



LOCALIZATION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS NORMS IN INDONESIA: THE CONTESTATION BETWEEN GLOBAL NORMS AND DOMESTIC MORALITY

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Abstract

This study analyzes the norm localization process of Sexual and Reproductive Health and Rights (SRHR) in Indonesia through a constructivist international relations framework. Despite Indonesia's ratification of international SRHR instruments, particularly the 1994 ICPD Programme of Action, domestic implementation reveals selective and uneven adaptation patterns. Using an explanatory qualitative approach, this research examines why certain global SRHR norms are accepted while others are rejected or restricted. Data were collected through policy document analysis, national regulations, and secondary literature, analyzed using Acharya's norm localization framework and Wiener's norm contestation perspective. Findings reveal three distinct localization patterns: family planning norms were successfully institutionalized due to alignment with state development agendas; comprehensive sexuality education faced substantial resistance from religious and conservative actors; and safe abortion access norms were largely rejected through increasingly restrictive domestic regulations. This study demonstrates that global norm diffusion is not a linear process, but a negotiated terrain shaped by national identity, religious authority, and domestic political interests.

Keywords: SRHR; Norm Localization; Indonesia; Norm Contestation; Reproductive Rights

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A. Introduction

Global attention to reproductive health has been growing since developing countries faced serious problems related to women's population and health in the latter half of the 20th century. High maternal mortality, limited reproductive health services, increasing unplanned pregnancies, and unsafe abortions have sparked an international debate on the urgency of protecting reproductive rights. In the next development, the issue of reproduction is no longer placed solely as a medical problem or an instrument of population control. His discourse extended to the realm of human rights, gender equality, and a more comprehensive social development agenda.

The strengthening of this perspective gained important momentum through the International Conference on Population and Development held in Cairo in 1994 under the initiative of the United Nations through the United Nations Population Fund. This conference resulted in the Programme of Action which later became one of the main foundations for the development of Sexual and Reproductive Health and Rights (SRHR) norms at the international level (United Nations, 1994). Through ICPD, reproductive health is positioned as an individual's right to make their reproductive choices while gaining access to safe, free, and dignified services. Since that period, international organizations such as the World Health Organization and UNFPA have been increasingly active in mainstreaming SRHR norms to various countries through the integration of reproductive health agendas into national development policies (WHO, 2010; UNFPA, 2014).

In Indonesia, the commitment to the international agenda is formally demonstrated through the ratification of the ICPD's Programme of Action. However, the acceptance of SRHR norms at the domestic level is not uniform and full of political dimensions. Some norms, especially family planning programs, have been successfully institutionalized and have become an important part of the country's development strategy since the New Order period (Hull & Mosley, 2009). On the other hand, other norms that are still in the SRHR spectrum such as comprehensive sexuality education and access to safe abortion face much stronger resistance, especially from religious and conservative groups (Utomo et al., 2014). This situation shows that global norms are not always accepted in their entirety when dealing with Indonesia's domestic context.

In practice, reproductive health issues in Indonesia are often understood not only as public health issues, but also related to morality, religion, culture, and political interests. Therefore, the acceptance of SRHR norms is greatly influenced by the extent to which these norms are seen as aligned with dominant social values. Indonesia basically does not completely reject global SRHR norms, but also does not accept them comprehensively. A number of norms undergo the process of adaptation and adjustment, while other norms are limited and even rejected through regulatory

mechanisms. From this condition arises the question of why norms originating from the same international regime can produce different levels of acceptance in Indonesia.

In the study of international relations, the spread of global norms is prevalent explained through a norm diffusion approach that highlights the transfer of international norms from the global level to the domestic realm of the state (Finnemore & Sikkink, 1998). However, this approach is often understood to be too linear, as if international legitimacy automatically results in domestic acceptance. In reality, global norms often undergo negotiation, reinterpretation, and even rejection when interacting with social structures and local values. Amitav Acharya through the concept of norm localization emphasizes that domestic actors are not passive recipients of global norms, but rather parties who actively adjust and reconstruct norms to be compatible with previously established local identities, values, and institutions (Acharya, 2004). On the other hand, Antje Wiener views norms as an arena of ongoing contestation because each actor brings different interests, moral legitimacy, and interpretations of a norm (Wiener, 2014).

Although the study of SRHR and the diffusion of global norms has developed quite widely, the discussion of the SRHR norm negotiation process in the socio-political context of Indonesia is still relatively limited. Most studies tend to focus on the public health dimension or the success of family planning programs from a demographic and development perspective. Meanwhile, the role of domestic actors, including religious institutions, conservative groups, and the state, in shaping selective acceptance of SRHR norms has not been studied in depth. As a result, the relationship between global norms and local moral-political structures in Indonesia still leaves important analytical space to be explored further.

Starting from these conditions, this study seeks to explain the factors that cause some SRHR norms to be accepted and institutionalized in Indonesia, while others actually experience resistance and restrictions. Using an explanatory qualitative approach, this study analyzes the process of localization as well as contestation of SRHR norms in the Indonesian domestic context. The main argument of this study places the compatibility of norms with dominant moral-religious values, state development agendas, and domestic political interests as important factors that affect the level of acceptance of SRHR norms.

This research also shows that the diffusion of international norms does not take place in a neutral or linear manner. In the Indonesian context, acceptance of SRHR norms is carried out selectively through a process of moral and political screening that determines which norms can be accepted, adjusted, or even rejected. By looking at these dynamics, this study is expected to enrich understanding of how global norms work when dealing with a pluralistic society that has conservative tendencies like Indonesia.

Constructivism is one of the main theories in international relations that offers a perspective quite different from other dominant theories such as realism and liberalism. Basically, constructivism holds the view that international social and political realities are not objective or fixed, but are socially constructed through the processes of interaction, communication, ideas, norms, and identities of the actors involved in them (Wendt, 1999). That is, the international world we observe today is not something that just came into being, but is the product of an accumulation of social practices, intersubjective agreements, and processes of meaning that have taken place throughout the history of international relations.

This theory was first systematically introduced by Nicholas Onuf (1989) through his work entitled "*World of Our Making*", which asserts that the world of international politics is a world that we create ourselves through our actions and through our interactions. Subsequently, constructivism then developed into the mainstream in IR theory, especially after the end of the cold war which failed to be predicted by positivist theories such as structural realism (Katzenstein, 1996). Thus, constructivism exists as an epistemological and ontological critique of positivist theories that have always been considered too materialistic in international politics. For constructivists, the international world cannot be understood solely through the distribution of material power or rational calculations of profit-loss, but can be understood through the lens of meaning, values, norms, and identities that shape the way actors perceive themselves and others in the global arena.

Alexander Wendt (1992) is one of the figures famous for his argument "*Anarchy is what states make of it: The social construction of power politics*", which says that the condition of anarchy in the international system has been considered by realists as an objective fact that encourages competition and conflict, in fact it is a social construct whose meaning is determined by how these states can interact and define relationships they are with each other. Wendt then developed this argument more systematically in his book "*Social Theory of International Politics*" (1999), which became one of the most influential constructivist texts in the history of the IR discipline.

In addition, Martha Finnemore and Kathryn Sikkink (1998), who developed the norm life cycle theory in their article entitled "*International Norm Dynamics and Political Change*". Finnemore and Sikkink systematically explain how these international norms can emerge, spread from one country to another, and are ultimately internalized so that they become widely accepted standards of behavior in the international community. The analytical framework they offer is very useful for understanding how global norms such as SRHR can move from the international arena to the domestic context of developing countries such as Indonesia.

B. Methods

This study uses a qualitative approach to understand how *Sexual and Reproductive Health and Rights* (SRHR) norms are accepted, adjusted, or rejected in the Indonesian context. The qualitative approach is used because this research focuses on understanding social phenomena in depth, specifically on how domestic actors interpret, interpret, and respond to global norms related to reproductive health (Cresswell & Poth, 2018). With this approach, the research not only looks at policies as the end product, but also examines the social processes, debates, and value dynamics that underlie the formation of these policies. The issue of SRHR is understood not only as a health issue, but also closely related to social, cultural, religious, and political values that develop in society. The process of entering global norms into domestic policies does not take place automatically, but through various forms of adjustment and contestation between actors who have different views on reproductive health issues.

Data was collected through literature reviews and interviews. The literature review was conducted by examining a number of regulations, policy documents, and academic literature related to reproductive and sexual health and rights (SRHR) in Indonesia. At the same time, interviews were used to complement the research analysis with the direct perspectives of the speakers on issues of sexuality education and public acceptance of reproductive health norms.

Data analysis was carried out using an interpretive qualitative methodology based on constructivist theory in international relations. The collected data is then analyzed to discuss the interaction between global norms and local, religious, and political values that affect the acceptance rate of SRHR norms in Indonesia. In this analysis, this study uses the concept of "norm localization" from Acharya (2004) to describe the process of adapting global norms to local contexts, as well as the concept of "norm contestation" from Wiener (2014) to analyze how SRHR norms become battlegrounds between various domestic actors with different interests and interpretations.

C. Finding and Discussion

1. Localization of Family Planning Norms in Indonesia: Between the Interests of State Developmentalism and Normative-Religious Compatibility

The debate on global reproductive health norms has developed significantly since the end of the 20th century, especially after the World Population Conference in Bucharest (1974) and then strengthened through the Programme of Action (PoA) of the International Conference on Population and Development (ICPD) in Cairo in 1994. In the context of international relations, the ICPD represents an important normative inflection point: the norms of Sexual and Reproductive Health and Rights (SRHR) are no longer merely a public health agenda, but rather part of a global human rights regime that seeks

to shift the paradigm of population control towards the recognition of individual reproductive rights (Freedman 2003: 3). This paradigm shift requires countries that ratify the ICPD instrument to integrate SRHR norms into domestic policy frameworks, including Indonesia which formally ratified the ICPD PoA in 1994. However, the integration process has never been seamless, uniform, or politically neutral. Of the entire spectrum of SRHR norms accommodated by the ICPD, family planning (KB) norms have been the only ones that have experienced the most successful localization in Indonesia, accepted, institutionalized, and even made the main pillar of national population policy for decades. The question that then arises is: what factors make family planning norms succeed in penetrating Indonesia's domestic normative boundaries, while other SRHR norms actually experience significant rejection or restrictions.

The international relations literature on the diffusion of global norms has developed quite richly, especially after Finnemore and Sikkink (1998: 895) introduced a cyclical model of norms from emergence, cascade, to internalization, as a framework for understanding how international norms spread into the domestic order of countries. However, this model tends to assume a linear and progressive process of diffusion, as if the acceptance of norms is only a matter of time and adequate international pressure. This assumption of linearity is not able to explain the phenomenon of normative selectivity, i.e. why the same country can enthusiastically accept one global norm but reject another norm of the same regime. In the context of SRHR in Indonesia, the available literature generally examines the issue of family planning from a demographic and public health perspective (Hull & Hull 2005; Jones 2004), without adequately analyzing why family planning programs are successfully institutionalized within a constructivist framework. On the other hand, more explicit studies of localization norms in Southeast Asia, such as those developed by Acharya (2004), have not been applied directly to the case of Indonesian SRHR, especially in relation to the context of sexual violence and gender inequality that are the background for the relevance of these norms. This gap is a relevant entry point to understand how the norm localization mechanism works in the context of Indonesian population, as well as to uncover how the acceptance of the seemingly "successful" KB norm stores selectivity rooted in the country's political interests and the construction of dominant cultural-religious values.

Theoretically, the success of family planning norms in penetrating the Indonesian policy arena can be explained through the concept of norm localization developed by Acharya (2004: 241). In this framework, localization is understood as an active process in which domestic actors, both state and non-state actors, select, adapt, and reconstruct global norms to align with established local values. Localization differs from mere "adoption" because it involves agency on the part of the recipient: the norm is not swallowed raw, but rather through a process of pruning and grafting that changes the

content of the norm to be compatible with the domestic normative order. In the broader context of IP constructivism, Wendt (1999: 136) asserts that the identity and interests of the state are not exogenous to the international system, but are formed through social interactions and the normative structures that surround them. This means that when Indonesia "accepts" the norm of family planning, the acceptance is not merely a reflection of international normative pressure, but also the result of a construction process in which the state redefines the norm in accordance with the interests of developmentalism that it adheres to. This is also in line with Wiener's (2014: 7) perspective which emphasizes that global norms are always contested, whose meaning is never fixed and is always contested by actors who have different value references. In the Indonesian context, the contest was won by the most ideologically "benign" version of family planning norms, namely those that are free from the content of individual sexual and reproductive rights.

In the context of Indonesian history, the family planning program was not born from the genuine internalization of SRHR norms, but from the interests of the development of the New Order regime which was instrumentalistic. When Suharto built the developmentalism architecture through Repelita since the late 1960s, controlling the rate of population growth became a central variable in the calculation of national economic development. The National Family Planning Coordinating Board (BKKBN) was established in 1970 as a state instrument to implement family planning programs massively and structured from the central to the village level (Hull & Hull 2005: 12). In this logic, Indonesian women, especially rural women, tend to be positioned as objects of population policy, not as subjects who have reproductive rights. The New Order family planning program is in many ways coercive: the target of family planning acceptors is imposed on village officials, the norm of the ideal number of children (two children is enough) is massively propagated, and contraceptive choices are often determined by the state rather than by the women themselves. This pattern, if observed from the perspective of the SRHR ICPD, is contrary to the spirit of reproductive rights that emphasizes autonomy and informed choice, a contradiction that is often overlooked in the narrative of the "success" of Indonesian family planning. This is where the most striking paradox lies: the global norm is accepted, but in its form that has been uprooted from the core values that gave birth to it.

The success of the localization of family planning norms in Indonesia is inseparable from the way the state *frames* these norms strategically. Instead of placing family planning within the framework of individual reproductive rights, as demanded by the ICPD, the Indonesian state is positioning it as part of the national development and family resilience agenda. By using the narratives of "prosperous families" and "happy small families," the state has succeeded in constructing the family planning program as a

culturally meaningful norm, not just a foreign policy instrument imposed from outside. This process reflects what Acharya (2004: 245) calls the use of "prior knowledge", i.e. pre-existing values that are used as anchors to validate new norms. The narrative of family development combined with the values of collective responsibility and family harmony makes family planning norms more socially acceptable. On the other hand, the state has strategically avoided the association between family planning and women's sexual rights seen as a potential to trigger resistance from religious conservative groups. Thus, the "localization" of family planning in Indonesia is a highly selective process: norms are accepted in their depoliticized form and separated from their human rights content, so that all that remains is their normatively secure demographic shell.

In the perspective of constructivism, the success of the internalization of norms often depends on the existence of "norm entrepreneurs", i.e. actors who actively champion and promote certain norms until they reach a cascade point (Finnemore & Sikkink 1998: 896). In the case of Indonesian family planning, the New Order state plays this role dominantly and top-down, not providing meaningful space for civil society and women as actors who define norms independently. State apparatus, through BKKBN to Family Welfare Development (PKK), functions as transmission agents that convert global population norms into hierarchically structured domestic programs. Even major Islamic organizations such as Nahdlatul Ulama and Muhammadiyah, which normatively have the authority to question the family planning program from a fiqh perspective, have largely accommodated the program by issuing fatwas that allow the use of contraception within certain limits. This shows how the state has managed to negotiate family planning norms with domestic religious authorities, a localization strategy that involves not simple political calculations. Keck and Sikkink (1998: 3) call this kind of process "frame resonance". Norms that successfully integrate with values that are already embedded in society tend to have a much higher acceptance rate compared to norms that come frontally.

One of the key factors that explains the success of the localization of family planning norms in Indonesia is its relatively higher compatibility with Islamic values compared to other SRHR norms. In Islamic jurisprudence, the use of contraception, especially in order to maintain the welfare of the family, is generally seen as permissible, although it is not absolutely recommended in all sects. This religious argument becomes a normative cushion that weakens the potential resistance of conservative Islamic groups to the state family planning program. Blackburn (2004: 181) notes that Islamic women's organizations in Indonesia during the New Order period generally did not oppose family planning programs, partly because of the culturally resonant framing of "prosperous families," and partly because of structural pressures from authoritarian states. Meanwhile, Robinson (2009: 78) shows that the concept of public welfare in Islamic

teachings conceptually opens up space for the legitimacy of family planning programs that are oriented towards the welfare of families and the wider community. The compatibility of these values differs fundamentally from other SRHR norms manifested from CSE and safe abortion, which more directly intersect with the values of sexuality and public morality that are closely guarded by religious actors. This is what makes the norm of family planning have a stronger normative durability in the field of Indonesian domestic contestation: it does not threaten the existing value structure, but can instead be integrated into it.

The acceptance of selective and depoliticized family planning norms has serious consequences for the issue of sexual violence and women's reproductive rights in Indonesia. When family planning norms are accepted only in the context of demographic development, not rights, then more sensitive aspects of SRHR, including protection from sexual violence in marriage and women's right to refuse unwanted sexual relations, become inadequately accommodated in domestic policies. Komnas Perempuan (2023: 4) notes that domestic violence, including sexual violence in marriage, is still the most widely reported form of violence in Indonesia, and that regulations that have existed for decades do not recognize marital rape as a crime that can be prosecuted legally. This lack of recognition is not solely a reflection of the slowness of legislation, but rather is the product of a normative construction that separates "family planning" from "women's sexual rights" from the outset. The localization of family planning norms that focus on fertility control indirectly legitimizes the view that women's bodies in the context of marriage are the domain of collective decision-making, even the domain of the state, not individual rights. In other words, the "success" of family planning in Indonesia is a partial success: it succeeds in integrating the population dimension of the SRHR norm, but systematically ignores the rights and protection dimensions of the same norm. This confirms the findings of Blackburn (2004: 189) that the Indonesian state has historically been more comfortable positioning women as mothers and wives who are responsible for the welfare of the family, rather than as individuals who have sovereignty over their own bodies and sexuality.

After the 1998 reform, family planning norms have undergone an interesting repositioning to observe. The New Order authoritarianism, which was the main vehicle for internalizing family planning norms, collapsed, and with it, the coercive family planning program also lost its structural legitimacy. However, instead of experiencing total erosion, family planning norms have survived and evolved, now more packaged in a reproductive rights framework that is more in line with the spirit of the ICPD, although its implementation still does not fully embrace the dimension of women's sexual rights. This change reflects the flexibility of localization as a dynamic process: norms can survive beyond the structural conditions that originally supported their spread, as long as they

are able to adapt to changes in the normative environment (Acharya 2004: 251). On the other hand, democratization opens up space for religious and civil society actors to re-question various aspects of SRHR, and it is in this context that more "radical" norms such as CSE and safe abortion are under greater pressure, while normatively more benign norms of family planning have been successfully maintained and even strengthened through various new regulations. Buehler (2016: 43) shows that democratization in Indonesia does not necessarily result in the liberalization of values, but rather provides a broader stage for conservative forces to fight for their normative agenda in the realm of policy, including reproductive policy. In this kind of normative map, the norms of family planning that have been culturally localized become increasingly established, while the expansion of its meaning towards the protection of women's sexual rights continues to be hampered.

The acceptance of family planning norms in Indonesia is the clearest illustration of what Acharya (2004: 251) calls the localization of norms, that is, the process by which global norms are accepted not because they are intrinsically believed to be correct within the framework of human rights, but because they are successfully reconstructed in such a way that they are in harmony with the interests of the state and resonate with the dominant cultural-religious values. This success, ironically, came at a high price: the norm of family planning lost most of its human rights and was reduced to an instrument of demographic development subject to the logic of the state. This condition, in the perspective of IP constructivism, confirms that the diffusion of global norms is not a neutral or inclusive process; always involves power negotiations that determine who benefits from those norms and which aspects of the norm are left "lost in translation" (Wendt 1999: 309). In the context of the issue of sexual violence in Indonesia, the failure of the localization of family planning to bring with it norms the protection of women's sexual rights shows how great the consequences of normative selectivity are: Indonesian women remain vulnerable to domestic reproductive violence, while the state claims achievements in population health programs. Thus, this subtheme emphasizes the need for a more critical reading of the success of adopting a norm, not only in terms of the level of its implementation, but in terms of who is truly protected and who is systematically left behind by the localization process.

2. Resistance of Local Norms in Patriarchal Institutions in Indonesia to Comprehensive Sexuality Education (CSE): A Contestation of Public Norms and Morality

Among the three clusters of SRHR norms examined in this study, the norm of safe abortion access, and to a more limited but still significant degree, certain dimensions of the right to contraception, face the most systematic and sustained domestic resistance

in Indonesia. In contrast to family planning norms that are selectively localized through depoliticization and alignment with the state's developmentalism agenda, the norm of safe abortion access is almost completely rejected through a domestic regulatory architecture that continues to be tightened (Suryana & Utami, 2024). This means that rejection is the result of a long-standing coalition between religious authorities, conservative civil society actors, and the state that progressively makes moral-religious legitimacy a resource for political consolidation (Triandani et al., 2024).

The constructivist study of *norm contestation offers a proper entry point for understanding these dynamics*. Wiener (2014) argues that norms never run alone, their meaning is always a battleground between actors who invoke competing interpretive frameworks rooted in different values and identities. Thus, in the Indonesian context, the interpretive struggle over abortion norms and access to contraception is consistently dominated by coalitions anchored in Islamic jurisprudence, then strengthened by conservative-nationalist currents in politics, which are ultimately operationalized through legislative instruments that progressively narrow the normative space for SRHR claims (Triandani et al., 2024).

The legal instrument that is the basis for regulating abortion in Indonesia is Law Number 36 of 2009 concerning Health. Article 75 of this law establishes an almost absolute ban on abortion, with only two conditions strictly defined as exceptions: (1) life-threatening medical emergencies of the mother or fetus with fatal congenital disorders, and (2) pregnancy resulting from rape that causes psychological trauma to the victim (Indonesian Central Government, 2009). Even this limited exception is surrounded by procedural requirements, namely the age limit of pregnancy, mandatory counseling, and the consent of the husband or family, which in practice makes legal access very difficult to reach (Utomo et al., 2014). Government Regulation No. 61 of 2014 on Reproductive Health then operationalized these exceptions, stipulating that abortion due to rape can only be performed within 40 days of conception and requiring verification from the "competent authorities" (Central Government of Indonesia, 2014). This is a requirement that creates bureaucratic barriers and is also effectively out of reach for most women, especially those from low socio-economic groups or domiciled in remote areas.

The regulatory trajectory does not stop at restrictions. The revised Criminal Code (KUHP) which was revised and passed in December 2022, with its gradual implementation, retains criminal sanctions for abortion that go beyond the narrow exceptions that have been regulated in the health law (Indonesian Central Government, 2023). A number of legal analyses show that this new regulatory framework has not fully provided legal certainty for health workers in carrying out legally permissible abortions, especially due to the potential for disharmony and ambiguity between the Criminal Code and the health law regime (Suryana & Utami, 2024; Suwandono & Busyra, 2025). This

condition in turn creates excessive caution in clinical practice, as medical personnel still face the risk of legal interpretation leading to potential criminalization. The practical consequence is a legal environment in which even technically permitted abortions carry significant prosecution risks for patients and medical personnel alike.

Abortion restrictions are not just a matter of formal law. Empirical data on the practice of concealed abortion in Indonesia shows a much larger scale than is often assumed. The latest estimates estimate that about 1.7 million induced abortions were performed in 2018 (Guttmacher, 2020). The maternal mortality rate remains at a high level, with more than four thousand deaths each year, and unsafe abortion has consistently been identified as one of the factors contributing to this burden in the context of a health system that still faces structural limitations (Ministry of Health of the Republic of Indonesia, 2025). Consequently, this domestic policy framework fails to effectively reduce the practice of abortion itself, while the health risks it poses remain persistent.

The dominant role of Islamic organizations in shaping Indonesia's abortion policy cannot be underestimated. The Indonesian Ulema Council (MUI) issued a fatwa in 2008 (MUI Fatwa Number 4 of 2008) that prohibits abortion except in cases of severe medical emergencies or cases of rape, and explicitly condemns abortion on socio-economic grounds or relationship status. The MUI fatwa does not just reflect a theological position; it serves as a normative reference point that shapes the legislative drafting process, conditions political feasibility, and delegitimizes rights-based advocacy frameworks within domestic public spaces (Whalley, 2013). Organizations such as Nahdlatul Ulama (NU) and Muhammadiyah, which together claim membership of more than 100 million Indonesians, generally aligned themselves with this restrictive position, strengthening the MUI's normative authority on the issue.

The analytical significance of this coalition from the point of view of constructivism lies in its capacity to redefine the framework of public debate. Advocates for safe abortion access, including feminist civil society organizations and international health agencies, use the language of rights, bodily autonomy, and public health (Calkin et al., 2022). Religious coalitions, on the other hand, frame the debate within the framework of moral order, national identity, and religious obligations (Grabowski, 1999). In Wiener's (2014) terminology, these are not simply differences in policy positions, they represent claims of validity that cannot be compromised because they are rooted in different normative universes. Indonesia, instead of mediating these claims through a rights-based framework, has consistently sided with normative-religious coalitions (Triandani et al., 2024). Thus, this shows a political logic that religious legitimacy is a more durable and lower-risk source of authority than liberal rights commitments.

The revision of the 2022 Criminal Code reinforces this dynamic. Despite significant advocacy from civil society and public health actors, the parliamentary process has resulted in a product that further reinforces restrictive norms rather than expanding access (Fenwick, 2018). Bowen (2003) observed that Indonesia's legislative process on issues that intersect with morality tends to produce outputs that follow the MUI's position rather than international human rights standards. This is a pattern confirmed by the revision of the 2022 Criminal Code. This structural alignment between legislative outputs and normative-religious preferences reflects what Acharya (2004) calls an established normative architecture that actively filters out and rejects incompatible external norms.

The normative contestation around contraception in Indonesia also shows a more diversified picture than abortion, but still reveals the power of the normative-religious coalition structure. As discussed in the previous subsection on the localization of family planning norms, contraceptive acceptance is achieved through state-managed framing, that is, framing that strips the norm of its reproductive rights (Shiffman, 2002). What further needs to be underlined in the post-reform period is the emergence of regulatory challenges at the local level to access to contraception that the central government is unable or unwilling to face.

After the post-1999 reform of regional autonomy, subnational governments gained expanded authority to regulate social and moral affairs (Cabinet Secretariat of the Republic of Indonesia, 2023). Buehler (2016) documents the proliferation of local regulations in various districts and cities in Indonesia that impose moral and religious restrictions, including restrictions on access to contraceptives for unmarried individuals, prohibitions on the distribution of condoms outside licensed pharmacies and hospitals, as well as requirements that contraceptive services be linked to proof of marital status. These regulations have received a very minimal response from the central government, indicating a post-reform political economy in which local religious authorities are electorally high and national politicians consider that intervention in such regulations carries a higher political cost than neglect (Rohidin et al., 2023).

The normative consequence is that access to contraception in Indonesia is formally universal, embedded in national health policies and BKKBN programming, but practically stratified based on marital status, geographical location, socio-economic class, and the regulatory environment of the area where a person lives (Nurmayunita et al., 2025; Sujarwoto et al., 2023). For unmarried women and young men, access to contraception is hampered formally and practically in ways that directly contradict the ICPD's articulation of universal reproductive rights independent of marital status (American Public Health Association, 2015). Bennett (2005) documents how Indonesian state and religious actors consistently frame sexual health services for unmarried adolescents as

morally facilitating behavior (morally enabling) rather than as a harm-reducing effort. This is a framing that directly blocks comprehensive contraceptive access programs comparable to what has been adopted by developing countries with comparable middle-incomes.

3. Abortion Norms and the Use of Contraceptives as a Conflict Field: The Dominance of Religion-Based Normative Coalitions and Indonesian Regulatory Restrictions

Abortion and contraception in Indonesia are debated issues because they intersect with women's reproductive rights, religious values, and the state's authority over the citizens' bodies. Religious Indonesian people view the issue of reproduction as not only related to health issues, this issue also concerns moral, social, cultural, and political dimensions. Religious groups and cultural norms exert great pressure on the formation of abortion and contraception policies, so that religion-based public morality becomes the dominant factor. The Indonesian government itself also faces two opposite demands. On the one hand, the government is trying to fulfill women's reproductive health rights as part of human rights, on the other hand, the government is also trying to maintain the moral legitimacy of the public where the majority of values in society are based on religion. This condition then encourages the birth of regulations in Indonesia that tend to be restrictive and do not provide adequate legal certainty for women's reproductive rights (Khairunnisa et al., 2024).

On an international scale, unsafe abortion remains one of the biggest challenges in reproductive health worldwide. The World Health Organization (WHO) reports that about 45% of abortions performed worldwide take place in an unsafe manner, and most of these occurrences occur in developing countries that have strict regulations regarding reproduction. The WHO also notes that unsafe abortions contribute to about 4.7 to 13.2% of total maternal deaths worldwide. This situation indicates that legal restrictions on abortion do not automatically reduce the number of abortions, but instead encourage women to have illegal abortions that endanger their safety. (World Health Organization, 2022).

In Indonesia itself, the issue of abortion is actually closely related to the high rate of unplanned pregnancies, lack of access to contraceptives, the prevalence of sexual violence, and the stigma that exists against female sexuality. Hull, Sarwono, and Widyantoro (1993) stated that the practice of abortion has actually existed for a long time in Indonesian culture, but it still predominantly uses traditional methods, such as shamans or masseuses. In fact, since the early 1970s, health professionals began to introduce limited pregnancy termination services to protect women from the risks of using harmful traditional methods. So, this means that there is a kind of inconsistency between the applicable laws and the real social conditions that exist in Indonesia.

Although the practice of abortion still occurs, Indonesia continues to maintain strict legal rules. The Criminal Code and health regulations only allow abortion in certain circumstances, for example if there is a medical emergency such as a life-threatening fetus or a pregnancy resulting from rape. However, this legality is limited by some administrative requirements, such as a specified gestational age, and very strict medical procedures. This situation then shows that the state does not fully respect women's body rights, they still supervise reproductive decisions through applicable laws, health institutions, and moral norms (Pramesuari, 2025).

These regulatory restrictions cannot be separated from the influence of religion-based norm groups in law-making in Indonesia. In public discourse, abortion is often seen as an act that goes against fetal right to life as well as religious principles. Research conducted by Khairunnisa and colleagues (2024) revealed that most Indonesians still see abortion as an act of murder, so women who have an abortion or want to have an abortion will experience negative social stigma. So in this case, the dominance of religious positions makes the state more likely to take a moral approach in dealing with women's reproductive health.

However, religious views, especially Islam, on abortion actually vary. In Islam, for example, there are many interpretations about whether abortion is permissible in certain situations, such as when the mother's life is threatened or the pregnancy occurs as a result of rape. The differences of opinion among scholars about gestational age and the idea of spiritual blowing suggest that religion is flexible and adaptable to certain social circumstances. However, in the application of political law in Indonesia, more conservative religious views are still often preferred because they are considered to be able to maintain community morals and social stability. This then results in women themselves being the ones who feel the most social and legal impacts of the strict reproductive regulations.

Similar conflicts of norms can also be seen in the use of contraceptive methods. Since the New Order period, the Family Planning (KB) program has been considered an approach to national development to regulate population growth and improve family living standards. This program is considered successful in reducing the birth rate significantly at the national level because before the implementation of the family planning program in the 1970s, the total fertility rate in Indonesia was 5.6 children per woman, but after several decades of the program, the figure decreased to about 2.6 children per woman (BKKBN et al., n.d.).

Although the family planning program is considered successful, the public's view of contraception is actually still influenced by religious and cultural norms. Research by Pratiwi and Sariyati (2015) shows that some people still consider the use of contraception as contrary to religious beliefs, because they are considered to reject sustenance in the

form of children. In addition, there are also those who do not clearly understand whether religion allows the use of contraceptives or not. This means that women's decisions regarding reproduction are not entirely personal choices, but are also influenced by religious interpretations, family structures, and societal pressures.

On the other hand, the state is beginning to develop a rights-based approach to family planning. The Implementation Strategy of the Rights-Based Family Planning Program emphasizes the importance of access to quality contraceptive information and services, fair access for vulnerable groups, gender sensitivity, and respect for the reproductive rights of women and men. The document also places family planning services as part of Indonesia's commitment to the Sustainable Development Goals (SDGs) and human rights. Thus, normatively the state began to shift from a population control approach to a reproductive rights-based approach (BKKBN et al., n.d.).

However, the implementation of this rights-focused strategy still faces major challenges. The United Nations Population Fund (UNFPA) observes that the development of contraceptive use in Indonesia has not increased over the past twenty years, while the unmet need for family planning is still quite high in many areas. Differences in access to reproductive health services between urban and rural areas, lack of knowledge about sexual education, and strong patriarchal norms mean that women are not fully able to control their own reproductive decisions (UNFPA Indonesia, 2012).

This problem is increasingly seen during the Covid-19 pandemic. The study by Radhya et al. (2024) shows that social restrictions during the pandemic led to a decrease in contraceptive use by up to 40% and an increase in unwanted pregnancies by 15–30%. Declining access to contraceptive services puts women in a vulnerable situation because they have to face unplanned pregnancies in the midst of worsening economic and social conditions. In such a situation, abortion is becoming an increasingly considered option even though access to safe abortion services is very limited.

In addition to strict rules, negative views from the public also play an important role in increasing unsafe abortion practices in Indonesia. Many women are hesitant to use legitimate health services for fear of being judged, prosecuted, or perceived as violating religious values and social morals. As a result, many women choose to use help through illegal means or traditional methods that are high-risk. WHO emphasizes that laws that discriminate and stigmatize do not reduce the number of abortions, but instead increase the likelihood of reproductive health complications and the risk of death in the mother (World Health Organization, 2022).

Several international non-governmental organizations such as UNFPA and Ipas affirm that access to contraception and reproductive health services is an important element in protecting women's rights. UNFPA states that increased access to contraception can significantly reduce the number of unwanted pregnancies, unsafe

abortions, and maternal mortality. A right-based approach to reproductive health is also considered crucial to ensure that women have the freedom to manage their own reproductive lives without any pressure from society or discrimination (UNFPA Indonesia, 2012).

Therefore, the norms regarding abortion and the use of contraceptives in Indonesia show a fundamental clash between women's reproductive rights and the dominance of a coalition of norms based on religion. The state is in an uncertain situation: on the one hand, they support the use of contraception and reproductive health services as part of national progress, but on the other hand, they maintain strict regulations on abortion to protect religious moral legitimacy. As a result, women are the most affected because their bodies and decisions about their reproduction are constantly considered by the state, religion, medical institutions, and patriarchal social norms.

D. Conclusion

This research makes a distinctive theoretical contribution to the study of international relations and reproductive policy studies in Indonesia by integrating the framework of Acharya norm localization and the perspective of Wiener norm contestation simultaneously to analyze three clusters of SRHR norms at once, family planning, comprehensive sexuality education, and safe abortion access. The novelty of this research lies in its ability to explain intra-regime normative selectivity, i.e. why the same country can accept, adapt, and reject norms sourced from one identical international regime. Most of the existing norm diffusion literature, including the Finnemore and Sikkink norm cycle models, does not have sufficient analytical capacity to explain this kind of acceptance variation due to the linearity assumptions inherent in such frameworks. By showing that the localization of family planning norms in Indonesia does not go through the internalization of the value of reproductive rights, but through a process of depoliticization and alignment with the state developmentalism agenda, this study reveals a dimension that has been left unanalyzed: that the "success" of a global norm can also be a mechanism for removing the most essential human rights dimension of the norm, including the protection of women from sexual violence in the United States. marriage and the right to reproductive autonomy.

Empirically, this study fills a significant analytical gap in the study of SRHR in Indonesia, where the majority of previous studies tend to approach the issue of family planning from a demographic or public health perspective without examining the constructivist dynamics behind its selective acceptance. Furthermore, the role of religion-based normative coalitions, especially MUI, NU, and Muhammadiyah, as actors that systematically reframe the arena of reproductive debate within the framework of

the moral-religious order, has never been analyzed comparatively in relation to the three SRHR norm clusters at once. This research also responds to the post-reform empirical gap, where the decentralization of authority has actually opened up space for the proliferation of regional regulations that narrow access to contraception for unmarried groups, a phenomenon that has so far failed to be adequately articulated within the global reproductive rights framework. Thus, this study not only confirms the relevance of the constructivist approach to understanding domestic policy, but also confirms that the process of negotiating global norms in Indonesia is an ever-shifting power field, where national religious identity, local political interests, and the structural legacy of the New Order together determine which norms can survive, which undergo metamorphosis, and which are systematically extinguished before they have time take root.

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