Seeking Experience Abortion Services: A Study of Unmarried Young Indonesian Women

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Abstract

The stigma over abortion services has been noted as one of the reason most women choose secrecy over health. In Indonesia, abortion is restrictively permitted to perform only by two indications; medical emergency and rape case. As result, women who needs abortion will choose any option available despite the safety of the service. The objective of this research was to explore the seeking abortion experience of young Indonesian women. This research utilized the feminist methodology with in-depth interviews and unstructured interviews with the 16 unmarried young women, aged between 18-24 years old and 11 abortion providers from different sectors in central java and Yogyakarta, Indonesia on accessing the abortion service. The finding show that, the folk sector was mostly become the first things women tried when they figure out their pregnancy. Using young pineapple, huge amount of vitamin C, tried the traditional massage or using spell with the help of ancient spirit become the first choice. Popular sector also chosen only when the women well known the network and the

services as they also secretly give the services. The professional sector, widely open the services but have particular requirement in which some women could not fulfil. The recommendation on giving abortion service with women's centred as implication of this research are discussed.

Keywords: Abortion, Seeking Pattern in Abortion Service, Abortion Services.

1. Introduction

1.2 Background and Justification

Abortion has been defined as a termination of pregnancy before the fetus could alive outside the womb and not exceeded twenty-fourth week of gestational age. However, as a medical service, abortion is not widely available for women in needs. Many countries has restriction in giving the service due to the stigma and the debate over the rights of abortion. States has tried to regulate the women's body by limiting their choice including Indonesia. Indonesia only give two indication for permission in performing abortion: for medical emergency reason and rape victim. Both provider and the client are potentially be criminalized for performing abortion without two main indication. (Eppang, 2017)

National paper in Indonesia has highlighted the news on abortion of the criminalization of anyone who involved in performing abortion. The providers, the women, and the sexual partner, were arrested as it againts the regulation. Women also found in severe or even death after had an unsafe abortion (detikcom,2018; tribunnews,2018). The latest survey to noted the annual number of abortion in Indonesia were held in 2008, whereby the abortion insidence in Indonesia was 37/1000 women in reproductive age between 15-49 years old. The number is bigger than Asian Region as whole (Guttmacher Institute, 2008). Hence, in 2012-2014, a hotline abortion service in Indonesia have received at least 1829 calls who seeks for abortion. At least 51,2% were unmarried. A hotline abortion service in Indonesia

received at least 1829 calls from clients who seek for abortion services in 2012-2014, and 51,2% were unmarried (Gerdts & Hudaya, 2016).

As result, women who needs abortion tend to choose any abortion method which possible to be accessed without thinking the negative consequences that followed. In Indonesia, long history of performing abortion through massage, herbal drinks, and inserting spesific items or liquid to the vagina has been noted since 1965. The profesional sector has rejecting to perform the abortion service due to the potential risk they may face if the abortion is failed. They tend to be criminalized, or their working permit may be cancelled. (Hull et al., 1993) The latest news of abortion still happening in several regions in Indonesia. During 2017-2019 at least 60 newspapers has highlighting the arrest of the traditional healer as well as the women who undergo abortion. In fact, the folk sector often performs risky action and lead to incomplete abortion and more severe complication. (Singh et al., 2018)

Technically, abortion by traditional healer in Indonesia been noted in two main temples in Indonesia; Borobudur and Prambanan since 2000 years back. These temples captured the abortion image in their relief that explain the methods of abortion with massage or physical trauma. Even the cultural interpretation is rather unclear, but the abortion technique has understood from generation to generation (Potts, Graff, & Taing, 2007). Nowadays, abortion service is not only separated into the dichotomy of safe and unsafe service, because the research on any possibilities to enhance the access for abortion service is growing.

1.3 Research Objective

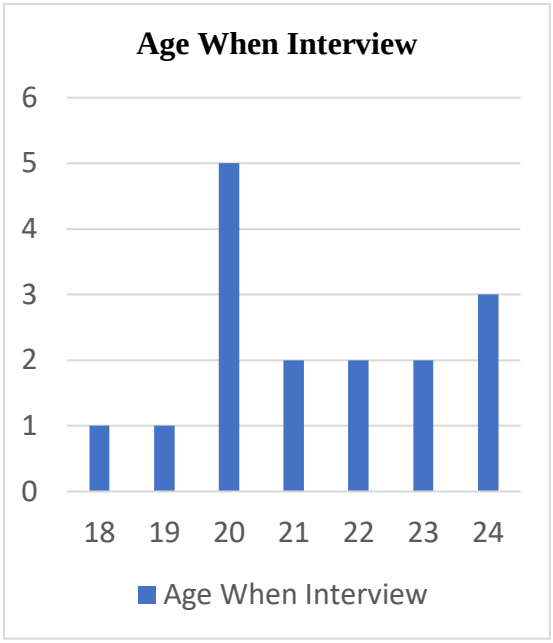
Women in Indonesia still accessing abortion service despite the fact that abortion is illegal to perform. Hence, the safety of women who access the abortion service is not a priority. This research aims to explore the seeking experience of abortion service among

young Indonesian women. Understanding the possible choices that may available to enhance women's well-being.

2. Methodology

This research is qualitative study, with feminist lens and in-depth interview with 16 post-abortive young Indonesian women. Central Java and Yogyakarta are purposively selected as our research site based on 2 reasons. Firstly, the first author who is the main field researcher had a strong working network of abortion service providers. Secondly, the first author only speak Javanese, where Central Java and Yogyakarta are two provinces that used Javanese as their language Research informants were also purposively selected. The criteria of the informants selection were those who unmarried, aged 18-24, have at least one abortion experience in their life, living in central java and Yogyakarta at the moment of the interview, and willing to participate in this research. In order to capture the most possible differs informants, there is no limitation in their education nor their economical level status. Women who were young and unmarried were those who most vulnerable to accessing unsafe abortion. Snowballing sampling method used in this research, as they were consider as hidden population and the stigma of having abortion is still exist in Indonesia. Abortion also service that given restrictively, therefore both the provider and the women who choose abortion risk in arrested by the police.

2.1 Informants Demographic Information



There are 16 women who had abortion involved in this research. The women were aged in between 18 to 24 in the interview process, have abortion at least once in their life and unmarried. The aged when they had first abortion reported at 15 years old as the youngest and 23 years old as the oldest. At least 37,5% informants had repeated abortions. The informants were noted having religion as Moslem (81,2%), Christian (12,5%) and Catholic (6,2%). There are 81,2% informants that currently studying or have done college. Only two informants were live in rural area.

3. Theoretical Framework

Anderson (1968) initiates the behavioural model, explaining factor related to accessing health services by particular people. Some factor such as the predisposition over the services and their enabling factor to seek and reach the service (Andersen, 1995). Predisposing means any variable that triggering individual to access the service. These variables exist within their own self before the illness, such as age, sex, race, religion and values. The enabling components explained the possibility of a person to access the services,

such as their resource (fund, insurance) and their place to lives (rural-urban, region). Last, the individual also will count on the needs, of the illness level in how emergency and the service may fulfil their needs (Aday & Andersen, 1974). The conceptual framework in the behavioural model also used the integrated individual, environmental and provider as variable to decision in seeking care. The environmental variable is taking the consideration of characteristic the health care delivery system, a community such as policy and availability of the providers (Phillips, Morrison, Andersen, & Aday, 1998) There is a certain factor related to the reason of individual to access or not access particular services. In the developing world, health service is not only modern service by the professional sector. Health service also provide by the traditional health care, modern health care, and popular health care- where people get information from people around them. Hence, the availability of the service, in a most developing country, still dominated by traditional form. The modern medicine may available, yet the folk and traditional healer counted as culturally closer to the people. The modern medicine found as not acceptable and not satisfying at some point. Research in Nepal has revealed that people delaying service to modern health service if there is medical pluralism in health care (Subedi, 2008).

4. Result

Each informant has shown a pattern of their seeking care of abortion service. However, this section would try to divide into 3 different types. Each informant may experience more than one type of service.

4.1 Folk Sector

The characteristic of the informants who choose in the folk sector was not generalized. The fourth informants were college student, only two that in junior high school education level on the day she did abortion. They were living in both rural and urban area.

The similarities were only on how the responses to their pregnancy. The information rather unclear, but they attempt to try the folk sector as it the easiest way to access as well as the most affordable way. The folk sector they have been tried were the young pineapple and the traditional healer. It is widely available in a tropical country like Indonesia. The myth of how young pineapple could help abort the pregnancy is spreading a lot among people in Indonesia.

The folk sector, as in this research the informants was not really used the method that "harmful" such as not putting any object to the vagina, nor by harmful herbs or massage. They believed in ancient spirit, who will work as "the helper" to bring out the "baby soul". This belief in the ancient spirit have provided the possibility of the less guilty feeling of the woman and the provider to do it, as they regard the fetus as a human being who chooses to leave. The folk sector was indeed more available, even it has more risk in term of the methods they used, and the legal protection nearly impossible to be provided compared to other sectors. The traditional healer reduced the "risk" she may face in giving the abortion service by limiting the gestational age. She also didn't give any guarantee that abortion will successfully perform, rather she claimed she will ask the "baby". This is a manifestation of her belief in the baby's life. She didn't abort the pregnancy for more than 12 weeks as it counted as killed lives.

4.2 Popular Sector

In the popular sector, we included those who use drugs, regardless of how to get drugs. There were 9 out of 16 informants, 13 out of 22 cases were used popular sector for abortion. They were all bought in different drug seller or from their friends. In the other hand, one of the drug seller that willing to participate in this research, explains how he sold the drugs with his own rules and requirement. Billy (30) further explain: *"I will be asked first, the gestational aged. The price depends on how old is the pregnancy. The older, the more*

expensive. Actually, it's not that expensive, let say from the first distributor I got 350.000 IDR (around 770 THB), then I can sell it about 1.000.000-1.500.000 IDR (2.220 – 3.330 THB) but then it may not directly sell to the client right, they may sell it to other. The price will increase in every additional hand involved." He also works along with police and paid a certain amount to "save" his action. He has down line seller that built a chain until the drugs finally over to the woman. He sells the drugs more expensive than another seller because he claimed he has guaranteed that the abortion will successfully perform. He will give another drug for free if the abortion failed, and the third one it's still not successful he will discount the price. He didn't advertise what he sells, yet so many people know him well. He not only sells the cortex but also Chinese herb to help the healing process. He does not have a referral system, but as far as he becomes a seller the case of complication only happened once. He currently not selling the drugs anymore as he felt selling abortion drugs bring bad luck.

4.3 Professional Sector

Professional sector is provide by the NGOs who provided abortion services. There were two NGO, which have a different kind of service; hotline abortion service and regular clinic. The fourth informants had online counselling through the hotline service provided by the X NGO. The X NGO has actively promoting self-induced abortion. Their website consists of comprehensive information on abortion, the trusted drug seller, and the stories of women who have an abortion. They also provide the counselling free, without any requirement. The service is indeed needed, free to access, widely available, yet not every woman in Indonesia familiar with internet in context seeking the service. Those who access the hotline abortion service were all college student, have the ability to analyse their situation, have a full understanding of the service and fully aware of their safety. This action could be seen on how they read all the information on the website before decided to contact the hotline directly. The awareness of they may get the scam, any risk related to their identity security

that may reveal become the main reason they choose the service. They felt safe while they do not have to reveal their information and they do not have to meet the provider.

Another professional sector accessed by the informants were the regular clinic by Y NGO. The regular clinic has a requirement for the client who wants to access the abortion services, such as identity card, family certificate, copy of marriage certificate for those who married along with the husband consent, and for those who unmarried they have to accompanied by their parent. This requirement, at some point, gave informants short feeling of security.

5. Discussion

Abortion services in Indonesia are restrictively performed; hence, all the informants have successfully terminated their unwanted pregnancy despite the method they choose may harm to them. In the Indonesian context, those who young and unmarried being the most vulnerable group for having an abortion in non-professional and non-skilled provider. They have limited option, and expectation of what kind of abortion service they could possibly obtain. The main concern was limited to; the provider ability to terminate the pregnancy. Although women could reach abortion service eventually, they mostly had an unsuccessful attempt to abort their pregnancy through different methods. Research in India has discovered the main reason women delayed their abortion care to the professional sector was the probability of revealing their identity at the clinic. Women tend to delay their abortion and search for service in distance facilities. (Jejeebhoy et al., 2010)

The popular sector is the most method chosen by informants (56,25%). They justified that it is easy to access, not giving a moral judgement- as they predict will occur if they meet in the provider in person- and have an easy requirement. The popular sector in this research is drugs seller. They used self-induced abortion. The drugs seller mainly only sell drugs and do

not ensure the safety of the client. No counselling provided. They only give information regarding how to use the drugs. No single case complication reported, as if the complication happened, the drug seller is not taken responsibility. The similar methods were used by hotline abortion services. Using the method of self-induced abortion with misoprostol as main drug use. The research conducted in hot-line abortion service to evaluate women who did abortion in their trimester gestational age has discovered that 91,2% women who access the hot-line abortion service and terminated their pregnancy have successfully performed the abortion by self-induced abortion. Only 5,02% who reveal signs of potential complication, and only 1% that failed to abort the pregnancy. (Gerdts et al., 2018) Hot-line abortion services as a popular sector, provide women control of the medication at home, with full of privacy and less requirement needed. Where abortion is legally restricted, hot-line abortion services may be a harm reduction option (Gerdts & Hudaya, 2016). The regular clinic, of course, has shown the safest choice, as it was done by a professional and skilled practitioner, and the client meets the provider in person to ensure the abortion process is done in the right way.

Women who have an abortion may need additional emotional support as the abortion stigma is present. The provider may help to provide women's needs to ensure every woman have a good experience in abortion. (Altshuler et al., 2017) Another thing to be considered, women need high secrecy of their identity. They were afraid their identity will reveal when they access the services. Judgment from the provider also become one of the factors restraining them from accessing the service. (Altshuler et al., 2017; Jejeebhoy et al., 2010; Kimport, Cockrill, & Weitz, 2012) In another hand, in regular clinic abortion in Indonesia, the identity of the client is needed to ensure the safety of the client when an emergency case may happen during the process. Popular and folk sector, as well as the hotline abortion service, provide the anonymity of the client.

Young women in Indonesia also showed their willingness to do the self-care such as the search for information what kind of food they should eat, what to do in abortion service, and search for information before they deciding what service they would like to have. The folk sector may not be easily accessible as they are only known among people-no single written information. The popular sector may be available via the internet, however, most of the informants mentioned they gain the popular sector from their close relative. The professional sector showed the most convenient by the informants, as they don't really try another sector other than professional. I would conclude that the pattern of seeking and method chosen by the informants influenced by their ability to seek the information, level of awareness, and the support from their surroundings.

6. Conclusion

In summary, unmarried young Indonesian women do not have access to abortion service in the regular clinic as the law is clearly retrained their access. If by any chance they could access the professional sector (as regular clinic run by NGOs) they have to fulfil the administration requirement in which they may not be able to provide such as the parental permit, official identity card, and maybe the gestational age that exceed the limit. Another thing to consider is young women prefer the anonymity, controlling over their action and service, and the secrecy of their abortion story. The hotline abortion service actually has provided the service needed by young women. Hence, the folk sector and popular sector still dominated as they still have limited information regarding hotline abortion services. The number of potential complication of folk and popular sector and the hotline abortion service may relatively show small number. Thus, I still considering the fact that the informant who accesses the service from choice other than regular clinic have limited access to professional sector to ensure their complete abortion process. I would suggest that the option for folk and

the popular sector still need further research on how to measure their quality, and the follow-up session to ensure the needs has fulfilled. While the legal restriction for abortion advocacy is still a long way to achieve, both sector may work collaboratively with professional to build a referral system.

The informants may have the assumption that their abortion has successfully performed by the folk sector, yet they actually accessing the abortion drugs such as misoprostol or well known as Cytotec. The traditional healer, when being asked as if there is any complication after the abortion she performed, she claimed no one ever goes back to her reporting any complication. It would be unfair if I conclude the traditional healer have safe- or seeing how she perform the abortion service- and less risk to complication. Hence, the traditional healer as one of my informants, illustrate the strong folk believe that still dominated in Indonesian daily life; the fetes is a living soul may choose to leave the mother's body - voluntary. The belief has helped both women and provider, comfortably perform the abortion as the fetes choose to do so.

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