Sawwa: Jurnal Studi Gender – Vol 21, No 1 (2026): 1-30
DOI: 10.21580/sa.v21i1.28842
Copyright © 2025 Sawwa: Jurnal Studi Gender

The State Obligation to Provide Emergency Contraception for Rape Survivors: A Human Rights Perspective in Indonesia

Iqbal Kamalludin,[1]* **Ani Purwanti,**[1] **R. B. Sularto,**[1] **Vasyl Berezniak,**[2] **Valentyn Liudvik,**[2] **Bhanu Prakash Nunna**[3]

[1]Doctor of Law Program, Faculty of Law, Universitas Diponegoro, Semarang – Indonesia; [2]Department of Criminal Law and Criminology, Dnipro State University of Internal Affairs, Dnipro – Ukraine; [3]Centre for Victimological Research and Victim Assistance (CVRVA), Rashtreeya Vidyalaya (RV) University, Karnataka – India

***Corresponding Author:**
Email: iqbal.kamalludin@uingusdur.ac.id - Jl. dr. Antonius Suroyo, Tembalang, Semarang 50275, Indonesia

Abstract: Sexual violence is a serious human rights and public health issue because rape survivors face a high risk of unwanted pregnancy. Emergency contraception (EC) is recognized internationally as an essential health service that states are obliged to prov ide. This study examines Indonesia's compliance with international human rights obligations regarding EC access for rape survivors and identifies gaps in the national legal framework. Using a normative legal approach, the research analyzes Indonesian regulations alongside international human rights standards. The findings show a gap between legal commitments and practical implementation. Although Indonesian laws recognize survivors' healthcare rights, EC is not explicitly mandated, leading to inconsistent access, stigma, bureaucratic barriers, limited facilities, and inadequate gender-sensitive training for healthcare workers. EC access is therefore a fundamental human rights obligation requiring stronger legal protections.

Keywords: emergency contraception; human rights; reproductive justice; sexual violence

Abstrak: Kekerasan seksual merupakan masalah serius di bidang hak asasi manusia dan kesehatan masyarakat karena korban pemerkosaan berisiko tinggi mengalami kehamilan yang tidak diinginkan. Kontrasepsi darurat (KD) diakui secara internasional sebagai layanan kesehatan esensial yang wajib disediakan oleh negara. Penelitian ini mengkaji kepatuhan Indonesia terhadap kewajiban hak asasi manusia internasional terkait akses KD bagi korban pemerkosaan (KDP) serta mengidentifikasi celah dalam kerangka hukum nasional. Dengan menggunakan pendekatan hukum normatif, penelitian ini menganalisis peraturan perundang-undangan Indonesia bersamaan dengan standar hak asasi manusia internasional. Temuan menunjukkan adanya kesenjangan antara komitmen hukum dan implementasi praktis. Meskipun undang-undang Indonesia mengakui hak-hak kesehatan korban, KDP tidak diwajibkan secara eksplisit, yang mengakibatkan akses yang tidak konsisten, stigma, hambatan birokrasi, fasilitas yang terbatas, dan pelatihan yang tidak memadai bagi tenaga kesehatan dalam hal sensitivitas gender. Oleh karena itu, akses terhadap KDP merupakan kewajiban hak asasi manusia yang mendasar yang memerlukan perlindungan hukum yang lebih kuat.

Kata Kunci: hak asasi manusia; keadilan reproduksi; kekerasan seksual; kontrasepsi darurat

A. Introduction

Sexual violence is one of the most widespread human rights violations worldwide. According to the World Health Organization (WHO), about one in three women have experienced physical and/or sexual violence by intimate or non-intimate partners in their lifetime.[1] The impact of sexual violence on reproductive health makes access to appropriate health services crucial. UN Women emphasizes that survivors of sexual violence often face the risk of unwanted pregnancy, sexually transmitted infections, and prolonged psychological trauma. Services such as emergency contraception (EC) are therefore an essential component of reproductive health rights. Providing EC is not only a clinical intervention to prevent pregnancy, but also part of the state's obligation to protect the reproductive autonomy, dignity, and health of survivors.

Access to emergency contraception is recognized in international human rights and public health frameworks as an integral part of sexual and reproductive health. EC offers rape survivors an opportunity to prevent unwanted pregnancy and thus helps protect their physical, mental, and social well-being. International standards affirm that states are required to guarantee safe, affordable, and timely access to reproductive health services for women and girls, including EC. Instruments such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), and the International Covenant on Economic, Social and Cultural Rights (ICESCR) require states to respect, protect, and fulfill women's reproductive rights. UN agencies, including WHO and UN Women, explicitly recommend EC as part of a standardized response to gender-based violence. Failure to ensure access to EC for rape survivors can therefore amount to a violation of international human rights obligations.[2]

In Indonesia, sexual violence remains a serious and persistent problem. In 2024, Komnas Perempuan recorded tens of thousands of cases of violence against women, with many involving sexual violence. These figures indicate that,

---

[1] Triantono Triantono et al., "Juridical Analysis of Law No. 12 of 2022 Concerning the Crime of Sexual Violence in the Perspective of Victim Protection," in *Proceedings of the 1st International Workshop on Law, Economics and Governance, IWLEG 2022, 27 July 2022, Semarang, Indonesia* (EAI, 2023), 1245, https://doi.org/10.4108/eai.27-7-2022.2326252.

[2] Versie Johnson-Mallard et al., "The Movement: Reproductive Health and Rights in 2024," *OJIN: The Online Journal of Issues in Nursing* 29, no. 3 (2024), https://doi.org/10.3912/OJIN.Vol29No03Man03.

despite growing awareness and reporting, significant challenges remain in ensuring protection and recovery for survivors. Sexual violence occurs in domestic settings, public spaces, and educational institutions, as illustrated by high-profile cases that have sparked public debate on legal reform and the adequacy of victim protection. In this context, access to EC is critical. However, although some regulations nominally address health services for rape survivors, implementation continues to face legal, administrative, and socio-cultural obstacles, such as requirements for police documentation before accessing certain services, which may delay or effectively deny care.[3]

Recent scholarship increasingly employs the reproductive justice framework to analyze the intersection of reproductive health, structural inequality, and human rights.[4] Studies have examined attacks on bodily autonomy, barriers faced by adolescents, and the broader political, economic, and social dimensions of reproductive decision-making in various contexts. Other research has explored medical education, experiences with contraception, and comparative legal frameworks in multiple countries.[5] From a global perspective, scholars have highlighted violations of reproductive rights,[6] the needs of specific groups such as LGBTQ+ women and adolescents, and the importance of EC in emergency settings.[7] These works contribute valuable insights,[8] but they tend to focus on other regions, populations, or issues, rather than on EC for rape survivors in Indonesia.

---

[3] Erica Goldblatt Hyatt, Maha Younes, and Heather Witt, "The Moral Conundrum of Reproductive Justice in Social Work," *Journal of Teaching in Social Work* 44, no. 4 (2024): 347–61, https://doi.org/10.1080/08841233.2024.2374251.

[4] Aparna Sridhar et al., "Beyond Borders: The Global Impact of Violating Reproductive Human Rights," *International Journal of Gynecology & Obstetrics* 167, no. 3 (2024): 877–82, https://doi.org/10.1002/ijgo.15945.

[5] Heather L. McCauley, Maria-Ernestina Christl, and Anne P. DePrince, "Trauma, Violence, Reproductive Rights," *Journal of Trauma & Dissociation* 24, no. 4 (2023): 445–52, https://doi.org/10.1080/15299732.2023.2212401.

[6] Komnas Perempuan, "Dorong Ruang Aman bagi Perempuan dalam Keluarga, Komnas Perempuan Menyampaikan Rekomendasi kepada Kemendukbangga," komnasperempuan.go.id, January 22, 2026, https://komnasperempuan.go.id/kabar-perempuan-detail/dorong-ruang-aman-bagi-perempuan-dalam-keluarga-komnas-perempuan-menyampaikan-rekomendasi-kepada-kemendukbangga#:~:text=Pada kesempatan tersebut%2C Komnas Perempuan menyampaikan rekomendasi,dan pemenuha.

[7] Colleen K. Gutman, Atsuko Koyama, and Rosemarie Fernandez, "Expanding Access to Contraception for Adolescents—Reproductive Justice and the Emergency Department," *JAMA Network Open* 7, no. 6 (2024): e2418194, https://doi.org/10.1001/jamanetworkopen.2024.18194.

[8] Prabina Bajracharya et al., "Advancing Reproductive Autonomy and Justice in Asia," *Jindal Global Law Review* 15, no. 2 (2024): 129, https://doi.org/10.1007/s41020-024-00240-4.

Compared with this growing body of literature,[9] there remains a specific research gap regarding the state's obligation to provide EC to rape survivors in Indonesia.[10] Existing Indonesian studies often discuss sexual violence, reproductive rights, or health services in general, but few combine a detailed normative analysis of international human rights standards with a systematic review of national laws and implementing regulations on EC.[11] Even fewer explicitly examine how legal, institutional, and social barriers create de facto discrimination against rape survivors who seek EC.[12] This article aims to address that gap.

Existing scholarship on reproductive health and sexual violence has extensively examined issues of bodily autonomy, access to contraception, and structural inequalities across various jurisdictions. A growing body of literature also applies the reproductive justice framework to analyze how legal, social, and institutional factors shape access to reproductive healthcare. However, these studies tend to focus either on general reproductive rights, comparative legal systems, or specific vulnerable groups, without explicitly addressing emergency contraception as a state obligation in the context of rape.

Moreover, while several studies have discussed sexual violence and reproductive health in Indonesia, they predominantly adopt descriptive or policy-oriented approaches and rarely engage in a systematic normative analysis that connects international human rights obligations with domestic regulatory frameworks. In particular, the intersection between international human rights law, regulatory fragmentation, and institutional practices in shaping access to emergency contraception remains underexplored.

---

[9] Sofia Zettermark, "'They All of a Sudden Became New People': Using Reproductive Justice to Explore Narratives of Hormonal Contraceptive Experience in Sweden," *European Journal of Women's Studies* 31, no. 1 (2024): 52–71, https://doi.org/10.1177/13505068241230821.

[10] Komnas Perempuan, "Catahu 2022: Bayang-bayang Stagnansi: Daya Pencegahan dan Penanganan Berbanding Peningkatan Jumlah, Ragam dan Kompleksitas Kekerasan Berbasis Gender terhadap Perempuan" (Jakarta: Komisi Nasional Anti Kekerasan terhadap Perempuan, 2022), https://komnasperempuan.go.id/catatan-tahunan-detail/catahu-2022-bayang-bayang-stagnansi-daya-pencegahan-dan-penanganan-berbanding-peningkatan-jumlah-ragam-dan-kompleksitas-kekerasan-berbasis-gender-terhadap-perempuan.

[11] Elizabeth Beck et al., "Reproductive Justice, Bodily Autonomy, and State Violence," *Affilia* 39, no. 3 (2024): 554–68, https://doi.org/10.1177/08861099231225226.

[12] Julien Brisson and Mellissa Withers, "Empowering the next Generation: Integrating Adolescents into the Reproductive Justice Movement," *Medical Humanities* 50, no. 1 (2024): 95–102, https://doi.org/10.1136/medhum-2023-012730.

More specifically, this study analyzes the extent to which Indonesia fulfills its obligation to provide emergency contraception to rape survivors from a human rights perspective. It examines the underlying international human rights standards and legal principles that frame the state's responsibility, and then assesses Indonesia's national legal and policy framework, including the Sexual Violence Crimes Law (UU TPKS), the Health Law, and relevant ministerial regulations. The analysis identifies legal, institutional, and social obstacles that hinder access to EC for rape survivors and discusses their implications for Indonesia's compliance with its international commitments. Finally, the article offers policy recommendations to strengthen the protection of reproductive rights and to advance reproductive justice in Indonesia.

B. Method

This study employs a qualitative normative-legal approach that focuses on analyzing legal norms and policy frameworks governing access to emergency contraception for rape survivors.[13] It is based on comparative document analysis examining the alignment between international human rights instruments, such as CEDAW, ICESCR, ICCPR, and WHO clinical guidelines, and Indonesia's domestic legal framework, including the Sexual Violence Crimes Law (UU TPKS), the Health Law, and related ministerial regulations. The research does not involve empirical fieldwork but relies on legal documents, policy texts, academic literature, and reports from Komnas Perempuan to assess the gap between normative commitments and implementation. To deepen the analysis, a gender perspective grounded in the reproductive justice framework is applied to identify structural inequalities and de facto discrimination within legal and institutional practices. Through this approach, the study evaluates Indonesia's compliance with its human rights obligations, highlights normative and institutional shortcomings, and proposes policy recommendations to strengthen survivor-centered reproductive health services.[14]

---

[13] Peter Mahmud Marzuki, *Penelitian Hukum* (Jakarta: Kencana, 2009), 53.

[14] Achmad Yulianto dan Fajar Mukti, *Dualisme Penelitian Hukum Normatif Dan Empiris* (Yogyakarta: Pustaka Pelajar, 2022), 89.

C. Results and Discussion

The findings of this study show a persistent gap between Indonesia's formal recognition of reproductive rights and the actual accessibility of emergency contraception (EC) for rape survivors. At the normative level, Indonesia has ratified key human rights instruments and adopted national laws that acknowledge the right to health and to recovery for survivors of sexual violence. However, in practice, access to EC remains fragmented, inconsistent, and often dependent on the discretion of individual facilities and health providers. Reports from Komnas Perempuan, civil society organizations, and media coverage document cases in which survivors encounter stigma, unclear procedures, and administrative barriers when seeking EC, indicating that the state's human rights obligations are not yet effectively implemented.

This discussion examines that gap more closely by linking Indonesia's commitments under CEDAW, the ICESCR, and the ICCPR with the concrete realities of service provision at the national level. It analyses how regulatory ambiguity, weak coordination between institutions, and the absence of clear enforcement mechanisms contribute to de facto discrimination against rape survivors who need EC. The section then considers the roles and limitations of key actors, including the Ministry of Health and Komnas Perempuan, and explores what these findings imply for Indonesia's duty to ensure survivor-centred, timely, and non-discriminatory access to reproductive health services.

The Gap Between Indonesia's Legal Commitments and Survivors' Access to Emergency Contraception

Normatively, Indonesia has a legal framework that appears quite progressive in guaranteeing the health and reproductive rights of survivors of sexual violence. Ratification of various international human rights instruments, including CEDAW and ICESCR, as well as the enactment of the TPKS Law and the Health Law, demonstrate formal recognition that survivors have the right to comprehensive, quality, and non-discriminatory health services.[15] These documents affirm that the state has a positive obligation to ensure the availability of reproductive health services as part of the recovery process for

---

[15] Muhadjir Darwin, "Aborsi Kontroversi dan Pilihan Kebijakan," *Populasi* 8, no. 2 (2016): 79–89, https://doi.org/10.22146/jp.11589.

survivors of sexual violence. However, this formal commitment has not automatically translated into operational mechanisms at the service level.[16]

The first and most fundamental inconsistency lies in the absence of explicit regulations regarding the obligation of health facilities to provide emergency contraception to survivors.[17] Although the TPKS Law states that health services are a victim's right, there are no derivative regulations stating that emergency contraception is a mandatory part of the service package that must be provided immediately after rape. Similarly, the Health Law and regulations related to reproductive services do not specify the process, time standards, or obligations of service providers regarding emergency contraception. This normative vacuum results in EC services not being understood as a right that must be fulfilled by the state, but as a voluntary act subject to the interpretation of institutions or health workers.[18]

The absence of these norms is evident in the reality of services on the ground. Various reports indicate that survivors are often denied services or simply receive prescriptions without medication, forcing them to seek emergency contraception on their own outside of health facilities. In some cases, survivors are required to bring administrative requirements, such as a police report or medical examination, before receiving services, even though EC is only optimally effective within the first 72 hours after rape. The lack of clear standard operating procedures leads to inconsistent practices across regions and health facilities. Thus, despite formal recognition of reproductive health rights, implementation is sporadic and unreliable.[19]

---

[16] M Levy, "'The Walk of Shame': Normative Misalignments Hindering Access to Emergency Contraception," *Women's Rights Law Reporter*, September 2024.

[17] Mary Lou O'Neil, Bahar Aldanmaz, and Deniz Altuntaş, "The Availability of Emergency Contraception from Family Health Centers in Turkey," *Health Policy* 126, no. 7 (2022): 715–21, https://doi.org/10.1016/j.healthpol.2022.04.006; Samira Damavandi, "The Critical Importance of Sexual and Reproductive Healthcare During Emergency Settings: Recommendations for the U.S. Government and Global Humanitarian Organizations," *Reliefweb*, December 22, 2022, https://reliefweb.int/report/world/critical-importance-sexual-and-reproductive-healthcare-during-emergency-settings-recommendations-us-government-and-global-humanitarian-organizations; Goldblatt Hyatt, Younes, and Witt, "The Moral Conundrum of Reproductive Justice in Social Work."

[18] Nia Flowers, "A Reproductive Justice Analysis of Black Motherwork," *Journal of Family Theory & Review* 16, no. 3 (2024): 484–96, https://doi.org/10.1111/jftr.12579.

[19] Zettermark, "'They All of a Sudden Became New People': Using Reproductive Justice to Explore Narratives of Hormonal Contraceptive Experience in Sweden."

This fundamental mismatch between legal commitments and implementation has led to de facto discrimination against survivors. This is not because the regulations explicitly deny services, but because there is no mechanism to ensure survivors can actually access them. Unmarried survivors or those from vulnerable groups typically face greater obstacles due to moral bias, social stigma, and limited capacity of service providers. This situation demonstrates that although the state has recognized survivors' rights normatively, their fulfillment remains far from reality. Within a human rights framework, this situation reflects the state's failure to fulfill its positive obligations, as rights guaranteed on paper are not being enjoyed in practice by those most in need.[20]

The TPKS Law recognizes survivors' rights to receive health services, recovery services, and access to accurate information about reproductive health. However, these provisions remain general and do not explicitly stipulate that emergency contraception (EC) is included among the services required by health facilities as part of the initial response to rape survivors. The absence of a specific definition or detailed list of reproductive health services creates uncertainty in practice. Without explicit norms in implementing regulations, health workers often lack a strong operational basis for understanding that the provision of EC is not merely a medical procedure, but also part of the fulfilment of survivors' rights and the state's legal obligations. Consequently, the implementation of EC access in practice continues to face significant legal, institutional, and socio-cultural barriers, which directly affect survivors' ability to obtain timely protection and healthcare. These barriers are summarized in Table 1.

Formally, national regulations in the health and sexual violence sectors rarely, if ever, state that rape survivors are not entitled to EC. In fact, many provisions appear neutral and do not differentiate between patients. However, the neutrality of legal texts does not prevent discrimination in practice if it is not accompanied by specific operational regulations and effective oversight mechanisms. The absence of explicit norms regarding EC, unclear SOPs, and the absence of sanctions for facilities that refuse services create space for personal bias, moral values, and administrative considerations to fill the void. In this

[20] Bajracharya et al., "Advancing Reproductive Autonomy and Justice in Asia."

context, discrimination arises not because the law "prohibits" it, but because the law fails to actively protect it.[21]

Table 1
EC Access Barriers

Types of Obstacles	Concrete Examples / Reports	Impact on Survivors
Outright rejection	The hospital refused to provide EC even though the victim had reported it.[22]	Survivors do not receive EC → lose the opportunity to prevent pregnancy
Prescription without medication	In some cases, hospitals simply prescribe EC without providing it; survivors are asked to purchase it themselves.[23]	Financial barriers or access to medication → EC is not used, the risk of pregnancy is still high
Long bureaucracy / administrative requirements	The National Commission on Violence Against Women (Komnas Perempuan) said many survivors face stigma, discrimination and bureaucracy before they can access emergency contraception.[24]	Delayed time → past the 72 hour effective window of EC → EC becomes ineffective
Uneven service availability (facility inconsistency)	Technical regulations are not standardized, facilities have different interpretations; analysis shows that EC is not guaranteed to be uniformly available.[25]	Location-dependent access and local policies → service inequalities between regions

[21] Erica Goldblatt Hyatt, Judith L.M. McCoyd, and Mery F. Diaz, "From Abortion Rights to Reproductive Justice: A Call to Action," *Affilia* 37, no. 2 (2022): 194–203, https://doi.org/10.1177/08861099221077153.

[22] LRC-KJHAM, "Press Release Akses Layanan Kontrasepsi Darurat dan Aborsi Aman bagi Korban Kekerasan Seksual dalam PP Nomor 28 Tahun 2024 tentang Pelaksanaan Undang-Undang Nomor 7 Tahun 2023 tentang Kesehatan," lrckjham.id, August 7, 2024, https://lrckjham.id/informasi/press-release/press-release-akses-layanan-kontrasepsi-darurat-dan-aborsi-aman-bagi-korban-kekerasan-seksual-dalam-pp-nomor-28-tahun-2024-tentang-pelaksanaan-undang-undangnomor-7-tahun-2023-tentang-kesehatan/.

[23] LRC-KJHAM.

[24] Prianter Jaya Hairi, "Problem Kekerasan Seksual: Menelaah Arah Kebijakan Pemerintah Dalam Penanggulangannya," *Negara Hukum* 6, no. 1 (2015): 1–15.

[25] Elsa Faturahmah, "Siaran Pers Komnas Perempuan Memperingati Hari Kontrasepsi Internasional 2025: Akses Kontrasepsi Darurat untuk Korban Perkosaan dan Kekerasan Seksual Lainnya adalah Hak, Bukan Pilihan," Komnas Perempuan, September 25, 2025,

Social/institutional stigma & discrimination	The National Commission on Violence Against Women emphasized that stigma and discrimination remain major obstacles to EC access for victims of sexual violence.[26]	Many survivors are afraid to seek services; many are turned away → reproductive rights are neglected

Sources: Data compilation by authors

This de facto discrimination is also evident when viewed from the perspective of gender and social status.[27] Survivors of sexual violence are a structurally vulnerable group, particularly women and girls from poor communities, remote areas, or the unmarried. When access to EC depends on the ability to navigate bureaucracy, afford medication independently, or overcome stigma from health workers, only those with sufficient social, economic, and knowledge resources are likely to successfully access services. Meanwhile, the most vulnerable survivors are at greatest risk of being hindered. This situation deepens inequality and makes reproductive health rights accessible to only a relatively small number of privileged survivors..[28]

Under the framework of CEDAW and ICESCR, states are not only prohibited from engaging in direct discrimination but are also obligated to prevent and eliminate indirect and de facto discrimination arising from legal structures and policies.[29] The fact that survivors must face denials, delays, and unnecessary procedures to obtain EC demonstrates that states have not fulfilled their positive obligations to ensure available, accessible, acceptable, and high-

---

https://komnasperempuan.go.id/siaran-pers-detail/siaran-pers-komnas-perempuan-memperingati-hari-kontrasepsi-internasional-2025.

[26] Rifqi Aditya, Donny Eddy Sam Karauwan, and Achmad Junaedy, "Implikasi Undang-Undang Tindak Pidana Kekerasan Seksual (UU TPKS) Terhadap Proses Peradilan Pidana Di Indonesia," *Kabilah: Journal of Social Community* 9, no. 2 (2024): 22–31, https://www.ejournal.iainata.ac.id/index.php/kabilah/article/view/437.

[27] Elena Giacci et al., "Intimate Partner and Sexual Violence, Reproductive Coercion, and Reproductive Health Among American Indian and Alaska Native Women: A Narrative Interview Study," *Journal of Women's Health* 31, no. 1 (2022): 13–22, https://doi.org/10.1089/jwh.2021.0056.

[28] Karen Trister Grace and Elizabeth Miller, "Future Directions for Reproductive Coercion and Abuse Research," *Reproductive Health* 20, no. 1 (2023): 5, https://doi.org/10.1186/s12978-022-01550-3.

[29] Christina Zampas, Rebecca Brown, and Onyema Afulukwe, "Interpreting International Humanitarian Law to Guarantee Abortion and Other Sexual and Reproductive Health Services in Armed Conflict.," *Health and Human Rights* 26, no. 1 (2024): 31–44, http://www.ncbi.nlm.nih.gov/pubmed/38933223.

quality reproductive health services. Therefore, de facto discrimination against rape survivors in accessing EC is not merely a technical issue of service delivery, but rather a form of human rights violation that demands correction through regulatory reform, improved oversight mechanisms, and changes in institutional culture that favor survivors.[30]

Institutional and Bureaucratic Barriers in Service Provision for Rape Survivors

Figure 1
Factual Service Pathway for Rape Survivors in Indonesia

source ---------------

Figure 1 illustrates the factual service pathway experienced by rape survivors in accessing healthcare and legal support in Indonesia. Ideally, survivors should first receive immediate medical treatment at health facilities, including access to emergency contraception, before engaging with legal procedures. However, the diagram demonstrates that, in practice, survivors are often directed to report to the police at the initial stage, followed by a series of administrative and medico-legal processes before receiving medical care. This sequence indicates a shift from a survivor-centered health approach to a procedure-oriented system that prioritizes legal documentation over urgent medical needs. The following analysis examines how this service flow contributes to delays, restricts timely access to emergency contraception, and reflects broader institutional and regulatory shortcomings.[31]

---

[30] Grady Arnott et al., "Human Rights-Based Accountability for Sexual and Reproductive Health and Rights in Humanitarian Settings: Findings from a Pilot Study in Northern Uganda," ed. Hannah Tappis, *PLOS Global Public Health* 2, no. 8 (2022): e0000836, https://doi.org/10.1371/journal.pgph.0000836.

[31] Setiawan Adiputra, Agsel Awanisa, and Yemima Hotmaria Purba, "The Urgency of the Law on Sexual Violence Criminal Act in Combating Sexual Violence in Indonesia," *Ius Poenale* 3, no. 1 (2022): 25–38, https://doi.org/10.25041/ip.v3i1.2521; Ashila Aulia Poetri and Indraswari

After reporting to the police, survivors are usually referred to a hospital for a medical examination or post-mortem. However, this process often takes a long time, as the examination is primarily geared toward legal evidence, rather than the survivor's recovery. In many cases, survivors who should receive immediate healthcare services instead spend hours or even days in administrative processes at the police station or waiting for a doctor to perform a post-mortem. When they finally arrive at the hospital, reproductive services, such as emergency contraception, are not prioritized, as health workers, particularly those at referral hospitals, focus on completing the post-mortem procedures required for the case file. As a result, urgent needs related to pregnancy prevention are often not addressed in a timely manner, demonstrating how factual service pathways actually hinder the most urgent medical care.[32]

After police and hospital services, survivors typically interact with the P2TP2A (Community Service Provider) and volunteer companions provided by civil society organizations. However, the P2TP2A's role is primarily coordinative and psychosocial, with no authority to ensure that health facilities provide specific medical services, including EC. In many cases, companions are the ones who must negotiate services with health workers, demonstrating the weakness of the formal referral system. The lack of a legal mandate and adequate resources prevents P2TP2A from guaranteeing prompt, safe, and equitable access for survivors. As a result, actual service pathways rely more on the capacity of individual companions and informal networks than on a robust institutional system, preventing survivors from receiving consistent protection across regions.[33] The lack of functional coordination between the police and

---

Indraswari, "Content Analysis of Law Number 12/2022 on Sexual Violence Based on Due Diligence Framework," *Contemporary Public Administration Review* 1, no. 2 (2024): 61–93, https://doi.org/10.26593/copar.v1i2.7683.61-93; Komnas Perempuan, "Dorong Ruang Aman bagi Perempuan dalam Keluarga, Komnas Perempuan Menyampaikan Rekomendasi kepada Kemendukbangga."

[32] Iqbal Kamalludin et al., "Revitalizing Justice in Fiqh: Revisiting Non-Retroactive Principles to Address Sexual Violence," *Ulul Albab: Jurnal Studi dan Penelitian Hukum Islam* 7, no. 2 (2024): 136–50, https://doi.org/10.30659/jua.v7i2.31028; Dudi Badruzaman, "Keadilan dan Kesetaraan Gender untuk Para Perempuan Korban Kekerasan dalam Rumah Tangga (KDRT)," *Tahkim (Jurnal Peradaban dan Hukum Islam)* 3, no. 1 (2020): 103–24, https://doi.org/10.29313/tahkim.v3i1.5558.

[33] Iqbal Kamalludin Iqbal Kamalludin and Bhanu Prakash Nunna Bhanu Prakash Nunna, "Formulation of Criminal Policy on Sexual Violence Rehabilitation Based on Family Therapy with the Maqasid Al-Sharia Principles," *Jurnal Hukum Islam* 22, no. 1 (2024): 125–62,

health services often results in survivors' time-sensitive medical needs being pushed aside by the demands of the legal process. This illustrates that the inter-agency coordination structure has not been able to integrate recovery and reproductive health perspectives into police practice.[34]

P2TP2A plays a crucial role as an institution providing psychosocial and administrative support to survivors, but it lacks a legal mandate to ensure that health facilities provide specific services, including EC. In many cases, P2TP2A can only act as an informal coordinator, connecting survivors with hospitals, police, or legal services, without the authority to intervene or reprimand facilities that refuse services. P2TP2A also faces limitations in budget, professional staff, and capacity, particularly in areas outside Java. When the institution that is supposed to ensure the protection of survivors lacks structural authority, intersectoral coordination becomes dependent on personal relationships between staff, rather than stable and accountable formal mechanisms.

The National Commission on Violence Against Women (Komnas Perempuan) acts as a monitoring body and provides policy recommendations related to the protection of women from violence, including access to reproductive health services. However, this institution's authority is limited to providing recommendations and legal opinions; it does not have the authority to compel the Ministry of Health, the Health Office, health facilities, or the police to improve services. Komnas Perempuan routinely notes barriers to EC access in its CATAHU reports and press releases, but its recommendations are not binding, so their implementation depends on the willingness of the relevant institutions. Komnas Perempuan's weak role in the coordination structure reinforces the imbalance between normative oversight and operational effectiveness, resulting in recurring barriers to EC access for survivors year after year without a clear corrective mechanism.[35]

---

https://doi.org/10.28918/jhi.v22i1_5; Iqbal Kamalludin and Barda Nawawi Arief, "Kebijakan Formulasi Hukum Pidana tentang Penanggulangan Tindak Pidana Penyebaran Ujaran Kebencian (Hate Speech) di Dunia Maya," *Law Reform* 15, no. 1 (2019): 113–29, https://doi.org/10.14710/lr.v15i1.23358.

[34] Nurhayati Nurhayati et al., "Seeking Substantive Justice: The Progressive Spirit of Law on Sexual Violence Crimes," *Jurnal Dinamika Hukum* 23, no. 3 (2023): 556–72, https://doi.org/10.20884/1.jdh.2023.23.3.3749.

[35] Vivi Ariyanti, "Pembaharuan Hukum Pidana di Indonesia yang Berkeadilan Gender dalam Ranah Kebijakan Formulasi, Aplikasi, dan Eksekusi," *Halu Oleo Law Review* 3, no. 2 (2019): 178–95, https://doi.org/10.33561/holrev.v3i2.8654.

Regulatory authority to impose sanctions on health facilities that refuse to provide medical services to survivors of sexual violence rests with the Ministry of Health (Kemenkes) and the Health Offices (Dinkes) at the provincial/district level. These two institutions are mandated to provide guidance, supervision, and impose administrative sanctions, as stipulated in the Health Law and health facility licensing regulations. Sanctions should include written warnings, special training, service restrictions, and even revocation of operating permits. However, in the context of emergency contraception services, this authority cannot be exercised effectively because there are no technical guidelines or national SOPs that clearly require health facilities to provide EC. Without explicit mandatory norms, refusal of services is difficult to categorize as an administrative violation, making the sanction mechanism nearly impossible to implement. .[36]

Barriers to emergency contraception access are not caused by the attitudes or negligence of individual health workers, but rather by the unclear regulatory framework that should govern these services. While the TPKS Law and the Health Law do not explicitly mandate the provision of EC, health facilities lack a binding benchmark to ensure prompt and consistent service delivery. Without national standard operating procedures (SOPs) mandating drug availability, standardized administration times, and service flow, health workers operate in an unclear policy space—making decisions based on institutional customs, moral values, or facility limitations, rather than on survivors' rights. This lack of clarity points to the systemic roots of the problem.[37]

The bureaucracy in handling sexual violence is designed primarily to meet the needs of legal evidence, not the reproductive health needs of survivors. The factual service pathway, starting with the police and then the post-mortem

---

[36] Signe Svallfors, "Reproductive Justice in the Colombian Armed Conflict," *Disasters* 48, no. 3 (2024), https://doi.org/10.1111/disa.12618; Lisa C. Ikemoto, "Reproductive Justice in the US After Roe," *ジェンダー研究 = Journal of Gender Studies, Ochanomizu*, 2023, https://www2.igs.ocha.ac.jp/en/wp-content/uploads/2023/09/ジェンダー研究_No26-Lisa-Ikemoto.pdf; Liz Beddoe, "Reproductive Justice, Abortion Rights and Social Work," *Critical and Radical Social Work* 10, no. 1 (2022): 7–22, https://doi.org/10.1332/204986021X16355170868404; Beck et al., "Reproductive Justice, Bodily Autonomy, and State Violence."

[37] Catriona Ida Macleod and John Hunter Reynolds, "Reproductive Health Systems Analyses and the Reparative Reproductive Justice Approach: A Case Study of Unsafe Abortion in Lesotho," *Global Public Health* 17, no. 6 (2022): 801–14, https://doi.org/10.1080/17441692.2021.1887317.

examination, demonstrates how the institutional structure prioritizes the legal process. Because the service structure is not functionally integrated, institutions operate in silos, without operational coordination that prioritizes survivors' health. Consequently, delays in accessing EC are not due to individual misconduct, but rather because the system as a whole prioritizes administrative procedures over medical urgency.[38]

A critical dimension that further explains the persistence of barriers to emergency contraception (EC) access lies in the influence of patriarchal cultural norms and conservative values embedded within medical institutions. Although EC is medically recognized as a non-abortive intervention, its provision is frequently interpreted by healthcare providers through a moral lens that associates it with "abortion-like" actions. This misinterpretation does not stem from scientific ambiguity but from deeply rooted gender norms that regulate women's bodies and reproductive choices. In such contexts, healthcare providers do not act as neutral agents of medical care, but as moral gatekeepers who filter access to services based on personal, cultural, or religious beliefs[39].

From a gender perspective, this phenomenon reflects what scholars describe as the "moral regulation of women's bodies," where reproductive health services are shaped not only by legal norms but also by patriarchal values that prioritize control over women's sexuality.[40] In practice, this results in differential treatment of survivors, particularly those perceived as deviating from socially accepted norms. Unmarried survivors, for instance, are more likely to face moral judgment, delays, or outright refusal of EC services, as their sexual status is often scrutinized and stigmatized. Similarly, adolescent survivors frequently encounter additional barriers due to paternalistic assumptions about their capacity to make reproductive decisions, which leads to unnecessary consent requirements or service denial.[41]

---

[38] Patricia Zavella, "Reproductive Justice Activism in the Post-Dobbs Era," *Feminist Anthropology* 4, no. 2 (2023): 139–51, https://doi.org/10.1002/fea2.12134; Kathryn Burger, Robin Evans-Agnew, and Susan Johnson, "Reproductive Justice and Black Lives: A Concept Analysis for Public Health Nursing," *Public Health Nursing* 39, no. 1 (2022): 238–50, https://doi.org/10.1111/phn.12919.

[39] World Health Organization, "Emergency Contraception," 2021, https://www.who.int/news-room/fact-sheets/detail/emergency-contraception.

[40] Loretta J. Ross and Rickie Solinger, *Reproductive Justice: An Introduction* (Berkeley: University of California Press, 2017), 117.

[41] Sally J. Kenney, *Gender and Justice: Why Women in the Judiciary Really Matter* (London: Routledge, 2012), 256, https://doi.org/10.4324/9780203122297.

These patterns demonstrate that access to EC is not merely constrained by regulatory gaps, but also by intersectional forms of discrimination operating within healthcare settings. Survivors' experiences are shaped by the interaction of gender, age, marital status, and social background, resulting in unequal access to services even when formal legal provisions appear neutral.[42] The absence of explicit regulatory safeguards further amplifies the impact of these biases, as health workers are left with broad discretion that allows moral considerations to override medical standards and human rights obligations.

Therefore, addressing barriers to EC access requires not only regulatory reform but also a transformation of institutional culture. Integrating gender-sensitive and trauma-informed approaches into medical training, alongside clear legal mandates, is essential to dismantle entrenched biases and ensure that healthcare services are delivered based on survivors' rights rather than moral judgment. Without confronting these patriarchal and conservative influences, legal reforms alone will remain insufficient to guarantee equitable and non-discriminatory access to reproductive health services.

Moral stigma in the provision of emergency contraception (EC) does not operate uniformly but is differentially imposed across groups of survivors, reflecting intersectional patterns of discrimination within healthcare settings. In practice, survivors are often subjected to implicit moral categorization based on age, marital status, and perceived sexual propriety. Unmarried survivors, for instance, are more likely to encounter suspicion, judgmental attitudes, and delays in accessing EC, as their experiences are frequently interpreted through normative assumptions about "illicit" sexuality. This moral scrutiny shifts the focus from medical urgency to social judgment, thereby undermining the principle that EC should be provided as an immediate and unconditional health service[43].

Addressing such disparities requires a dual approach: regulatory clarity and transformation of institutional attitudes. Legal reforms must explicitly prohibit discrimination in access to EC across all categories of survivors, while

---

[42] Gürkan Sert et al., "General Comment No. 22 (2016) on the Right to Sexual and Reproductive Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)," *Turkish Journal of Bioethics* 6, no. 2 (2019): 65–81, https://doi.org/10.5505/tjob.2019.99389.

[43] World Health Organization, *Guidelines for Medico-Legal Care for Victims of Sexual Violence* (Geneva: World Health Organization, 2003), 64–65.

healthcare training must incorporate intersectional and gender-sensitive perspectives that recognize how stigma operates differently across groups. Without acknowledging and addressing these differentiated forms of stigma, policies aimed at improving access to EC risk reproducing the very inequalities they seek to eliminate.

When there are no clear sanctions or accountability mechanisms, denial of services or delays in EC provision have no consequences for health facilities. This creates an institutional culture that is permissive of service barriers, as there is no structural impetus for change. The Center for Women's Empowerment and Prevention (P2TP2A) lacks the authority to reprimand health facilities, the National Commission on Violence Against Women (Komnas Perempuan) cannot implement recommendations, and the Health Office is reluctant to impose sanctions without explicit normative basis. With a weak oversight structure, barriers will continue to be reproduced year after year, even beyond the control of individual officers. This confirms that barriers to EC access are structural: embedded in institutional rules, practices, and culture, not simply in individual behavior. [44]

Human Rights Obligations and Policy Implications for Ensuring Survivor-Centered EC Access

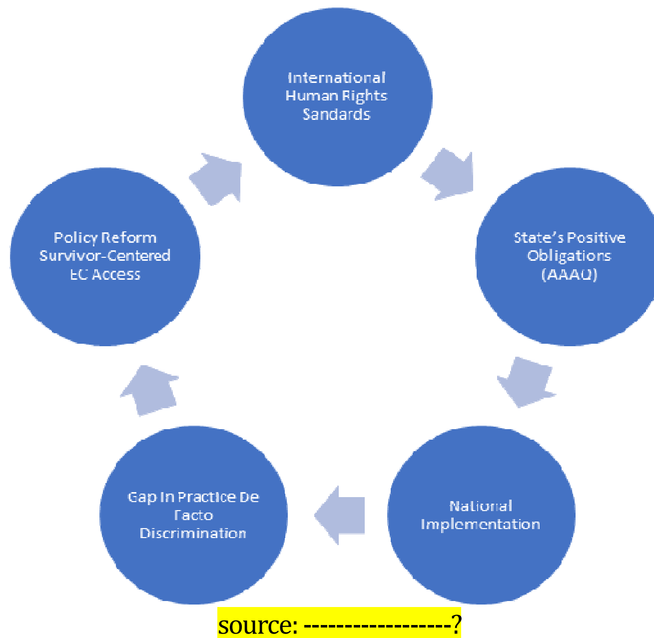
CEDAW, ICESCR, and ICCPR clearly stipulate that states are obliged to guarantee the right to health, protection from gender-based violence, and the provision of reproductive health services for survivors of sexual violence. The CEDAW Committee emphasized in General Recommendation No. 24 that states must provide prompt and unhindered access to comprehensive reproductive health services, including emergency contraception (EC), as part of the standard handling of rape cases. [45]

---

[44] Bianca Hall, Cynthia Akwatu, and Antoinette A. Danvers, "Reproductive Justice as a Framework for Abortion Care," *Clinical Obstetrics and Gynecology* 66, no. 4 (2023): 655–64, https://doi.org/10.1097/GRF.0000000000000811; Yolanda Suarez-Balcazar et al., "Reproductive Justice for Black, Indigenous, Women of Color: Uprooting Race and Colonialism," *American Journal of Community Psychology* 73, no. 1–2 (2024): 159–69, https://doi.org/10.1002/ajcp.12650.

[45] Robyn M. Powell, "Reproductive Justice for Disabled People Post-Dobbs: A Call-to-Action for Researchers," *Disability and Health Journal* 17, no. 2 (2024), https://doi.org/10.1016/j.dhjo.2023.101572; T Huria et al., "Reproductive Justice in Aotearoa New Zealand - A Viewpoint Narrative," *Aotearoa New Zealand Social Work* 35, no. 4 (2023): 136–43, https://doi.org/10.3316/informit.491805922606372.

Figure 2
Circular Model of Human Rights Obligations and Policy Reform Pathways for Ensuring Survivor-Centered EC Access



source: -----------------?

Figure 2 presents a conceptual model of the policy flow linking international human rights obligations, national regulatory frameworks, and the implementation of emergency contraception (EC) services for rape survivors. The diagram illustrates how global human rights standards—particularly those derived from CEDAW, ICESCR, and ICCPR—are expected to be translated into domestic legal norms and further operationalized through technical regulations and institutional practices. Ideally, this process forms a coherent and circular relationship, where international obligations inform national policies, and implementation feedback strengthens regulatory frameworks. However, the model also highlights points of disconnection within this flow, particularly at the level of technical regulation and service delivery. The following analysis explores how these gaps disrupt the policy continuum and contribute to the failure of ensuring timely, accessible, and non-discriminatory access to EC in practice.

The ICESCR, through General Comment No. 22, places post-sexual violence services as a positive obligation of states that must be available, accessible, acceptable, and of high quality. The ICCPR, through its protection of the right to life and freedom from inhumane treatment, requires states to prevent unnecessary suffering, including the risk of pregnancy resulting from rape. Thus, these three human rights instruments not only regulate general principles but also require states, including Indonesia, to ensure that survivors receive EC quickly, safely, and without administrative requirements.[46]

Although Indonesia has ratified all three human rights instruments, domestic implementation shows significant gaps. There are no technical regulations explicitly mandating EC within 72 hours, and neither the TPKS Law nor the Health Law explicitly stipulates which medical services survivors are entitled to. As a result, EC is treated as an optional service, not a legal mandate, allowing health facilities to refuse or delay its provision without administrative consequences. The absence of national SOPs and accountability mechanisms makes Indonesia appear "compliant on paper," having ratified international treaties but failing to fulfill its positive obligations to ensure actual access on the ground. Thus, a structural gap exists between international commitments and national implementation that directly harms survivors of sexual violence.[47]

Within the AAAQ framework, availability requires countries to ensure adequate availability of medicines and health services across the country. However, in the context of emergency contraception (EC), availability in Indonesia is highly uneven: some hospitals stock the drugs, but many community health centers (Puskesmas) and emergency departments (ERs) lack stock or are unaware of the administration procedures. Meanwhile, accessibility requires services that are physically, economically, and informationally accessible. Administrative barriers such as the requirement to report to the police, a medical examination, or a referral from a service agency actually slow down access to EC, which has a 72-hour effectiveness limit. This situation demonstrates that survivors of sexual violence not only struggle to

---

[46] Hairi, "Problem Kekerasan Seksual: Menelaah Arah Kebijakan Pemerintah Dalam Penanggulangannya."

[47] Neha Tripathi and Anubhav Kumar, "Integrating Reproductive Justice Approaches in the Human Rights Framework: A Comparative Analysis of the U.S.A., India, and Indonesia," *Jurnal Kajian Pembaruan Hukum* 4, no. 1 (2024): 75–120, https://doi.org/10.19184/jkph.v4i1.46509.

access the drugs but also face a system that structurally fails to provide a rapid service route in accordance with human rights standards.[48]

The acceptability dimension requires that health services be non-discriminatory, gender-sensitive, and respect the dignity of survivors. However, reports from the National Commission on Violence Against Women and the LRC-KJHAM indicate that many health workers still harbor moral bias, judging survivors, or refusing EC because they believe it "induces an abortion," even though this contradicts WHO guidelines. Furthermore, quality requires evidence-based services and competent health workers. However, many health facilities lack training in handling sexual violence, do not understand the timeframe for EC effectiveness, and do not implement a trauma-informed approach. The lack of training, drug standards, and clinical guidelines directly impacts the quality of care. These findings demonstrate that all AAAQ dimensions—availability, access, appropriateness, and quality—fail to be met, thus leaving survivors' rights to reproductive health substantively unprotected.[49]

Indonesia is often considered "compliant on paper" because it has ratified CEDAW, the ICCPR, and the ICESCR, and incorporated norms for the protection of victims of sexual violence into the TPKS Law and the Health Law. However, this compliance is formal, not substantive. These regulations do not explicitly require health facilities to provide emergency contraception (EC), do not stipulate a 72-hour service requirement, and do not include standard medical protocols for handling rape cases. Thus, the country has legally incorporated human rights principles into national law, but has not translated them into technical policies or standard operating procedures (SOPs) that can be implemented by health workers in the field. As a result, survivors' rights to reproductive health remain dependent on luck, geographic location, or the moral sensitivity of health workers.[50]

---

[48] Kelly Cleland et al., "Now Is the Time to Safeguard Access to Emergency Contraception as Abortion Restrictions Sweep the United States," *Contraception* 114 (2022): 6–9, https://doi.org/10.1016/j.contraception.2022.06.008.

[49] Emily McMahon et al., "Perils and Promise Providing Information on Sexual and Reproductive Health via the Nurse Nisa WhatsApp Chatbot in the Democratic Republic of the Congo," *Sexual and Reproductive Health Matters* 31, no. 4 (2023), https://doi.org/10.1080/26410397.2023.2235796.

[50] Elizabeth Mills and Debra DeLaet, "Place-based Reproductive Justice and Resistance: Human Rights and Abortion Mobilities in the Post- Dobbs Era," *Feminist Anthropology* 5, no. 2 (2024): 246–69, https://doi.org/10.1002/fea2.12152.

The most pressing policy implication is the development of a national standard operating procedure (SOP) binding on all health facilities, both hospitals and community health centers, that explicitly mandates the provision of emergency contraception (EC) as part of the initial medical treatment for rape survivors. This SOP should include a requirement for service within 72 hours, ensure drug availability, and establish a rapid route for care through emergency departments. Eliminating administrative requirements—such as a police report or a medical examination—is crucial, as these requirements lack legal basis and systematically hinder survivors' access for a limited period. Technical regulations should also outline the responsibilities of health facilities and the administrative sanctions for denial of services, so that state obligations are not merely normative but operationally enforceable.[51]

One of the most critical structural weaknesses identified in this study is the persistence of institutional impunity resulting from the absence of binding national standard operating procedures (SOPs) governing the provision of emergency contraception (EC) for rape survivors. In the current regulatory framework, health facilities are not subject to explicit legal obligations to provide EC within a defined timeframe, nor are there enforceable standards regarding drug availability, service procedures, or accountability mechanisms. This regulatory ambiguity creates a permissive environment in which denial or delay of services does not constitute a clear administrative violation, thereby allowing institutional actors to operate without legal consequences. As a result, survivors' access to EC becomes contingent upon discretionary interpretations by healthcare providers rather than guaranteed as a matter of right.[52]

The establishment of binding national SOPs would play a decisive role in transforming this discretionary framework into a rights-based service system. First, SOPs would operationalize abstract legal obligations by translating them into concrete, measurable standards, such as mandatory provision of EC within 72 hours, guaranteed availability of medication in emergency units, and the elimination of non-medical administrative requirements.[53] Second, by clearly

---

[51] Olha Shved et al., "Psychosocial Support for Victims of Sexual Violence during the War in Ukraine: Challenges for Social Work," *Journal of Human Rights and Social Work* 9, no. 3 (2024): 464–73, https://doi.org/10.1007/s41134-024-00336-w.

[52] World Health Organization, *Guidelines for Medico-Legal Care for Victims of Sexual Violence*, 64–65.

[53] Sert et al., "General Comment No. 22 (2016) on the Right to Sexual and Reproductive Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)."

defining the duties of health facilities and medical personnel, SOPs would create a normative basis for administrative sanctions in cases of non-compliance. This is particularly significant in addressing institutional impunity, as the absence of explicit obligations currently prevents supervisory bodies from classifying service denial as a violation. [54]

Furthermore, SOP reform would strengthen vertical and horizontal accountability within the health system. At the vertical level, national SOPs would ensure uniform standards across regions, reducing disparities caused by local policy variations and institutional discretion. At the horizontal level, SOPs would facilitate coordination between key actors—such as hospitals, police, and victim support services—by establishing a clear, survivor-centered service pathway that prioritizes immediate medical care over procedural formalities.[55] In this sense, SOPs function not merely as technical guidelines, but as legal instruments that bridge the gap between normative commitments and practical implementation.

From a human rights perspective, the adoption of binding SOPs is essential to fulfill the state's positive obligations under international law, particularly within the AAAQ framework, which requires that health services be available, accessible, acceptable, and of adequate quality.[56]. Without enforceable operational standards, these obligations remain largely symbolic, as rights formally recognized in law fail to materialize in practice. Therefore, national SOP reform constitutes a necessary structural intervention to dismantle institutional impunity, ensure accountability, and guarantee timely and non-discriminatory access to emergency contraception for rape survivors.

In addition to normative changes, healthcare services must be transformed toward a survivor-centered healthcare model that prioritizes the safety, dignity, and autonomy of survivors. This requires national training for

---

[54] UN Committee on the Elimination of Discrimination against Women, "CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health)," UNHCR - RefWorld, 1999, 5, https://www.refworld.org/legal/general/cedaw/1999/11953.

[55] United Nations Population Fund, "Essential Services Package for Women and Girls Subject to Violence," 2015, 23, https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence.

[56] UN Committee on Economic Social and Cultural Rights, *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)* (Geneva: UN Committee on Economic Social and Cultural Rights, 2000), 4–5.

healthcare workers on trauma management, WHO standards for EC, and the elimination of moralistic bias in reproductive services. The Health Office needs to establish a monitoring system that maps EC availability, emergency room response times, and facility compliance with standard operating procedures. The Center for Women and Child Protection (P2TP2A) and service institutions should be strengthened with clearer authority in coordinating services, while the National Commission on Violence Against Women (Komnas Perempuan) can be involved in an independent oversight mechanism. With integrated policies and gender-sensitive services, Indonesia can move from a situation of "formal compliance but substantive failure" to truly fulfilling the reproductive health rights of survivors of sexual violence.[57]

This article contributes to the development of human rights and reproductive health discourse in Indonesia by highlighting the normative and institutional gaps in guaranteeing access to emergency contraception (EC) for rape survivors. It also offers a legal analysis of the state's obligations under international human rights instruments and demonstrates the need for clearer regulatory frameworks and implementation mechanisms to ensure effective protection for survivors. Accordingly, this research is expected to provide both academic and practical contributions for policymakers, health institutions, and legal scholars in strengthening survivor-centered reproductive health services in Indonesia.

D. Conclusion

Indonesia has not yet fully fulfilled its obligation to provide emergency contraception (EC) for rape survivors in accordance with international human rights standards. Although Indonesia has ratified CEDAW, ICCPR, and ICESCR and enacted laws recognizing survivors' rights to health services, the absence of explicit regulations and binding operational standards on EC creates a significant gap between legal commitments and implementation. As a result, access to EC remains inconsistent and dependent on institutional discretion rather than guaranteed as a legal right.

The barriers to EC access are structural and institutional in nature. Survivors continue to face bureaucratic obstacles, unclear service pathways,

---

[57] Doris Reisinger, "Reproductive Abuse in the Context of Clergy Sexual Abuse in the Catholic Church," *Religions* 13, no. 3 (2022): 198, https://doi.org/10.3390/rel13030198.

social stigma, moral bias, and weak inter-agency coordination, which together produce de facto discrimination against rape survivors. Therefore, Indonesia needs binding national SOPs, clearer accountability mechanisms, and gender-sensitive survivor-centered healthcare services to ensure timely, accessible, and non-discriminatory access to emergency contraception..[s]

References

Adiputra, Setiawan, Agsel Awanisa, and Yemima Hotmaria Purba. "The Urgency of the Law on Sexual Violence Criminal Act in Combating Sexual Violence in Indonesia." *Ius Poenale* 3, no. 1 (2022): 25–38. https://doi.org/10.25041/ip.v3i1.2521.

Aditya, Rifqi, Donny Eddy Sam Karauwan, and Achmad Junaedy. "Implikasi Undang-Undang Tindak Pidana Kekerasan Seksual (UU TPKS) terhadap Proses Peradilan Pidana di Indonesia." *Kabilah: Journal of Social Community* 9, no. 2 (2024): 22–31. https://www.ejournal.iainata.ac.id/index.php/kabilah/article/view/437.

Ariyanti, Vivi. "Pembaharuan Hukum Pidana di Indonesia yang Berkeadilan Gender dalam Ranah Kebijakan Formulasi, Aplikasi, dan Eksekusi." *Halu Oleo Law Review* 3, no. 2 (2019): 178–95. https://doi.org/10.33561/holrev.v3i2.8654.

Arnott, Grady, Charles Otema, Godfrey Obalim, Beatrice Odallo, Teddy Nakubulwa, and Sam B. T. Okello. "Human Rights-Based Accountability for Sexual and Reproductive Health and Rights in Humanitarian Settings: Findings from a Pilot Study in Northern Uganda." Edited by Hannah Tappis. *PLOS Global Public Health* 2, no. 8 (2022): e0000836. https://doi.org/10.1371/journal.pgph.0000836.

Badruzaman, Dudi. "Keadilan dan Kesetaraan Gender untuk Para Perempuan Korban Kekerasan dalam Rumah Tangga (KDRT)." *Tahkim (Jurnal Peradaban dan Hukum Islam)* 3, no. 1 (2020): 103–24. https://doi.org/10.29313/tahkim.v3i1.5558.

Bajracharya, Prabina, Sarasu Esther Thomas, Brototi Dutta, Kruthika Ravindareddy, and Sara Malkani. "Advancing Reproductive Autonomy and Justice in Asia." *Jindal Global Law Review* 15, no. 2 (2024): 255–66. https://doi.org/10.1007/s41020-024-00240-4.

Beck, Elizabeth, Kristie Seelman, Moon Charania, Susan M. Snyder, and Sophie Saffan. "Reproductive Justice, Bodily Autonomy, and State Violence." *Affilia* 39, no. 3 (2024): 554–68. https://doi.org/10.1177/08861099231225226.

Beddoe, Liz. "Reproductive Justice, Abortion Rights and Social Work." *Critical and Radical Social Work* 10, no. 1 (2022): 7–22. https://doi.org/10.1332/204986021X16355170868404.

Brisson, Julien, and Mellissa Withers. "Empowering the next Generation: Integrating Adolescents into the Reproductive Justice Movement." *Medical Humanities* 50, no. 1 (2024): 95–102. https://doi.org/10.1136/medhum-2023-012730.

Burger, Kathryn, Robin Evans-Agnew, and Susan Johnson. "Reproductive Justice and Black Lives: A Concept Analysis for Public Health Nursing." *Public Health Nursing* 39, no. 1 (2022): 238–50. https://doi.org/10.1111/phn.12919.

Cleland, Kelly, Bhavik Kumar, Nikita Kakkad, Jasmine Shabazz, Nicola R. Brogan, Mara K. Gandal-Powers, Robyn Elliott, Rebecca Stone, and David K. Turok. "Now Is the Time to Safeguard Access to Emergency Contraception as Abortion Restrictions Sweep the United States." *Contraception* 114 (2022): 6–9. https://doi.org/10.1016/j.contraception.2022.06.008.

Damavandi, Samira. "The Critical Importance of Sexual and Reproductive Healthcare During Emergency Settings: Recommendations for the U.S. Government and Global Humanitarian Organizations." *Reliefweb*, December 22, 2022. https://reliefweb.int/report/world/critical-importance-sexual-and-reproductive-healthcare-during-emergency-settings-recommendations-us-government-and-global-humanitarian-organizations.

Darwin, Muhadjir. "Aborsi Kontroversi dan Pilihan Kebijakan." *Populasi* 8, no. 2 (2016): 79–89. https://doi.org/10.22146/jp.11589.

Faturahmah, Elsa. "Siaran Pers Komnas Perempuan Memperingati Hari Kontrasepsi Internasional 2025: Akses Kontrasepsi Darurat untuk Korban Perkosaan dan Kekerasan Seksual Lainnya adalah Hak, bukan Pilihan." Komnas Perempuan, September 25, 2025. https://komnasperempuan.go.id/siaran-pers-detail/siaran-pers-komnas-perempuan-memperingati-hari-kontrasepsi-internasional-2025.

Flowers, Nia. "A Reproductive Justice Analysis of Black Motherwork." *Journal of Family Theory & Review* 16, no. 3 (2024): 484–96. https://doi.org/10.1111/jftr.12579.

Giacci, Elena, Kee J.E. Straits, Amanda Gelman, Summer Miller-Walfish, Rosemary Iwuanyanwu, and Elizabeth Miller. "Intimate Partner and Sexual Violence, Reproductive Coercion, and Reproductive Health among American Indian and Alaska Native Women: A Narrative Interview Study." *Journal of Women's Health* 31, no. 1 (2022): 13–22. https://doi.org/10.1089/jwh.2021.0056.

Goldblatt Hyatt, Erica, Maha Younes, and Heather Witt. "The Moral Conundrum of Reproductive Justice in Social Work." *Journal of Teaching in Social Work* 44, no. 4 (2024): 347–61. https://doi.org/10.1080/08841233.2024.2374251.

Grace, Karen Trister, and Elizabeth Miller. "Future Directions for Reproductive Coercion and Abuse Research." *Reproductive Health* 20, no. 1 (2023): 5. https://doi.org/10.1186/s12978-022-01550-3.

Gutman, Colleen K., Atsuko Koyama, and Rosemarie Fernandez. "Expanding Access to Contraception for Adolescents—Reproductive Justice and the Emergency Department." *JAMA Network Open* 7, no. 6 (2024): e2418194. https://doi.org/10.1001/jamanetworkopen.2024.18194.

Hairi, Prianter Jaya. "Problem Kekerasan Seksual: Menelaah Arah Kebijakan Pemerintah dalam Penanggulangannya." *Negara Hukum* 6, no. 1 (2015): 1–15.

Hall, Bianca, Cynthia Akwatu, and Antoinette A. Danvers. "Reproductive Justice as a Framework for Abortion Care." *Clinical Obstetrics and Gynecology* 66, no. 4 (2023): 655–64. https://doi.org/10.1097/GRF.0000000000000811.

Huria, T, A Beliveau, O Nuttall, and S Reid. "Reproductive Justice in Aotearoa New Zealand - A Viewpoint Narrative." *Aotearoa New Zealand Social Work* 35, no. 4 (2023): 136–43. https://doi.org/10.3316/informit.491805922606372.

Hyatt, Erica Goldblatt, Judith L.M. McCoyd, and Mery F. Diaz. "From Abortion Rights to Reproductive Justice: A Call to Action." *Affilia* 37, no. 2 (2022): 194–203. https://doi.org/10.1177/08861099221077153.

Ikemoto, Lisa C. "Reproductive Justice in the US After Roe." *ジェンダー研究= Journal of Gender Studies, Ochanomizu*, 2023. https://www2.igs.ocha.ac.jp/en/wp-content/uploads/2023/09/ジェンダー研究_No26-Lisa-Ikemoto.pdf.

Iqbal Kamalludin, Iqbal Kamalludin, and Bhanu Prakash Nunna Bhanu Prakash Nunna. "Formulation of Criminal Policy on Sexual Violence Rehabilitation based on Family Therapy with the Maqasid al-Sharia Principles." *Jurnal Hukum Islam* 22, no. 1 (2024): 125–62. https://doi.org/10.28918/jhi.v22i1_5.

Johnson-Mallard, Versie, Kim Curry, Alisha Lickwar, Rosa Gonzalez-Guarda, Elizabeth Kostas-Polston, Melva Thompson-Robinson, and Ivy Alexander. "The Movement: Reproductive Health and Rights in 2024." *OJIN: The Online Journal of Issues in Nursing* 29, no. 3 (2024). https://doi.org/10.3912/OJIN.Vol29No03Man03.

Kamalludin, Iqbal, and Barda Nawawi Arief. "Kebijakan Formulasi Hukum Pidana tentang Penanggulangan Tindak Pidana Penyebaran Ujaran Kebencian (Hate Speech) di Dunia Maya." *Law Reform* 15, no. 1 (2019): 113–29. https://doi.org/10.14710/lr.v15i1.23358.

Kamalludin, Iqbal, Bunga Desyana Pratami, Syarifa Khasna, Alamul Yaqin, and Achmad Jauhari Umar. "Revitalizing Justice in Fiqh: Revisiting Non-Retroactive Principles to Address Sexual Violence." *Ulul Albab: Jurnal Studi dan Penelitian Hukum Islam* 7, no. 2 (2024): 136–50. https://doi.org/10.30659/jua.v7i2.31028.

Kenney, Sally J. *Gender and Justice: Why Women in the Judiciary Really Matter*. London: Routledge, 2012. https://doi.org/10.4324/9780203122297.

Komnas Perempuan. "Catahu 2022: Bayang-Bayang Stagnansi: Daya Pencegahan dan Penanganan Berbanding Peningkatan Jumlah, Ragam dan Kompleksitas Kekerasan Berbasis Gender terhadap Perempuan." Jakarta: Komisi Nasional Anti Kekerasan terhadap Perempuan, 2022. https://komnasperempuan.go.id/catatan-tahunan-detail/catahu-2022-bayang-bayang-stagnansi-daya-pencegahan-dan-penanganan-berbanding-

peningkatan-jumlah-ragam-dan-kompleksitas-kekerasan-berbasis-gender-terhadap-perempuan.

———. "Dorong Ruang Aman bagi Perempuan dalam Keluarga, Komnas Perempuan Menyampaikan Rekomendasi kepada Kemendukbangga." komnasperempuan.go.id, January 22, 2026. https://komnasperempuan.go.id/kabar-perempuan-detail/dorong-ruang-aman-bagi-perempuan-dalam-keluarga-komnas-perempuan-menyampaikan-rekomendasi-kepada-kemendukbangga#:~:text=Pada kesempatan tersebut%2C Komnas Perempuan menyampaikan rekomendasi,dan pemenuha.

Levy, M. "'The Walk of Shame': Normative Misalignments Hindering Access to Emergency Contraception." *Women's Rights Law Reporter*, September 2024.

LRC-KJHAM. "Press Release Akses Layanan Kontrasepsi Darurat dan Aborsi Aman bagi Korban Kekerasan Seksual dalam PP Nomor 28 Tahun 2024 tentang Pelaksanaan Undang-Undang Nomor 7 Tahun 2023 tentang Kesehatan." lrckjham.id, August 7, 2024. https://lrckjham.id/informasi/press-release/press-release-akses-layanan-kontrasepsi-darurat-dan-aborsi-aman-bagi-korban-kekerasan-seksual-dalam-pp-nomor-28-tahun-2024-tentang-pelaksanaan-undang-undangnomor-7-tahun-2023-tentang-kesehatan/.

Macleod, Catriona Ida, and John Hunter Reynolds. "Reproductive Health Systems Analyses and the Reparative Reproductive Justice Approach: A Case Study of Unsafe Abortion in Lesotho." *Global Public Health* 17, no. 6 (2022): 801–14. https://doi.org/10.1080/17441692.2021.1887317.

Marzuki, Peter Mahmud. *Penelitian Hukum*. Jakarta: Kencana, 2009.

McCauley, Heather L., Maria-Ernestina Christl, and Anne P. DePrince. "Trauma, Violence, Reproductive Rights." *Journal of Trauma & Dissociation* 24, no. 4 (2023): 445–52. https://doi.org/10.1080/15299732.2023.2212401.

McMahon, Emily, Tamara Fetters, Nadia Lobo Jive, and Mike Mpoyi. "Perils and Promise Providing Information on Sexual and Reproductive Health via the Nurse Nisa WhatsApp Chatbot in the Democratic Republic of the Congo." *Sexual and Reproductive Health Matters* 31, no. 4 (2023). https://doi.org/10.1080/26410397.2023.2235796.

Mills, Elizabeth, and Debra DeLaet. "Place-based Reproductive Justice and Resistance: Human Rights and Abortion Mobilities in the Post- Dobbs Era." *Feminist Anthropology* 5, no. 2 (2024): 246–69. https://doi.org/10.1002/fea2.12152.

Mukti, Achmad Yulianto dan Fajar. *Dualisme Penelitian Hukum Normatif dan Empiris*. Yogyakarta: Pustaka Pelajar, 2022.

Nurhayati, Nurhayati, Ana Fauzia, Fathul Hamdani, and Nurhayati Binti Abdul Ghani. "Seeking Substantive Justice: The Progressive Spirit of Law on Sexual Violence Crimes." *Jurnal Dinamika Hukum* 23, no. 3 (2023): 556–72. https://doi.org/10.20884/1.jdh.2023.23.3.3749.

O'Neil, Mary Lou, Bahar Aldanmaz, and Deniz Altuntaş. "The Availability of Emergency Contraception from Family Health Centers in Turkey." *Health Policy* 126, no. 7 (2022): 715–21. https://doi.org/10.1016/j.healthpol.2022.04.006.

Poetri, Ashila Aulia, and Indraswari Indraswari. "Content Analysis of Law Number 12/2022 on Sexual Violence Based on Due Diligence Framework." *Contemporary Public Administration Review* 1, no. 2 (2024): 61–93. https://doi.org/10.26593/copar.v1i2.7683.61-93.

Powell, Robyn M. "Reproductive Justice for Disabled People Post-Dobbs: A Call-to-Action for Researchers." *Disability and Health Journal* 17, no. 2 (2024). https://doi.org/10.1016/j.dhjo.2023.101572.

Reisinger, Doris. "Reproductive Abuse in the Context of Clergy Sexual Abuse in the Catholic Church." *Religions* 13, no. 3 (2022): 198. https://doi.org/10.3390/rel13030198.

Ross, Loretta J., and Rickie Solinger. *Reproductive Justice: An Introduction*. Berkeley: University of California Press, 2017.

Sert, Gürkan, İrem Narman, Oktay Erkan, Özge Emre, Ebru Özden, Naz Tursun, and Yunus Başar. "General Comment No. 22 (2016) on the Right to Sexual and Reproductive Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)." *Turkish Journal of Bioethics* 6, no. 2 (2019): 65–81. https://doi.org/10.5505/tjob.2019.99389.

Shved, Olha, Tetiana Liakh, Tetiana Spirina, and Maryna Lekholetova. "Psychosocial Support for Victims of Sexual Violence during the War in Ukraine: Challenges for Social Work." *Journal of Human Rights and Social Work* 9, no. 3 (2024): 464–73. https://doi.org/10.1007/s41134-024-00336-w.

Sridhar, Aparna, Mikaela R. Koch, Asha Kasliwal, Jessica L. Morris, Laura Gil, Nikhil Purandare, and Ivonne Diaz. "Beyond Borders: The Global Impact of Violating Reproductive Human Rights." *International Journal of Gynecology & Obstetrics* 167, no. 3 (2024): 877–82. https://doi.org/10.1002/ijgo.15945.

Suarez-Balcazar, Yolanda, Sara Buckingham, Dana B. Rusch, Alissa Charvonia, Rebecca Ipiaqruk Young, Rhonda K. Lewis, Rebecca E. Ford-Paz, Tara G. Mehta, and Carolina Meza Perez. "Reproductive Justice for Black, Indigenous, Women of Color: Uprooting Race and Colonialism." *American Journal of Community Psychology* 73, no. 1–2 (2024): 159–69. https://doi.org/10.1002/ajcp.12650.

Svallfors, Signe. "Reproductive Justice in the Colombian Armed Conflict." *Disasters* 48, no. 3 (2024). https://doi.org/10.1111/disa.12618.

Triantono, Triantono, Ani Purwanti, Muhammad Marizal, and Nur Rochaety. "Juridical Analysis of Law No. 12 of 2022 Concerning the Crime of Sexual Violence in the Perspective of Victim Protection." In *Proceedings of the 1st International Workshop on Law, Economics and Governance, IWLEG 2022, 27 July 2022,*

Semarang, Indonesia. EAI, 2023. https://doi.org/10.4108/eai.27-7-2022.2326252.

Tripathi, Neha, and Anubhav Kumar. "Integrating Reproductive Justice Approaches in the Human Rights Framework: A Comparative Analysis of the U.S.A., India, and Indonesia." *Jurnal Kajian Pembaruan Hukum* 4, no. 1 (2024): 75–120. https://doi.org/10.19184/jkph.v4i1.46509.

UN Committee on Economic Social and Cultural Rights. *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)*. Geneva: UN Committee on Economic Social and Cultural Rights, 2000.

UN Committee on the Elimination of Discrimination against Women. "CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health)." UNHCR - RefWorld, 1999. https://www.refworld.org/legal/general/cedaw/1999/11953.

United Nations Population Fund. "Essential Services Package for Women and Girls Subject to Violence," 2015. https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence.

World Health Organization. "Emergency Contraception," 2021. https://www.who.int/news-room/fact-sheets/detail/emergency-contraception.

———. *Guidelines for Medico-Legal Care for Victims of Sexual Violence*. Geneva: World Health Organization, 2003.

Zampas, Christina, Rebecca Brown, and Onyema Afulukwe. "Interpreting International Humanitarian Law to Guarantee Abortion and Other Sexual and Reproductive Health Services in Armed Conflict." *Health and Human Rights* 26, no. 1 (2024): 31–44. http://www.ncbi.nlm.nih.gov/pubmed/38933223.

Zavella, Patricia. "Reproductive Justice Activism in the Post-Dobbs Era." *Feminist Anthropology* 4, no. 2 (2023): 139–51. https://doi.org/10.1002/fea2.12134.

Zettermark, Sofia. "'They All of a Sudden Became New People': Using Reproductive Justice to Explore Narratives of Hormonal Contraceptive Experience in Sweden." *European Journal of Women's Studies* 31, no. 1 (2024): 52–71. https://doi.org/10.1177/13505068241230821.

This page has been intentionally left blank.