CRIMINALIZATION OF HEALTH PROVIDER WHO PROVIDE INFORMATION ABOUT CONTRACEPTIVE AND ABORTION TO YOUNG PEOPLE AND UNMARRIED WOMEN

I. Informant A

1. Did experience challenges/obstacles when you were providing information about contraceptive and abortion for young people/unmarried woman both in the community and in your health facility? Please explain!

The laws are the biggest challenges and obstacles for me to provide information about contraceptive and abortion for young people/unmarried women both in the community or my clinic. Moreover, the people and the communities also experience challenges and obstacle. For instance, some parents/people/community who feel reluctant/sceptic, protest given the content of information’s provided, I could approach them by building good relations and communicating to them the importance of the information provision to young people and unmarried women. I try to build their perspective to be positive, although of course it took time. But, I can manage for that. Therefore, most of the time I forget or even didn’t notice that I have a lot of challenges in providing this information. Especially while provided information to some peer groups, my closes friends, and my clients who have been in touch with me for several time.

2. How are your feeling when you are providing the information to them? Please explain!

Overall I always feel alright and helpful towards them. Because, they really need the information and in some cases it helps save their life and their future.

3. What kind of information/knowledge do you provide to them? Please explain?

It depends on their needs. But usually I provide information and education on contraception’s and abortions. It always went deeper depend on the client’s needs. For contraception’s to abortion for example. I gave all the information about the methods, side effect, etc. I let them decided to choose and respect their decisions.

4. Why did you think that you should provide that kinds of information?

Because it is a human rights, as simple as that! This kind of information are attached to the life of people, sexual reproductive life, and it also effects their future. Therefore, there’s no reasons not to give these information to them. It’s safe people’s life!

5. Have you ever given abortion service to young people and unmarried women who got unwanted pregnancy or refer them to the referral facility? Please explain!

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1 Interview to 6 midwives on the barriers that she faces in providing sexual and reproductive health services for women. The Interview conducted by member of The Coalition, during July – August 2016 in Jakarta and Yogyakarta.
I never gave abortion services, I just gave information and refer them to a facility that provides safe and friendly services.

6. How was your feeling when you gave that kind of service? Please explain
I am worried and afraid! I feel like I will also jeopardize my family. I mean, if somehow I get caught or criminalized by the law, it will affect them (my family). But, I have to help these persons to get their rights for high quality services, which means helping to save people’s life too. Therefore, I sometime forgot the dangerous of my work. Of course I need to keep myself save and build a very safe system by networking with friends or other professions who have the same frameworks like me around SRHR. Just to make sure to make the world a better place for everyone, especially vulnerable people.

7. Have you ever heard that there was a health provider criminalized or got in trouble because providing information about contraceptive and abortion to young people and both married and unmarried women?
No, I never heard about a health care provider being criminalized because they gave information about contraceptive and abortion to young people. However, the providers often get negative stigmatized from society and rejection. Even I and my friends (midwives) or NGO’s friends are sometimes afraid just to give the information, especially about abortion. Because someone (from fundamentalist) can someday report us to the police. Therefore, we often feel insecure. Other cases, I have heard of some of doctors and midwives who have been criminalized and prosecuted because they help to refer or even help to do the abortion. It was on the news and this often discourages us (care provider) to refer or help women to have a safe abortion.

About contraceptive, I have experienced one case where my client wanted to have IUD Copper-T as her contraceptive. But, actually she didn’t get permission from her husband to use Copper-T as a contraceptive. Then, after I inserted the IUD and the client went home, the problem started. After, a few days, the client had sex with her husband, unfortunately while they had sex the husband felt the string of the IUD. Than the next day, my client’s husband came to my clinic and he wanted me to remove the IUD, or if I did not do this he was threatening to report me to be prosecuted. This because I help her wife inserted IUD without his permission. These kind of cases are the obstacles for us as care provider to give the right services to our client. Therefore, some of my friends are reluctant to give contraceptive and abortion information or services, event to do referral.

II. Informant B
1. Did you experience challenges/ obstacles in providing information about contraceptive and abortion for young people/unmarried woman both in the community and in your health facility? Please explain!
I am often questioned about the reason why I do this. I feel a form of stigma in providing certain information and threatened by the underlying the legal procedures.
2. How are your feeling when you are providing the information for them? Please explain! I feel helpless when there is no option left I can give for them.

3. What kind of information/knowledge do you provide to them? Please explain?
   Contraceptive: the varieties, what to expect, when to use it, sign of pregnancies.
   Abortion: medical abortion (how to use, what to expect, sign of complication, how to get the pills) and refer them to local help.

4. Why did you think that you should provide that kinds of information?
   There is a lot of misinformation about SRHR that risk people their health. It is because of the myths and stigma. Many women have tried unsafe abortion because of this. Moreover, many unwanted pregnancies happened since women and men and other gender do not get any sexual education.

5. Have you ever give abortion service to young people and unmarried women who got unwanted pregnancy or refer them to the referral facility? Please explain!
   I gave information about the medical abortion so it easier for them to access in this kind of society. The package of medical abortion can be sent to them as well after they fill in online consultation and approved by the doctor. The instruction is provided as well. If they are more than 10 weeks pregnant or have a sign of complication, they are suggested to go to local facilities.

6. How was your feeling when you gave that kind of service? Please explain
   I feel worried and helpless since there is not much that I can do after this procedure. Sometimes, they feel sad and guilty, some of them mentioned to suicide, because of the stigma. They want their story to be silent, so they also feel alone in this kind of situation. I am afraid as well that they get prosecuted.

III. Informant C
1. Did you experience challenges/obstacles when you are providing information about contraceptive and abortion for young people/unmarried woman both in the community and in your health facility? Please explain!
   I am getting challenges and obstacles on providing information about contraception and abortion for young people or unmarried woman. Related to the contraceptive information, the community tends to judge me as a bad person who is influencing the young people or unmarried women to do the free sex by using a condom or by telling them that contraception can be accessed by every person, married or unmarried. Finally, providing information about abortion has brought me to be judged as a murder. People always say that I am bringing people to the hell, that I am killing babies by providing information on safe abortion.

2. How is your feeling when you are providing the information to them? Please explain!
Personally, I am always feeling good whenever I can provide them with comprehensive information about contraceptive and safe abortion. I can imagine how hard it is for those who are young and unmarried to get that kind of information, so if I can help I will do my best.

3. **What kind of information/knowledge do you provide to them? Please explain?**

   Information I provide starts from what they are questioning and I try to provide the knowledge that can help in answering that question. If a question is related to abortion I provide information about the methods and I also emphasize a woman’s right to decide in a case of an unwanted pregnancy. Through this information, I also encourage them that whatever their choices I will support them and provide them with the comprehensive information they need.

4. **Why did you think that you should provide that kinds of information?**

   I think I should provide these kinds of information because I have the knowledge and skill to provide it and because women need it.

5. **Had you ever given abortion service to young people and unmarried women who got unwanted pregnancy or refer them to the referral facility? Please explain!**

   Yes, I refer the women who are willing to get a surgical abortion to a friendly health facility but for medical abortion, I only provide information and counseling.

6. **How was your feeling when you gave that kind of service? Please explain**

   At first, I felt a little bit worried about my security in providing the information on medical abortion and the referral for surgical ones. But, in the end, I can think of the bigger picture that I can contribute to women empowerment by doing this, so I feel courage more than before.

IV. **Informant D**

1. **Did experience challenges/obstacles in providing information about contraceptive and abortion to young people and unmarried women?**

   There was no obstacle in providing contraceptive information. Patients and the community showed interest in the information. In providing abortion information, I usually merged the information in topic of unwanted pregnancy. I emphasized “abstinence” for young people. At one occasion during my work I met this young men, he said that young people should have ways to prevent unwanted pregnancies but he didn’t agree that married couples should have remedies to prevent unwanted pregnancies.

2. **What kind of information/knowledge do you provide to them?**
On the topic of abortion, safe abortion conducted by trained health provider at health facility, methods of unsafe abortion conducted by community and the danger of unsafe abortion, were discussed. But I never informed people about oral/medical abortion because I feel afraid since there is no legal protection for midwives related to abortion. I prefer to refer my client to referral facility. It is safer for me at least until there is a legal protection. On the topic of contraceptives, I discuss the methods, how they work, and the contraindications. I also inform about emergency contraception.

3. **How is your feeling when you are providing the information?**
I feel comfortable because I think I should provide that kinds of information to them. Even when there was a teacher with them, the teacher was the person who had more question.

4. **Do you know that based on government regulation that Family Planning program is only for married couple?**
Yes I know the regulation. So this is why I am careful in peer educations programs I work in.

5. **Had you ever heard that there were health provider criminalized or got in trouble because they provided information about contraceptive and abortion to young people or unmarried women?**
I have never heard about this. But I had ever heard that there were health providers/midwives criminalized because helping abortion action. That is why I only engage in providing the information. I am also careful in providing the information to clients who are unwanted pregnant so that I don’t get in trouble with law.

V. **Informant E**

1. **Did experience challenges/obstacles in providing information about contraceptive and abortion for young people and unmarried women?**
Yes I did. Sometimes people misunderstood the information that was delivered to adolescent and unmarried people. Most people in community, even the teachers assume that providing this kind of information mean promoting sex before marriage.

2. **What kinds of information/knowledge do you provide to them?**
When I was conducting health education for adolescent at schools, I provided information/knowledge about ways to prevent sex before marriage and drugs because of the negative impacts. Related to topic of contraceptive, I informed that contraception was used by married couple to plan their family. Most of information focused on reproductive organ, menstruation, wet dream, maturing age of marriage, ways to maintain the reproductive organ keep healthy. I didn’t deliver information about kinds of contraception.
Related to the topic of abortion, we had video about dangers of abortion so we only explain what are on the video. We also used standard factsheet from BKKBN in providing reproductive health information for young people. The factsheet informed about reasons of abortion, the methods of unsafe abortion and the impacts of unsafe abortion. In informing safe abortion, I only explained that the only one method of safe abortion was abortion conducted by trained health providers.

3. Why did you only provide that kind of information not the comprehensive information?
I felt uncomfortable to provide comprehensive information about contraceptive to adolescents at schools. But if the headmasters/teachers permit me to provide the comprehensive information, I will feel comfortable. Before conducting health education, we made consultation with the headmasters to talk about the material and content of the information that would be delivered to the students. There were constrains determined by the headmaster. The headmaster didn’t suggest to giving comprehensive information about contraceptive to the students because he worried that the information/knowledge delivered would be misused an that students would take “prohibited actions”.

I felt more comfortable in providing information about abortion than providing information about contraceptive. I didn’t provide information about medical abortion because I was worried that the information would be misused. I had read information on internet that it was easy to get drugs for medical abortion. The website also informed that the drugs for medical abortion was safe to be consumed although with assistance of health provider.

4. Have you ever heard that there were your colleagues/health providers criminalized or got trouble because they provided information about contraceptive and abortion to young people or unmarried women?
I had never heard about that. It may be because we conducted health education based on directions of our boss.

VI. Informant F
1. Did experience challenges/obstacles in providing information about contraceptive and abortion for young people and unmarried women?
There was no obstacle in providing the information to the young people in the previous village. But there was an obstacle in providing the information at Puskesmas (community health center) because there was no counseling room for them. Besides that, there was no support from head of Puskesmas.

2. What kind of information/knowledge did you provide to them?
During peer education sessions, I provided detailed information about abortion including information on medical abortion. I also provided detailed information about contraceptives. In my opinion, girls should know about methods of contraception so that when they get married, they can make informed choices about the reproductive health.

3. Do you know that based on regulation/law in Indonesia, the Family Planning program is only for couple married.
   Yes I know, but I don’t know exactly the number of the regulation. Until now, I only provide the information not the service.

4. How do you feel when you are providing the information? Did you feel worried, uncomfortable, etc.?
   I didn’t feel anything because I have recognized the need of the girls for long time. Together with me there are others who see the importance of the information provided in peer education to young people and their parents. Even, when I didn’t conduct peer education, there were some parents of girls who asked when I can teach their children again (conduct the peer education). In fact, there was no unwanted pregnancy case in the village. The community trusts me because I am a village midwife.

5. Have you ever referred your client who was unwanted/unplanned pregnancy to a facility/clinic? How did you feel?
   Yes. I had ever referred my client to a clinic in Jakarta because the client had many little children. She was pregnant for 8 weeks. Clients should take their own decision based on their belief, appropriate choice for them, and they should be aware of the risks. I only provide the counseling and I always keep confidentiality of the client.