

**UNITED NATION HUMAN RIGHTS COUNCIL**  
**UNIVERSAL PERIODIC REVIEW 2022**  
**INDONESIA**



**JOINT SUBMISSION**  
**PRESENTED BY**

**SAVE ALL WOMEN AND GIRLS**



## **Fourth Universal Periodic Review of Indonesia**

### **Joint Submission by the Save All Women and Girls Working Group**

#### **Introduction**

The present submission is provided by the Save All Women and Girls Working Group (hereinafter "SAWG"). SAWG is a working group consisting of 9 civil society organizations working in the area of advocacy for equality and quality access to sexual and reproductive health (SRH) services. SAWG members include the following organizations: Women's Health Foundation (YKP), Indonesia Planned Parenthood Association (PKBI), Women on Web (WoW), Samsara, DAMAR Women's Advocacy Institute, Women's Crisis Centre Jombang, Sada Ahmo Foundation, Daulat Perempuan North Maluku, and Women's Solidarity for Humanity and Human Rights (SPEK-HAM).

#### **A. Summary and Background**

1. During the 3rd cycle of the UPR that took place on 3 May 2017, Indonesia received at least nine recommendations regarding sexual and reproductive health and rights (SRHR), of which, four among them were supported by the Government of Indonesia. The supported recommendations include one recommendation from Colombia requesting Indonesia to *"Redouble efforts in sex education and access to sexual and reproductive health in the whole country with a view to reducing maternal mortality and combating AIDS, early pregnancies, abortions carried out in situations of risk, child marriages and violence and sexual exploitation."*<sup>1</sup>
2. Despite some achievements made in the area of SRHR, there has been a lack of progress made by the Government of Indonesia to ensure that safe abortion services are available and accessible for all people with unintended and/or high-risk pregnancies. Abortion remains a criminal offence under the Indonesian penal code, with some exceptions for cases of unintended pregnancies resulting from sexual violence and medical emergencies. While the Law on Health provides guarantee for access to legal abortion for the two aforementioned instances, the lack of implementing regulations as well relevant training and dissemination of information for health care providers regarding these exceptional cases of abortion have resulted in many instances where health care providers refused to perform abortion to those who are eligible to access the services.
3. The present submission by SAWG will focus on the situation of access to safe abortion services in Indonesia. To that end, there are three issues to be highlighted in this submission namely: 1) the criminalization of abortion in Indonesia and the implications of it for people with unintended pregnancies; 2) the access to safe abortion services for victims and/or survivors of rape; and 3) the access to safe abortion services for medical emergency reason. Arguments and

recommendations in this submission are made in accordance with relevant provisions under the national laws and international human rights instruments pertaining to the state obligations to respect, protect, and fulfill the rights to life, to the highest attainable standard of health, to privacy, to be free from torture and discrimination, and the protection of children enshrined in the ICCPR, ICESR, CAT, and CRC of which Indonesia is a State Party.

## **B. Criminalization of Abortion**

### **B.1. Facts and legal provisions**

4. Abortion, in general, is considered illegal in Indonesia except in two scenarios: pregnancy due to rape and when there's indication of medical emergency. But clauses related to abortion are not only listed in one regulation; these clauses are written in the Penal Code (*KUHP*), Indonesia's Law on Health (*UU Kesehatan*), and the Law on Child Protection (*UU Perlindungan Anak*). The Indonesian Penal Code clearly and rigidly states that the act of terminating a pregnancy (abortion) is a criminal act. Meanwhile, Article 75 of the Indonesian Health Law also regulates matters related to abortion. Section (1) of Article 75 of the Indonesian Health Law explicitly prohibits everyone from having abortion; though in section (2) the law states that there are exceptions, namely for pregnancy due to rape and the indication of medical emergency. People who have abortions outside of these exceptions will be sentenced to 10 years in prison and a fine of one billion rupiah. The Law on Child Protection<sup>2</sup> also criminalizes abortion, except for reasons and procedures that are justified by existing laws, with a maximum imprisonment period of 10 (ten) years and a maximum fine of Rp.1.000.000.000,00 (one billion rupiah).
5. Throughout 2019-2021, there were 108 verdicts related to the criminalization of abortion from West, Central, and East Indonesia. Of all those verdicts, 31 verdicts criminalized women or girls who had abortions. In addition, 54 service providers and parties who were selling abortion-inducing pills were criminalized, along with 46 people who provided accompaniment, information, and abortion-inducing pills. Of the 108 verdicts, 51 are linked to criminal sanctions under the Law on Health, 36 are linked to criminal sanctions under the Law on Child Protection, and 21 verdicts directly refer to the sanctions under the Penal Code.
6. Article 346 of the Penal Code clearly prohibits women from having an abortion, as it's punishable by up to four years in prison. There were 5 cases of criminalization of women or girls throughout 2020, the verdicts for these cases were taken based on witnesses' testimonies and referred to the Penal Code. These cases of criminalization took place in Takengon, Aceh; Cikajang, West Java; Semarang, Central Java; Wonosari, Yogyakarta; and Gorontalo. On the other hand, there were 26 cases of criminalization of women and girls accessing abortions using the Law on Health and Law on Child Protection.
7. Article 349 of the Penal Code punishes health care providers or people performing abortion procedure with up to 15 years of jail time and the revocation of their medical license. Cases related to the criminalization of health workers are documented through media monitoring.

SAWG recorded at least 8 (eight) cases related to criminalization of abortion clinic happened throughout February - August 2020. The first case that started SAWG this series of misinformation related to abortion services was the raid by Greater Jakarta Metropolitan Regional Police (10/02/2020) on a clinic in Paseban, Central Jakarta, which involved 50 midwives and 3 suspects were identified afterwards. On 3/08/2020, a joint team from the Sub-directorate of Mobile Investigation, Greater Jakarta Metropolitan Regional Police (Subdit Resmob Polda Metro Jaya) raided a clinic in Senen, Central Jakarta, and arrested 17 suspects including health care providers and other workers, such as the guard and the cleaning services.

8. According to the 2022 WHO guidelines<sup>3</sup>, medical abortion is the recommended method for abortion, however, in Indonesia, all forms of sales of abortion-inducing pills are punishable by up to four years in prison, and if committed by health care providers, the punishment will be increased by one-third along with the revocation of their medical license. From the mapping of verdicts related to abortion, conducted by SAWG throughout 2020, there were three cases related to abortion-inducing pills sales, one in Sleman, Yogyakarta; one in Jepara, Central Java; and one in Madiun, East Java.
9. Although it's not explicitly regulated, several cases were found in which Law No.34 of 2014 on Child Protection was used as the basis of criminalizing abortion. One of these cases occurred in Jambi, 2018, against a 15-years old girl named WA. WA was a victim; she was raped by her own brother and got pregnant. She terminated her pregnancy and was convicted of abortion. She was sentenced to one year in prison and a fine of Rp.800.000.000,00 (eight hundred million rupiah) through the verdict of Muara Bulian District Court, Jambi. In his decision, the judges used Section (1) of Article 77A of the Law on Child Protection, which states that "*Everyone is prohibited from having an abortion except for reasons and procedures justified by law*". WA is a victim who was considered by the judges to have caused "*harm to the fetus in her womb*," even though WA herself was still a child.
10. Article 1 of the Law on Child Protection states that a child is someone who is under 18 (eighteen) years old, including those who are still in the womb. The previous case illustrates how the notion of protection was tilted in favor of the fetus, rather than the child who was the victim of rape and unintended pregnancy. WA was in need of legal protection including access to sexual and reproductive health care. The verdict contradicts the principle of the best interests of the child which is one of the fundamental principles in the CRC. In General Comment No.20 (2016) on the implementation of the rights of the child during adolescence, the CRC Committee clearly encourages countries to "*...decriminalize abortion to ensure that girls have access to safe abortion and post- abortion services, review legislation with a view to guaranteeing the best interests of pregnant adolescents and ensure that their views are always heard and respected in abortion-related decisions.*"<sup>4</sup>

## **B.2. Implications**

11. Criminalizing abortion will hinder access to accurate information and safe abortion services, forcing women, girls, and pregnant people to access wrong information instead.

Misinformation often causes women to choose methods of abortion that are unsafe, that could negatively affect their health and might even lead to death. The criminalization of abortion forces women, girls, and pregnant people to access unsafe abortion with their lives on the line, and this is against the right to life. In one of their reports titled “Gender Sensitive Approach to Arbitrary Killings”, the Special Rapporteur on Extrajudicial, Summary, or Arbitrary Killings specifies that “...*the death of a woman, where it can be medically linked to a deliberate denial of access to life-saving medical care because of an absolute legal ban on abortion, would not only constitute a violation of the right to life and an arbitrary deprivation of life. It would also amount to a gender-based arbitrary killing, only suffered by women, as a result of discrimination enshrined in law.*”<sup>5</sup>

12. The criminalization of abortion is also a violation of the right to privacy and autonomy—it also adds more stigma towards women, girls, and pregnant people in general. The Special Rapporteur on the right to health has stated that laws criminalizing abortion “...*infringe women’s dignity and autonomy by severely restricting decision- making by women in respect of their sexual and reproductive health.*”<sup>6</sup>
13. Losing control over our own ability to make choices, to access information and to exercise our bodily autonomy due to the criminalization of abortion also violates the right to liberty and security, as stated in Article 3 of the Universal Declaration of Human Rights (UDHR) and Article 9(1) of the International Covenant on Civil and Political Rights (ICCPR). The absence of these rights will hinder the fulfillment of the right to the highest attainable standard of health, as stated in Article 25(1) of the UDHR and Article 12(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR). The right to health includes the right to freedom; which includes the right to access physical health checks, and the right to ownership; which includes the right to a health protection system, which provides equal opportunities for everyone to meet adequate and affordable health standards. The Committee interprets the right to health as stated in Article 12(1) of ICESCR as an all-encompassing right, which not only includes the right to appropriate and adequate health services, but also the fulfillment of other health-related factors such as access to education and information on sexual and reproductive health.
14. Criminalizing citizens and service providers that are linked to abortion is also a form of discrimination against legal protection because the state should guarantee the fulfillment of the rights to sexual and reproductive health instead of perpetuating the criminalization of abortion. The fact that abortion is considered as a criminal act in Indonesia clearly violates the rights guaranteed in Article 2 of UDHR, Article 2(1) and Article 26 of ICCPR, Article 2(2) of ICESCR and Article 2 -3 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

## **C. Access to Safe Abortion for Victims of Sexual Violence.**

### **C.1. Facts and legal provisions**

15. The latest data shows a significant increase on the number of cases of violence against women in Indonesia. In 2021, The National Commission on Violence Against Women (Komnas Perempuan) recorded 338.496 cases of violence against women, both in private and public spheres<sup>7</sup>. In the government-compiled data, most of the victims were under the age of 18, with a number of victims of violence against women and children reaching 25.210 people. Sexual violence such as incest, sexual harassment, and rape, was recorded as the most frequent form of violence with the number of victims reaching 10.328 people<sup>8</sup>. Despite of the high rate of sexual violence, Indonesia doesn't have the adequate legal framework to protect victims of sexual violence. The Draft Bill on the Elimination of Sexual Violence, which has been proposed since 2012, has not yet been ratified by the parliament (DPR-RI).<sup>9</sup>
16. Unintended pregnancies resulting from rape is a type of pregnancy that is permitted by law to be terminated. Regulations on abortion for rape victims are contained in Law No.36 of 2009 on Health and Government Regulation No. 61 of 2014 on Reproductive Health. Meanwhile, regulations related to the implementation of abortion services are contained in the Minister of Health Regulation No. 3 of 2016 on Training and Implementation of Abortion Services for Indications of Medical Emergency and Pregnancies due to Rape.
17. Although matters related to access to abortion services for rape victims are regulated in national legislation and policies, the truth is women who fell victim to, and survivors of sexual violence are faced with a series of barriers in accessing such services. These barriers include age limit on getting abortion, access to information, bureaucratic obstacle in authorizing abortions, and social stigmas.
18. In terms of the gestational age and the limit on abortion, Article 76 of Law No.36 of 2009 states that access to safe and legal abortion for rape victims can only be provided if the pregnancy is under six weeks, calculated from the first day of the victim's last menstrual cycle. This gestational age limit is too short when compared to the WHO's global guidelines for health systems related to safe abortion, where WHO states that abortion procedures are safe for up to 28 weeks, if they are carried out using WHO recommended methods<sup>10</sup>.
19. The authorization procedure to access abortion service is also quite lengthy and complicated. For example, according to the provisions in Article 34 Section (2) of Government Regulation No. 61 of 2014 and Article 17 Section (4) of Minister of Health Regulation No. 3 of 2016, the act of rape and the current gestational age must be proven through certificates provided by a doctor, investigator, psychologist, and/or other experts.
20. In terms of financing, currently Indonesia doesn't have a standardized financing scheme set by the state to support safe and legal abortion services. Previously, access to health services for victims of sexual violence was part of the national health insurance scheme. However, this right was later removed altogether after the issuance of Presidential Regulation No. 82 of 2018 on Health Insurance<sup>11</sup>. In his statement to the media, the Head of Public Relations of the Social Health Insurance Administration Body (BPJS) stated that after the Presidential Regulation took effect, provision of access to health services for victims of sexual violence would be handled by the Witness and Victim Protection Agency (LPSK)<sup>12</sup>. However, with the limited budget of

LPSK and the burden of time-consuming administrative evaluation procedures, LPSK encourages BPJS to retake the role of covering the medical costs for crime victims<sup>13</sup>.

## **C.2. Implications**

21. In the context of the victims, the limit put on gestational age becomes problematic since rape victims often do not have adequate support system and information to detect their pregnancies early, especially if the victim is still a child. Representative from the Indonesian National Police (POLRI) confirmed that in most cases reported, the gestational age was already beyond the limit set by the regulations, 6 weeks, or 40 days<sup>14</sup>.
22. Regarding the authorization to access abortion services, most of the time rape victims are faced with lengthy and complicated procedures and bureaucracy, which makes accessing the safe and legal abortion service before their pregnancies reach 6 weeks seems impossible. The need to procure evidence set by policies related to access to abortion services has the potential to cause uncertain delays for rape victims amidst the increasing gestational age.
23. With the removal of the financing model for victims of sexual violence from the national health insurance scheme and the transfer of financing to LPSK, victims of sexual violence must go through yet another lengthy procedure to access legal and safe abortion service. To obtain protection from LPSK, victims must undergo the administrative evaluation process, which might take at least 14 days to finish after submitting an application for protection. Then, the portrait of setbacks is also reflected in the inconsistency of health services provided for rape victims. In some cases, the cost to obtain a medical report is charged to the victims instead. This has been happening even before the Presidential Regulation was issued<sup>15</sup>.
24. Stigmas attached to abortion and rape are also still prevalent. This cause health care providers to oftentimes doubt the legitimacy of claims made by rape victims<sup>16</sup> and show reluctance in carrying out abortion procedures as mandated by the law, due to the conflicting regulations<sup>17</sup>. Meanwhile, public officials who should be actively involved in efforts to destigmatize abortion for rape victims said that abortion, no matter what the reasons are, is a violation of children's rights<sup>18</sup>.
25. Stigmas among the law enforcers also make it uncommon for rape victims who are pregnant to access abortion service. Furthermore, they even encourage the victims to use their pregnancies as evidence. One example is a case of a 12-years old girl from Jombang, East Java, who was raped and denied access to abortion service, since her request for abortion was rejected<sup>19</sup>.
26. The practice of marrying rape victims with their rapists is also still normalized, on the pretext that pregnancy has occurred already or to maintain the purity of the victims. An active minister in our cabinet even said that marrying rape victims and their rapists—in order to maintain the reputation of the family, is a form of restorative justice<sup>20</sup>.

## **D. Access to safe and legal abortion on the ground of medical emergencies**

### **D.1. Facts and legal provisions**

27. Article 75 of Health Law No.36 of 2009 states that the indication of medical emergency is one of the exceptions that can be used as a basis for accessing legal abortion. The article stated that one of the conditions for the abortion procedure to be performed is to provide counseling containing clear and correct information about options other than abortion prior to the procedure<sup>21</sup>. Women who are under the age of 16 must be accompanied during the counseling and must obtain consent from at least one of their parents or legal guardians for the abortion procedure to be performed.
28. In accordance with the recommendation from WHO's guidelines for abortion care, provision of information and counseling service is the first and central step in providing pre-abortion service to ensure that every women, girls, and pregnant people are well-aware of their choices, so that they will be able to make their own decisions without being pressured<sup>22</sup>. Thus, when they decide to have an abortion, health care providers must explain all aspects and requirements related to accessing abortion services, which includes providing information regarding referral to a shelter, or the care needed if the pregnancy is to be continued. Once they have decided to carry on with the procedure, the abortion services must be provided as soon as possible.
29. In the Academic Paper on Medical Emergency Indications and Pregnancy Due to Rape as Exceptions to the Abortion Ban<sup>23</sup>, there are two categories of medical indications that are excluded from the abortion ban: 1) Indications of medical emergency in which the mother's life is threatened and abortion is required; which includes 21 types of clinical conditions that if the pregnancy is not terminated, the pregnant people will be put at a high-risk situation, and 2) Indications of medical emergency that is detected at an early age of the pregnancy, that might threaten the life of the mother and/or the fetus, who suffers from genetic diseases and/or congenital defects, that is incurable and make it difficult for the baby to live outside the womb. But in practice, the very rigid classification of these medical criteria makes it difficult for health providers (doctors) to provide abortion services. On the other hand, this occasion provides a space for doctors to be the one making decisions regarding the high-risk pregnancy experienced by women based on their personal values.

### **D.2. Implications**

30. Based on the mapping of court decisions carried out by SAWG throughout 2018 to 2021, there were four cases in which access to abortion services was not provided for patients suffering from medical emergencies. According to the case reports, there were two cases in which patients were not granted access to abortion service in time despite of medical emergencies, that resulted in their death. The first case happened to a woman with 3rd grade terminal heart disease, while the second case happened to a woman suffering from stage 4 cancer. Access to abortion, for both patients, was a necessity because the treatment processes for conditions



suffered by these women might be hampered due to their pregnancies. The delay in granting these patients access to abortion was caused by the complexity of hospital's bureaucracy, especially the medical committee in deciding whether access to abortion services should be granted in those situations. It was mentioned that patients were granted access to access the abortion services after their medical condition worsened, but the patients passed away before the abortion was performed. The other two cases are related to the refusal of medical facilities in providing legal abortion services for victims of rape, who were pregnant and suffering from severe psychological disorder due to rape. The reason that was used in denying them access to abortion services is that severe psychological disorders and pregnancy due to rape are not considered as valid reasons to gain access to abortion services.

31. The cases above show that there is an absence of counseling and information provided to the patients during their early days of pregnancy, amidst their unhealthy physical condition, which should have been given according to the existing guidelines and regulation. The absence of comprehensive counseling and information violates various human rights standards regulated in several international instruments that have been adopted by the government of Indonesia, especially instruments related to women's rights to obtain adequate care during pregnancy, childbirth, and postpartum period, which are regulated in CEDAW<sup>24</sup>, and the rights to the highest attainable standard of health, especially when it comes to general SRHR and maternity care, as regulated in ICESCR<sup>25</sup> and its elaboration in CESCR General Comment No.14 on the Rights to the Highest Attainable Standard of Health<sup>26</sup>.
32. Aside from that, delaying the provision of abortion services, which then causes physical and mental pain because women have to maintain or taking care of their pregnancies amidst the medical emergencies that might lead to their death, as shown in cases above, is an act that contains elements of torture<sup>27</sup>. When the delay in providing abortion service causes women to lose their lives, then the act itself is an example of an arbitrary execution<sup>28</sup>.

## **E. Recommendations**

Based on the explanations above on the facts, legal and social barriers, as well as practices that are limiting the access to legal and safe abortion for women experiencing unintended and/or high-risk pregnancies, SAWG encourages the Indonesian government to accept and implement the following recommendations:

1. Amend all laws and policies that criminalize and/or limit access to safe abortion services, especially services for victims of rape and those with indication of medical emergency, including but not limited to:
  - a. Amending the gestational limit for abortion from 40 days to 120 days, or adjust it according to the standards of WHO, for victims of rape.

- b. Amending the clinical rules for safe abortion, in particular by adding conception evacuation method, medicamentosa uses, and self-induced abortion among the current available methods of abortion.
  - c. Amending the exception regarding indication of medical emergency; so that the procedure no longer requires permission from husband or family members to be performed but should be based on the consent of the pregnant woman instead.
  - d. Amending the exception regarding indication of medical emergency; by changing the phrase from “*indikasi kedaruratan medis*” (indication of medical emergency) to “*indikasi kedaruratan kesehatan*” (indication of health emergency), which covers physical, mental, spiritual, and social health aspects.
- 2. Encourage the Indonesian government to organize training for health workers and counselors, at a minimum in the form of Value Clarification and interprofessional collaboration approach, to ensure the presence of human rights perspective in the fulfillment of health according to the latest WHO guidelines.
  - 3. Strengthening the understanding and sensitivity of law enforcement officers to stop all forms of criminalization towards service providers and individuals who are trying to access safe abortion services as part of the fulfillment of SRHR.
  - 4. Involving civil society in the efforts to prevent and provide information related to unintended pregnancy, including monitoring, and evaluating its implementations, as well as providing counseling support.

## End Notes

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<sup>1</sup> Indonesia 3rd cycle UPR, A/HRC/36/7 - Para. 139, available at: <https://www.ohchr.org/en/hr-bodies/upr/id-index>.

<sup>2</sup> Article 45A in conjunction with Article 77A Law No.35 of 2014 on the Amendment to Law No.23 of 2002 on Child Protection.

<sup>3</sup> As a matter of international human rights law, States must provide essential medicines listed under WHO's Action Programme on Essential Drugs (46, para. 12a). States must also take steps to prevent the stigmatization of people seeking abortion (36, para. 8).

<sup>4</sup> CRC General Comment 20 (2016), para. 60.

<sup>5</sup> Report of the Special Rapporteur on Extrajudicial, Summary or Gender Sensitive Approach to Arbitrary Killings, or Arbitrary Killings, A/HRC/35/23 (2017), para. 94

<sup>6</sup> Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/66/254 (2011), para. 21, 65.

<sup>7</sup> National Commission on Violence Against Women, "Fact Sheet and Key Findings", (Jakarta, Komnas Perempuan: 2021), p. 1, available at: <https://komnasperempuan.go.id/siaran-pers-detail/peringatan-hari-perempuan-internasional-2022-dan-peluncuran-catatan-tahunan-tentang-kekerasan-berbasis-gender-terhadap-perempuan>.

<sup>8</sup> Ministry Of Women Empowerment and Child Protection (KEMENPPPA) "Simfoni-PPA" available at: <https://kekerasan.kemenpppa.go.id/ringkasan> 2021 (last visited on 27 March 2022).

<sup>9</sup> Kompas, "The Journey of the TPKS Bill, Six Years Stranded at the DPR" available at <https://nasional.kompas.com/read/2022/02/24/06373451/perjalanan-ruu-tpks-enam-tahun-terombang-ambing-di-dpr?page=all> (last visited on 27 March 2022).

<sup>10</sup> World Health Organization, "Abortion care guideline" (Geneva, World Health Organization: 2022), p. 76-77.

<sup>11</sup> Article 52 point (r) in Presidential Regulation No.82 of 2018 states that health services for victims of sexual violence is not covered by the national health insurance.

<sup>12</sup> Kumparan, "Victims of Sexual Violence are No Longer Covered by BPJS, Insufficient Funds in LPSK" available at: <https://kumparan.com/kumparanbisnis/korban-kekerasan-seksual-tak-ditanggung-bpjs-di-lpsk-terbentur-dana-1546940725287915973/full>, (last visited on 27 March 2022).

<sup>13</sup> Witness and Victim Protection Agency, "Record of Surplus in 2020, LPSK Hopes BPJS Re-Covers Victims of Crimes" available at: <https://lpsk.go.id/berita/detailpersrelease/3327> (last visited on 27 March 2022).

<sup>14</sup> Institute for Criminal Justice Reform, "Implementation of Safe, Quality, and Responsible Abortion Policies in accordance with the Law on Health in Indonesia" (Jakarta, Institute for Criminal Justice Reform: 2021), p. 34, available at: <https://icjr.or.id/penyelenggaraan-kebijakan-aborsi-aman-bermutu-dan-bertanggung-jawab-sesuai-dengan-uu-kesehatan-di-indonesia/>.

<sup>15</sup> National Commission on Violence Against Women & Service Provider Forum (FPL), "Empowering Service Integration: Results of P2TP2 Assessment in 16 Provinces", (Jakarta,

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Komnas Perempuan: 2017), p. 47, available at: <https://komnasperempuan.go.id/pemetaan-kajian-prosiding-detail/keterpaduan-layanan-yang-memberdayakan-hasil-asesmen-p2tp2a-di-16-provinsi>.

<sup>16</sup> Republika, “POGI Denpasar Rejects Abortion Without Recommendation” available at: <https://nasional.republika.co.id/berita/nay6t3/pogi-denpasar-tolak-aborsi-tanpa-rekomendasi> (last visited on 27 March 2022).

<sup>17</sup> Representative from POGI in public discussion, “Webinar Series: #2 Regulating Abortion in Efforts to Renew the Penal Code” available at <https://youtu.be/8I4eDbRFTkk>, 28 June 2020.

<sup>18</sup> Antara News, “KPPPA: Abortion is Violation of Children’s Rights” available at: <https://www.antaranews.com/berita/800124/kpppa-aborsi-bentuk-pelanggaran-hak-anak> (last visited on 27 March 2022).

<sup>19</sup> Detik, “The National Police Talks about the Viral Case, Elementary School Student in Jombang that was Raped was Denied Access to Abortion” available at: <https://news.detik.com/berita/d-5829699/polri-bicara-kasus-viral-siswi-sd-korban-perkosaan-di-jombang-dilarang-aborsi> (last visited on 27 March 2022).

<sup>20</sup> Kompas “Talking about Restorative Justice Principles, Mahfud MD Uses Rape Case as Example” available at: <https://nasional.kompas.com/read/2021/02/17/13060521/bicara-prinsip-restorative-justice-mahfud-md-contohkan-kasus-pemeriksaan?page=all> (last visited on 27 March 2022).

<sup>21</sup> Article 75 Section (3) of Law No.36 of 2009 on Health

<sup>22</sup> WHO, op. cit. p. 12

<sup>23</sup> Academic Paper on Medical Emergency Indications and Pregnancy Due to Rape as Exceptions to the Abortion Ban, Ministry of Health of the Republic of Indonesia, November 2020

<sup>24</sup> CEDAW, Art. 12 paragraph (2).

<sup>25</sup> ICESCR, Art.12.

<sup>26</sup> CESCR General Comment No.14 (2000), para. 12.2 (a).

<sup>27</sup> The Special Rapporteur on torture and other forms of cruel, inhuman, and degrading treatment or punishment, A/HRC/31/57, para. 44.

<sup>28</sup> Special Rapporteur on Extrajudicial, Summary or Arbitrary Executions, loc.cit.

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## ANNEX

### List of the members of the Save All Women and Girls (SAWG)

1. Yayasan Kesehatan Perempuan (YKP) or Women's Health Foundation: Is a social/non-profit organisation founded on June 19, 2001 in Jakarta by activists who care about the condition of women's reproductive health in Indonesia by responding directly to various issues around reproductive health and women's sexuality rights which are currently considered controversial. In its next journey, YKP implemented a systematic strategy focused on fulfilling women's reproductive health and sexuality rights which were still neglected. Contact Person: Nanda Dwinta Sari | [nanda@ykp.or.id](mailto:nanda@ykp.or.id)
2. Perkumpulan Keluarga Berencana Indonesia (PKBI) or Indonesia Planned Parenthood Association: Established on December 23, 1957, PKBI is a non-governmental organisation (NGO) that pioneered the Family Planning movement in Indonesia. PKBI believes that the family is the main pillar to create a prosperous society. The family in question is a responsible family, namely a family that fulfils its responsibilities in the dimensions of birth, education, health, welfare, and the future. Facing various population and reproductive health problems today, PKBI states that the development of its various programs is based on a gender-sensitive rights-based approach and improving the quality of services and taking sides with the poor and marginalized through the motto "struggle for the fulfillment of sexual and reproductive health rights". Contact Person: Riska Carolina | [riska.carolina@pkbi.or.id](mailto:riska.carolina@pkbi.or.id)
3. Women on Web (WoW): Is non-profit organization, providing help and information on safe abortion and contraception. The mission of Women on Web is to provide safe, accessible and affordable online abortion care to women and people around the world. We work to catalyze procedural and legal change in abortion access through telemedicine, research, community outreach, and advocacy. We strive for a world where safe abortion care is accessible for all women and pregnant people, with respect and dignity. Contact Person: Amalia Puri Handayani | [amalia@womenonweb.org](mailto:amalia@womenonweb.org)
4. Samsara: Established in 2008 as a rights-based organization that promotes and support the access to education and information on Sexual Reproductive Health Rights (SRHR) and safe abortion. Samsara runs a hotline that provides counselling for unintended pregnancy situations for those who are underserved, discriminated, and marginalised by the state, in particular by the healthcare system, and stigmatised by the society. Samsara aspires to co-create the future of reproductive justice, and to create a world without discrimination where everyone's sexual and reproductive rights fully recognized, respected and fulfilled.

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Samsara aims to improve women's sexual and reproductive health and promote bodily integrity and autonomy. Contact Person: Ika Ayu | [ikaayukristia@protonmail.com](mailto:ikaayukristia@protonmail.com)

5. Lembaga Advokasi Perempuan DAMAR or DAMAR Women's Advocacy Institute: Was born on December 23, 1999, and was formally announced on February 10, 2000. DAMAR is a membership-based organisation that houses three executive bodies: DAMAR Women's Advocacy Institute, DAMAR Child Advocacy Institute (LAdA), and DAMAR Organisational Development and Research Institute (IPOR). DAMAR Women's Advocacy Institute was founded out of a sense of worry and fear over instances of injustice, discrimination, exploitation, and violence directed specifically towards women. This state exists as a result of society's strong patriarchal ideals, which contribute to the development of a culture and laws that are unjust to women. DAMAR Women's Advocacy Institute's program is founded on the following values: anti-discrimination, non-partisanship, independence, pluralism, justice, equality, democracy, and anti-violence. Contact Person: Ana Yunita Pratiwi | [anayunitapратиwi@gmail.com](mailto:anayunitapратиwi@gmail.com)
6. Women's Crisis Centre Jombang (WCC Jombang): A non-profit organisation that aids women victims of abuse by providing psychological and legal support, as well as community outreach. WCC Jombang was founded by a group of women from the academic environment of Darul Ulum University Jombang who were concerned with the situations of violence against women victims of violence at the time. And it all started with gender-sensitive training led by the Rifka Annisa Women's Crisis Centre in Yogyakarta. Finally, on May 23, 1999, WCC Jombang was founded. The board of directors is made up of representatives from the harmony foundation, which controls WCC Jombang, and daily executives who oversee daily operations. Contact Person: Novita Sari Novelis | [novelis41@yahoo.com](mailto:novelis41@yahoo.com)
7. Perkumpulan Sada Ahmo or Sada Ahmo Foundation (PESADA): Is a local NGO in North Sumatra Province. It was founded in October 1990 by 15 people who share the same concerns with socio-political issues in Indonesia, especially in North Sumatra. At that time, political conditions and government regulations restricted the activities of NGOs, therefore Sada Ahmo was registered as a foundation and called the Sada Ahmo Foundation (YSA). During its 13 years of existence, YSA worked for ethnic minorities (Pakpak) through Community Development (preschool children's education, development of women's groups) and Gender Issues. PESADA's vision is the realisation of the political economic power of grassroots women who are gender equal & just, inclusive, sustainable and influential from the local to the global level. Contact Person: Berliana Purba | [berliana.purba@gmail.com](mailto:berliana.purba@gmail.com)

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8. Daulat Perempuan North Maluku (Daur Mala): Established on November 13, 2001, is a social welfare service institution that provides assistance, advocacy, and capacity building based on the social worker profession and community service in order to contribute to the processes of resolving social welfare problems, education, gender, human rights, justice access, health, and the economy of small and medium-sized communities with a special emphasis on children's issues. Contact Person: Nurdewa Safar | [nurdewasafar75@gmail.com](mailto:nurdewasafar75@gmail.com)
  9. Solidaritas Perempuan untuk Kemanusiaan dan Hak Asasi Manusia or Women's Solidarity for Humanity and Human Rights (SPEK-HAM) is an independent, autonomous, and pluralist non-profit organisation. SPEK-HAM was established on November 20, 1998 and designated as a Foundation by a notary Sunarto on January 6, 1999. SPEK-HAM is committed to upholding human rights, especially women's rights. The focus of SPEK-HAM activities is to provide assistance and work with victims of gender-based violence in critical public education as an effort to prevent violence. Therefore, since its inception, SPEK-HAM has made various efforts to strengthen and build civil society awareness. These efforts are carried out as an organisational commitment to contribute to the process of social change towards a more just and dignified society, by utilising the perspectives of gender, human rights, pluralism, and environmental balance to guide the organisation's movement toward its vision, mission, and goals. Contact Person: Nila Ayu Puspaningrum | [vnilaayu@gmail.com](mailto:vnilaayu@gmail.com)