of contraceptive failure has changed sexual relationship patterns, as brought up by Mrs. Sr.: “I was afraid every time we had sex. I’ve tried all contraceptive methods, except sterilization, however I still get pregnant. Now I am using an IUD, but still I ask my husband to use a condom also. We try double Dutch method, to make sure that I do not get pregnant”.

Mrs. Mw. confessed that since her second experience of unwanted pregnancy six months ago, she never had sex again with her husband. She felt very sorry for her husband, but she said to him” mbok mesak-ke aku to pak-ne” (Feel sorry for me, mister). Although there is a guarantee from IPPA, that if she gets pregnant again she will not have to pay for the abortion service, she says “I need to take a rest”. According to Mrs. W, it was not only the problem of cost which made them have a headache and feel tired, but also the feeling of ashamed of having examined by a male doctor, and also they have to spare some time for follow up visits, and have to wait for the doctor to come.

Mrs. Sr, has her own method to reduce the possibility to get pregnant. She said” nek kulo mendel mawon. Namung bibar kempal kulo girah mawon ngangge toya” (I kept motionless, and directly washed my vagina with water after that). Utawi kulo
"ngetang kalender nek sekintene mboten subur nggih kulo purun, nek subur kulo ngawis" (I use the calendar system, I refuse to have sex if I know that I am in my fertile period).

The informants tried many things to prevent further pregnancy, even in the FGD showed fear expression of loosing their sexual desire.
Chapter Four
Discussion and conclusion

4.1.Discussion:
In Indonesia abortion is illegal and considered taboo, however abortion practices still exist. Certain conditions make abortion practices difficult to eliminate. In his study, Faisal (1998) mentioned that it was very difficult for women to make decision for abortion. To think about and make decision for abortion takes time and energy. For that reason, women ask others advice, especially that husbands or best friends. However, some of them make the decision by their own. Almost all the informants said that they did not depend on others. However, they automatically and without any influence from others, first try traditional herbs or medicine to terminate the pregnancy. Husbands are involved in finding the place for abortion service. Motivation inside the women themselves, which made them to decide for abortion.

Some cases medical and/or biological considerations, urged for an abortion for example to safeguard the mother's health, to keep the interval between two children longer, or because there was a problem with the previous pregnancy. Social pressure as motivation for asking abortion could also be identified such as to make sure that other children get better education, or pressure from other family member. Moreover, social structure of the community has changed, many years ago; it was believed that many children mean more welfare. However, family planning program changed it to small, happy and prosperous family. All families in the community are encouraged to have a small family. The Family Planning program through all sectors has established a different life style in the community. Women feel uncomfortable if having more than two children. She will be considered not smart if does not have a small family. By having a small family means she participates in a national development program, such as told by M:
"mbok ajengo kulo niki dusun, kulo mboten purun diwestani tiyang bodo, mboten purun majeng" (Although I am just a villager, I do not want to look stupid because I do not join the development program)

What was said by Mrs M above shows that the participation of women in the family planning program is a symbol of loyalty to the government. Small family is a symbol of modern family. Small family is seen as an ideal family that will ensure happiness. This information is promoted to future husbands and wives at the Religion Office. A small family is a must in this era, a need that is difficult to postpone. Women will feel ashamed of having more than two children. They feel ashamed of being not loyal to the government, look stupid, and do not look into the reality of their ability to raise the children.

Social pressure comes not only from the community, or working environment, but also from the children. The children, especially teenagers, will also feel ashamed of having pregnant mothers.

Women with IUD failure could not complain directly to the paramedics who inserted the IUD, since they did not know the procedures of IUD insertion. Nonetheless, they could not complain to the manufacture, since the IUD is still the good condition and the expiration date is not over yet. On the other side, women could not control the function of IUD in their body. They will know that the IUD is not functioning or have a failure after they found that they are pregnant.

Who is to blame if there is a failure? Who should be responsible: The physician, the midwife, the owner of the manufacturer, or the government as the program coordinator? All of them can deny responsibility except the women. There is no choice, women always face the problem and the risk. They will face the fact of embarrassment to have more children or receive a stigma by having an abortion. This is a big dilemma experienced by women facing IUD failure.
Economic conditions motivate women to limit the number of children. Many women try to look for alternative sources of income in formal or informal sectors. However, this effort will also have a negative impact, for example time for taking care of the children. This story was brought up by Sr, that since her husband lost his job, she is the one who works for the family. Limiting the number of children is a rational effort since raising children will be very costly therefore the need for abortion services should be think of.

The cost for the abortion will be another problem; borrowing money could be a solution. (Mh). The same problem was identified in the study by Faisal (1998) that the client will try to fulfill the cost for abortion by using her savings or salary, selling her belongings or borrowing money from someone.

Almost all the informants are not aware that abortion is illegal, therefore abortion practice has legal sanction, and however they are aware that not all the doctors are willing to perform abortion.

If they did not want to tell their experiences to others, it was due to feeling ashamed of having abortion, since abortion is considered taboo, it is not caused by worriness of doing a criminal act. Doctors who performed abortions, also reluctant to tell their experiences since abortion is illegal and taboo. They also worried of having their practice permits annulment. Induksi haid or menstrual regulation has been using by IPPA to make the process simpler and to differentiate the process with abortion. An illegal state of abortion in Indonesia makes abortion data very difficult to be obtained (Widyantoro, 1994).

The term "taboo" is difficult to be explained clearly, for example abortion is a taboo for teenagers but not for married women. We know that taboo and prohibition are not the same thing, and that the sphere of taboo is a question of highly special events: events of extraordinary meaning: events which exit from the realm of everyday life.
Taboo is concerned with limits, borders and thresholds and as such it is a signal of danger; but the sphere of taboo is not limits; and entering it involves no moral wrong (Zoja, 1998:14).

In this study, the investigator did not identified that abortion is considered as a sinful act by many people mainly by the providers who aware of the risk. The investigator any significant regret of the informants during interview or discussion.

Many factors and motivation make the informant decide to have abortion without involving others. Some of the informants believed that abortion is not the same with murder. They only asked for cleaning their womb and that was the only solution they could think of. Sr said that abortion is better than put the baby away in the river.

4.2. Conclusion:
I would like to place following recommendation for the policy makers of family planning on the basis of my findings:

1. The need to achieve small family, economic condition of the family, health condition, tiredness of taking care of the children, interval of the children, are motivating factors for women to want to terminate an unwanted pregnancy.
2. Abortion is the last choice to stop the pregnancy due to contraceptive failure.
3. Abortion is not only an alternative for immoral or irresponsible women. Abortion is better to be avoided; however if contraceptive failure yields to unwanted pregnancy, women should be given a chance to decide and choose.
4. Government promotes a small family norm, by using effective and long-term contraceptive in order to make the woman healthy and also have a happy family. However it fails to openly confront the problem of contraceptive failure since IUD failure is a failure of contraceptive technology.
5. The Government lets the NGOs help by providing abortion services as long as there is no complaint from the community. This condition shows non-optimal
effort of the government to protect women's health. Compensation of Rp 50,000 seems very irrational.

6. As the consequences of illegal state of abortion, the government should give total support to NGO, i.e. the IPPA that offers menstrual regulation services to women with IUD failure. Moreover protection should be provided to the physicians, paramedics, counselors who are involve in abortion services.

7. To de-stigmatize the service, the government could take a stronger role by providing *Induksi Haid* or Menstrual Regulations to complement the Family planning Program.

8. Unwanted pregnancy due to contraceptive failure happens and abortion as the solution of the problem cannot be avoided. Women seek abortion. The establishment of the facility for abortion, which is accessible, affordable and provides quality of care for the community is highly needed.

This study is a documentation of married women experiencing contraceptive failure and their decision to have an abortion. Abortion is usually associated with irresponsible women. This study reveals that the decision for abortion is a responsible act of women to safeguard their reproductive health, their family welfare, the education and the future of their children. Although abortion is still the last choice to overcome unwanted pregnancy, as Mrs. MW said:

"If I could choose since the beginning, I am sure to choose not to be pregnant. This pregnancy is not planned at all; I even do not need it. For the sake of all, I choose abortion"
Annex 1.

References:

Beverly Wildung Harrison,

Bloome,Carolyn M.

Devereux,George

Doyal,Lesley

Effendi R.

Faisai,Muhammad dan Ahmad, Sabir

Floyd-Davis & J. John.

Greenhalgh,Susan.

Granfield,David


Harden,Anita.

Hull, Terence H, Sarwono W Sarsanto and Widyantoro N

Imber, Jonathan B,

Indriso, Cynthia. And Indriso Cynthia (editors),


Janis, Irving L.

Jatiputra S, Sampoerno D, Hertonobroto, Saburin S

Johnston, Heidi Bart and Henneth H.Hill.

Johnston, Heidi Bart and Henneth H.Hill.

Kamaluddin, Siti Fathalah.

Law, Anne L. / Anselmi, Dina L.

Lesley, Doyal.

Moeloek, F.A.

Mohamad, Kartono.

Moore, Henrietta L.,

Neny, Made dan Dewi, Urmila


Poots, Malcolm.
Petchesky, Rosalind Pollack,

Riddle, John M,

Rudel, Harry W,

Sampoerno D, and Sadli S,
1994, Proceeding of The Asean Regional Research Seminar on Psychosocial

Sciortino, Rosalia,

Statistical Year Book Of Indonesia,
1997, Jakarta : Published by Central Board of Statistics.

Tjitarsa, I.B.

Tjitarsa, I.B.

Zoja, Eva Pattis
Problem Analysis Diagram
Deciding for Abortion due to IUD failure