

How National Public Policies in Indonesia Address Maternal Mortality from the Lens of Health Equity & Intersectionality: A Retrospective Policy Analysis

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Introduction

Republic of Indonesia is a Southeast Asian (SEA) country with more than 270 million inhabitants (4th most populated country in the world), of which 49.8% are females. Out of this female population, those of reproductive age (15 to 49 years old) consist of 53%.

Indonesia is also the largest archipelago in the world with more than 16,000 islands and divided into 34 provinces. It is one of the most diverse country in the world. 10.19% of Indonesians still live under national poverty line. This rate could have increased up to 13% during COVID19 pandemic. Economic inequality is also a problem. Indonesian people generally consider religion as an important part of their life and society although the country is constitutionally a secular state.

Indonesia is still facing many Sexual Reproductive Health and Rights (SRHR)-related problems. One of the most striking examples is the Maternal Mortality Rate (MMR). Indonesia is still struggling with reducing its MMR. In 2015, the MMR was still 305 per 100,000 live births - far away from the target of 184 per 100,000 set by the Sustainable Development Goals (SDG) 3 by 2024 or less than 70 per 100,000 by 2030.

Maternal health and reducing MMR have long been a national policy priority. However, it remains high and a disproportionate burden in different regions. MMR tends to be lower in regions closer to the centre of the government such as Java and Bali. Several studies which examined the root causes of high MMR in Indonesia found some gaps related to intersecting determinants affecting different groups of women/girls/people with uterus such as socioeconomic status, age, geographic location, and marital status. Gaps and inconsistencies in public policy responding to the high MMR and its intersecting determinants also exist.

Objectives & Methodology

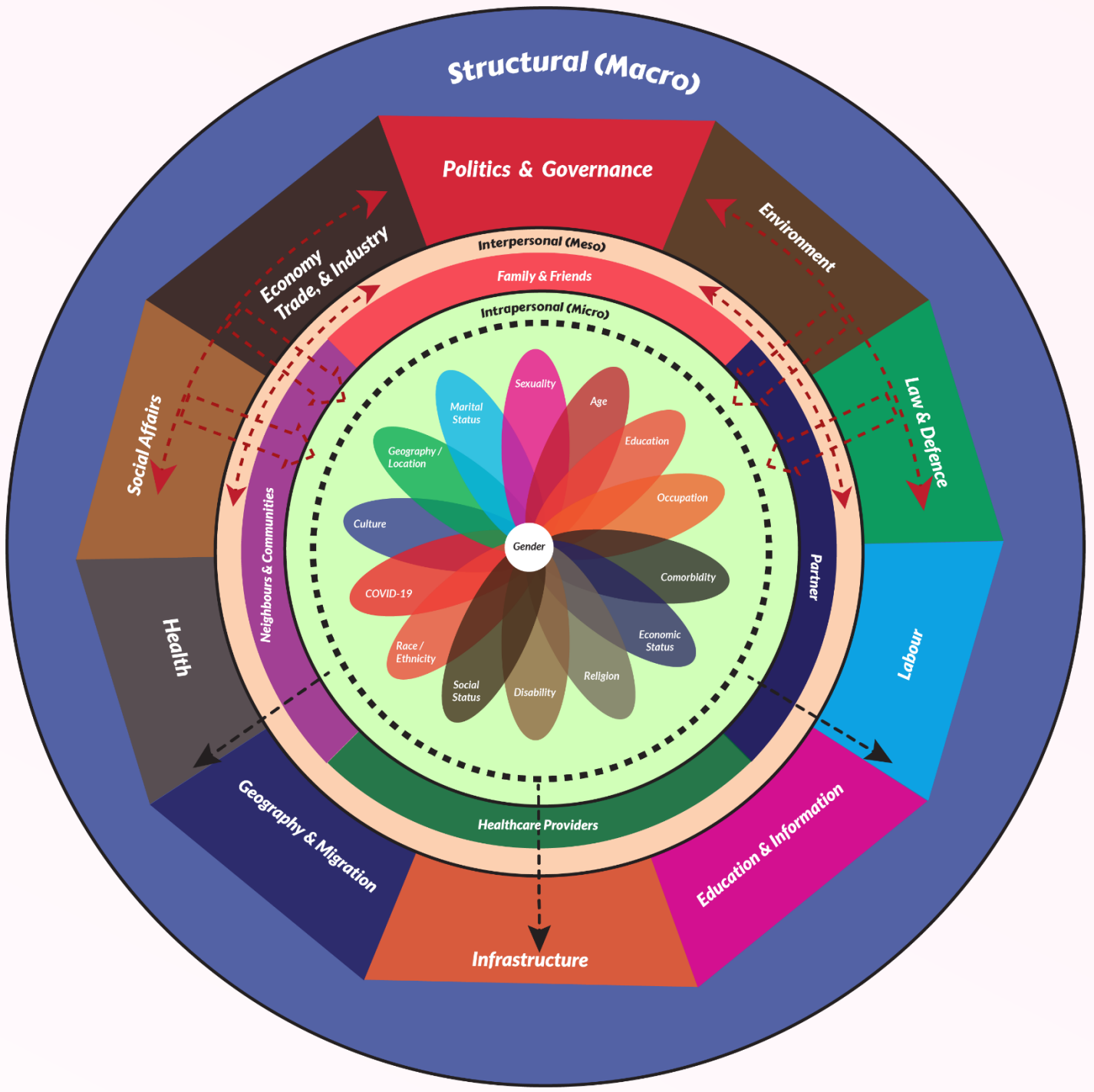
Research Objectives:

1. To describe and analyse if and how Indonesian public policies related to prevention of maternal deaths address the sexual and reproductive rights components of SRHR
2. To describe and analyse if and how Indonesian public policies related to prevention of maternal deaths address gender and other intersecting social determinants of health that could affect maternal mortality among different groups of Indonesian women/girls/people with uterus
3. To draw lessons learned and examples from public policies in other countries with similar context to Indonesia on how to address gender and other intersecting determinants of health in order to reduce maternal mortality and more equitably protect women/girls/people with uterus from maternal deaths.
4. To offer recommendations for policy makers and stakeholders to reduce maternal mortality in Indonesia and more equitably protect Indonesian women/girls/people with uterus from maternal deaths.

Methodology:

- Thematic qualitative analysis of national policy documents (2014-2020)
- Key informant interviews
- Literature reviews

Analytical Framework of Intersectionality



Results

Theme 1: Sexual Rights

- The term “sexual rights” are rarely mentioned in the policy documents
- When the word “sex” is used, the emphasis is mainly on its negative connotations
- The acknowledgement of sexual rights (e.g., access to services) are constrained within morally or religiously acceptable context
- There is high tendency on emphasizing heteronormativity
- Some attempts for rights promotion exist but they are mostly nonbinding

Theme 2: Reproductive Rights

- The term “reproductive rights” are mentioned more often
- The acknowledgement of reproductive rights are also constrained within morally or religiously acceptable context
- There is a stronger emphasis on population control vis a vis acknowledgement of women/people with uterus as individual right holders

Theme 3: Intersecting Determinants of Maternal Mortality

- Some determinants are addressed but only superficially and/or fragmented between policy sectors (gender, age, economic status, occupation, geography, education, HIV, COVID-19)
- Some are only vaguely addressed or not at all (race, social status, mental health, obesity, disability)
- Some are used to put instead of to reduce barriers (religion, sexuality, marital status) to rights fulfilment

Theme 4: Lessons Learned from What Other LMICs Do to Reduce Their MMR

(Thailand, Nepal, Indian State of Kerala)

- Pro-marginalized groups
- Evidence-informed
- Strong and continuous political commitment, even for non-politically feasible policy change
- Synchronization between sectors (e.g., health reform was aligned with pro-rural development plans)

Recommendations

The national Government of Indonesia is urged to:

1. Fully integrate sexual and reproductive rights into policies
2. Strengthen gender mainstreaming in and put women & girls (and all people with uterus) at the center of policies
3. Improve evidence generation to inform policies
4. Involve and synchronize between policy sectors

Added Values of This Research

This research contributes to the broader SRHR research discourse by establishing the following:

- The importance of using intersectionality as a lens to examine policies that impacts the health of vulnerabilized population
- Combination of rights-based & intersectional approach to examine public (health) policies
- Documentation lessons learned from others – (Asian) neighbours who face similar challenges with Indonesia – yet might have done more to solve it from rights perspective

Policy Updates

- On 8th August 2023, Indonesia’s current president, Joko Widodo, signed the draft Omnibus Law on Health into law. This new law combines 13 previous laws on health. The government has one year to develop the implementation regulations for the new law.
- The development process of the Omnibus Law on Health was controversial. It was challenged by multiple stakeholders - from civil society and activists to professional associations.
- The new Omnibus Law on Health is not analyzed as part of this research.
- Some of the critics towards Omnibus Law on Health was related to the lack of transparency in the process of its development and its tendency not to side with the people, especially the most vulnerabilized.