

Bringing on board people who support and work for safe abortion, but who have not yet shown interest in medical abortion

**INDONESIA:
Country Level Issues**

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Country's Situation

- MMR 390 (307) per 100,000 live births
 - 1.5 times of Philippines
 - 2.4 times of Vietnam
 - 7 times of Thailand
 - 7.5 times of Malaysia
 - 10 times of Singapore
- Contraceptive Prevalence Rate: 56.7%

Source:

Indonesia Demographic Health Survey 1994 and 2002/2003

Political and religious environment

Existing National regulations

re: individual's rights to choose

- Amendment of the 1945 Constitution (Article 28)
- Law No.7/1984 (CEDAW)
- Law No.39/1999 (Human Rights)
- Law No.23/1992 (Health): Abortion is only permitted to save a woman's life
- Law No.23/2002 (Child Protection)

Political and religious environment

On the contrary,

- Law No.23/1992 (Health): abortion is illegal, it is difficult or impossible to obtain a safe & legal abortion
- Draft Amendment of Law No.10/1992 – a setback
- The Indonesian Penal Code (KUHP) – sections 299,346-349
- The 1991 Compilation of Islamic Laws - does not meet universal principles of Islam (equality, gender justice, pluralism, individual's human rights; laws on inheritance; polygamy and democracy). Draft 2004 Compilation of Islamic Laws Efforts is being opposed by the Indonesia High Islamic Council (MUI)

Drug regulatory situation

- FP program is now implementing a voluntary approach à individual 'should' decide freely the method of choice
- Prominent Islamic leaders has helped set the stage for the FP introduction
- EC formally has been registered – 2004 (Postinor-2)

Drug regulatory situation

But,

- Counseling is not integrated yet into community-based reproductive health care
- Postinor-2 distribution – only through pharmacies; trainings only available for Obgyns and MDs

Cost issues

- 66% of the population are living under US\$ 2/day
- Per capita health expenditure US\$18/year

**Table 1. Ability to Pay-Clients of RH Clinic
(local govt. owned)**

Ave/family/month	Socio-economic status		
	40% - bottom	40% - middle	20% - top
Expenditure (US\$)	155	266	355
Income (US\$)	124	233	333
Willingness to pay (WTP) (US\$)	65	83	111
% of WTP/income	52.3	35.8	33.3

WTP = Willingness to pay; **ATP** = Ability to pay

33% of income is considered as “humane” ability to pay/ATP” level

Table 2. Ability to Pay vs. Privatization of Public Services

A v e / f a m i l y / m o n t h	S o c i o - e c o n o m i c s t a t u s		
	4 0 % - b o t t o m	4 0 % - m i d d l e	2 0 % - t o p
T a r i f f (U S \$)	8 3	8 3	8 3
A b i l i t y t o p a y (A T P) (3 3 %) *	4 1		

Subsidy assumption: 1) * ATP = 33% of income 40%-bottom

Tabel 3. Proposed Cross-subsidies

	Socio economic status		
	40% - bottom	40% - middle	20% - top
Ave/family/month			
Subsidy needed (US\$)	42	-	146
Willingness to Pay (adjusted) (%)	33.7	35.8	43.9**

Assumption: ** 20%-top = tariff + (ATP * 1,5)

Who should be on board at country level?

- Women's NGOs & Human Rights Activists
- Health Care Providers
 - Indonesian Midwives Associations
 - Indonesian Society of ObGyns
 - Hospital administrators
- Local government (District heads)
- Parliament members
- Religious leaders & Ministry of Religious Affairs
- Pharmaceutical Companies

Total Population: 217,1 million (2002)

Women of Reproductive Age (15-49 yrs): 56,3 juta

Total of Village Midwives (2003)¹

- **2000** **62,906**
- **2003** **39,906**

Ratio of Physicians to Total Pop. (2003)² 11 per 100,000 population

Ratio of Midwives to Total Pop. (2003) 19 per 100,000 population

Ratio of Midwives to Total WRA (2003) 71 per 100,000 WRA

Total of Obstetricians & Gynecologists (2000)² 762

Sources:

- 1) Ikatan Bidan Indonesia. IBI document. 2003
- 2) Depkes (MOH) RI. Profil Kesehatan 2000. Jakarta: Depkes, 2001

Regional Networking and Interaction

- Exchange of information about medical abortion
- Examples from Tunisia, Turkey, South Philippines, Egypt, Iran, Bangladesh – which have applied,
- Madzhab Syafi'iyah (40 days can be an entry point for approval; Hanafiyah up to 120 days)

How?

- Partnership/collaborative efforts in research, training, public dialogues, and service delivery
- Synergistic efforts à Indonesia moves forward from **moderate risk*** to **low risk**** in the Reproductive Risk Index
- A definite regulation/policy drafted by a team that involves women's NGOs must be put in place.

*Moderate risk: women are 28 times more likely die from maternal causes than women in very low-risk countries.

**Low risk: women are 5 times more likely die from maternal causes than women in very low-risk countries (developed countries).