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Implications of Emergency Contraception on Reproductive Rights

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Abstract:

Emergency contraception plays a strategic role in the reproductive health care system, particularly in the care of women who are victims of sexual violence. This service plays a crucial role in preventing unwanted pregnancies resulting from violence. Although Indonesia has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and has several national regulations recognizing victims' rights to access medical services, regulations regarding emergency contraception have not been formulated explicitly and comprehensively. Consequently, the implementation of this service in the field still faces various challenges. This study aims to examine the legal and ethical framework governing the provision of emergency contraception in Indonesia and assess its implications for the fulfillment of women's reproductive health rights. The method used is a normative juridical approach with an analysis of relevant laws and regulations, as well as an empirical approach to understand the reality of practice in the field. The results indicate that the lack of clear and specific regulations regarding emergency contraception is a major obstacle. In addition, moral dilemmas faced by health workers, social stigma against victims of sexual violence, and strong conservative cultural values also influence access to and quality of services. This study emphasizes the importance of clearer and more responsive policy reforms, strengthening the professional ethics of healthcare workers, and developing human rights-based education in reproductive health. A transformation of social values is also necessary to create a more inclusive and non-discriminatory environment. Therefore, emergency contraception should not be understood solely as a medical intervention, but rather as part of the fulfillment of human rights, which requires fair, ethical, and pro-vulnerable legal guarantees.

Keywords: emergency contraception; sexual violence; reproductive rights; responsive law; medical ethics.

INTRODUCTION

Emergency contraception is a crucial component of women's reproductive health care systems and is widely recognized in global health policy as a safe and effective intervention to prevent unintended pregnancies following unprotected intercourse or contraceptive failure. The World Health Organization (WHO) emphasizes that emergency contraception is included in the list of essential reproductive health services that must be available quickly, safely, and without discrimination. In the context of sexual violence, this service is even more urgent because it serves as an initial form of protection for victims to prevent further consequences such as unplanned pregnancies. The Guttmacher Institute also emphasizes that access to emergency contraception is part of a comprehensive strategy for post-sexual violence care. Pregnancy resulting from sexual violence is not only a medical issue but also a psychological, social, and even economic issue that can prolong the trauma of victims. The National Commission on Violence Against Women (Komnas Perempuan) notes that victims often face social pressure, stigma, and

limited access to gender-responsive health services (Dawson et al., 2014). Therefore, the availability of emergency contraception must be understood as an integral part of a human rights-based approach to health care.

Normatively, Indonesia has demonstrated its commitment to protecting women's rights through its ratification of the Convention on the Elimination of All Forms of Discrimination Against Women, which obliges the state to eliminate discrimination in access to health services, including reproductive health. This commitment is further strengthened by Law Number 12 of 2022 concerning Criminal Acts of Sexual Violence, which recognizes victims' rights to health services, recovery, and protection. However, although this legal framework generally recognizes victims' rights, regulations regarding emergency contraception have not been explicitly and operationally formulated. The absence of clear norms creates ambiguity in implementation, particularly at the health care facility level (Wiarti et al., 2025). In practice, victims of sexual violence still face denial, delays in services, or complicated bureaucratic procedures when accessing emergency contraception. These obstacles are influenced by inconsistent sectoral regulations, a lack of comprehensive technical guidelines, and differing legal interpretations among health workers and health facility managers.

In addition to regulatory issues, ethical and social value factors contribute to implementation complexity. Some health workers face moral dilemmas when providing emergency contraception, particularly in social environments that still view women's reproductive issues conservatively. Cultural pressures and specific religious interpretations often influence professional attitudes in clinical practice. In this situation, victims of sexual violence are in a vulnerable position, facing not only the trauma they have experienced but also the potential for moral judgment from their surrounding environment. This situation demonstrates that the issue of emergency contraception cannot be separated from the broader socio-cultural context, where patriarchal norms and stigma against victims of sexual violence remain quite strong. Although several previous studies have addressed emergency contraception from medical and public health perspectives, comprehensive discussions linking legal, ethical, and human rights aspects in the Indonesian context are relatively limited. Many studies have focused on clinical effectiveness or public awareness, but have not yet thoroughly examined how unclear regulations and conflicting values affect women's actual access to these services (Card, 2007). Yet, without legal certainty and clear ethical guidelines, policy implementation often relies on subjective interpretation at the service level. This has the potential to create disparities in access between regions and between health facilities.

Emergency contraception is a crucial element in fulfilling women's reproductive health rights (WHO, 2022a). This service plays a crucial role, particularly in addressing the impact of sexual violence, where women are at risk of unintended pregnancy (Rusmiyanto et al., 2023). The impact of an unintended pregnancy resulting from sexual violence is not only physical but also has serious psychological consequences and broad social implications (Institute, 2021). Unplanned pregnancies can worsen women's physical health, cause psychological trauma, and increase the risk of social stigma, thus emphasizing the urgency of access to emergency contraception as a medical intervention and a reproductive rights measure (Komnas Perempuan, 2023).). At the regulatory level, Indonesia has made an international commitment through its ratification of the Convention on the Elimination of All Forms of Discrimination Against Women (UUD, 1984), which affirms the state's obligation to ensure women's access to health services without discrimination. Furthermore, Law No. Law No. 12 of 2022 concerning Criminal Acts of Sexual Violence also recognizes victims' rights to post-violence health services, including services to prevent unwanted pregnancies. However, research shows that the implementation of emergency contraception in the field still faces various obstacles. Unclear regulations and a lack of detailed technical guidelines cause health workers to hesitate or delay providing services, even when such interventions are ethically and medically necessary.

The findings indicate a significant gap between normative recognition of women's reproductive rights and actual practices in health facilities. Although national and international regulations recognize women's right to emergency contraception services, their implementation is often hampered by unclear procedures, a lack of technical guidelines, and limited understanding among health workers. Consequently, access to services is unequal, particularly for victims of sexual violence who require rapid intervention to prevent unwanted pregnancies. Therefore, strengthening clear and explicit regulations is a crucial step to provide legal certainty for health workers and ensure consistent service availability.

Furthermore, disseminating technical guidelines and continuing education for health workers can increase their capacity to provide safe, ethical, and evidence-based services. This strategy not only supports rapid and appropriate access but also strengthens the protection of women's reproductive rights, reducing the risk of physical, psychological, and social impacts of unwanted pregnancies. Effective emergency contraception services reflect a state's commitment to the principles of justice, safety, and respect for women's human rights, while strengthening the integrity of the health system and protecting vulnerable groups (Fatimah, 2020).

This research gap underpins the importance of this study. An analysis is needed that goes beyond identifying legal norms to examining how these norms are applied, interpreted, and practiced in the context of everyday healthcare services. An interdisciplinary approach integrating legal analysis, medical ethics, and human rights perspectives is relevant to fully understanding the complexity of the issue. In this way, emergency contraception is viewed not solely as a technical medical issue but as part of the fulfillment of women's reproductive rights as guaranteed by the constitution and international instruments. This research begins with the assumption that the lack of clarity and lack of regulation regarding emergency contraception significantly contribute to inconsistencies in service delivery and the emergence of moral bias in clinical practice. This legal uncertainty has the potential to encourage health workers to become defensive, delay, or even refuse to provide services even though such actions are scientifically and ethically justified. In the long term, this situation can weaken protection for victims of sexual violence and hinder the substantive fulfillment of women's reproductive rights. Ultimately, this study aims to critically analyze the legal and ethical framework governing emergency contraception in Indonesia and assess its implications for access to and equity in reproductive healthcare services. The study's findings are expected to identify regulatory weaknesses, map ethical dilemmas faced by healthcare workers, and formulate more responsive, human rights-based, and gender-sensitive policy recommendations. This will ensure access to emergency contraception in a more just, equitable, and dignified manner, particularly for women victims of sexual violence who are in the most vulnerable situations.

Emergency contraception (EC) is a contraceptive method used after unprotected intercourse or after the failure of other contraceptive methods to prevent unwanted pregnancy. A review of the medical literature indicates that EC includes emergency contraceptive pills (levonorgestrel or ulipristal) and copper intrauterine devices, which work primarily by preventing ovulation and fertilization before conception occurs (Mierzejewska et al., 2024). (From a human rights perspective, numerous studies confirm that access to emergency contraception is part of women's reproductive rights. As a component of overall reproductive rights, EC provides women with the tools to control their reproductive decisions after an unplanned event, which has direct implications for their health safety and bodily autonomy. The concept of reproductive rights has been recognized in various international legal and policy frameworks, including the UN Commission on Human Rights and global health programs such as the WHO, which emphasize that all women and girls have the right to reproductive health services, including access to emergency contraception as part of routine contraceptive services (WHO, 2022b).

Normative research in the field of reproductive health law confirms that this right is not only clinical, but is also interpreted as part of the freedom to determine the number and spacing of children, access to information, and safe and affordable health services. However, this often conflicts with social norms and conservative policies in various countries. (Weisberg & Frase, 2009). A literature review study in Indonesia shows that emergency contraception is an effective strategy to reduce the number of unwanted pregnancies (KTD), which in turn can reduce the need for unsafe abortions and reproductive health risks. One medical literature review also describes the effectiveness of EC in preventing pregnancy when used appropriately. time. ([academicjournal.yarsi.ac.id][5]) A key implication of this capability is strengthening women's control over their bodies. When women have access to EC after unprotected intercourse, including cases of contraceptive failure or sexual violence, it contributes to their capacity to determine whether to continue a pregnancy, which is at the heart of reproductive rights. However, research shows that barriers such as stigma, clinical misconceptions, or regulatory restrictions can still hinder optimal utilization of these services (Mierzejewska et al., 2024).

Academic evidence from international research treats emergency contraception not only as a clinical tool but also as a human rights issue. Articles describing EC as a human rights issue state that restricting

access to EC, primarily based on moral or social values, can “limit women’s agency and control over their bodies,” and can violate freedom of choice and reproductive health rights if disproportionately restricted (Mierzejewska et al., 2024). Global studies also confirm that access to EC contributes to reducing unintended pregnancies and potential maternal mortality due to birth complications or unsafe abortion, particularly in low- and middle-income countries. Expanding access to EC information and services could bring significant public health benefits. However, these studies also identify barriers to use, including low public awareness of EC, misconceptions about its effectiveness or side effects, and cultural or normative issues that limit women’s access.

In the Indonesian context, regulations related to contraception and reproductive rights still face serious challenges related to policy harmonization. Normative studies indicate that restrictions on contraceptive distribution or education through criminal regulations, including the new Criminal Code, have the potential to hinder the provision of comprehensive reproductive health services. The inconsistency between criminal regulations that restrict the distribution of contraceptives and health regulations that promote access actually creates legal uncertainty. This situation directly impacts health workers, who face a dilemma between fulfilling their professional obligations to provide services according to medical standards and fear of legal sanctions. The effects are felt not only by service personnel but also by the community, especially vulnerable groups such as adolescents and women, who risk losing access to safe contraceptive information and services. This situation can give rise to a "chilling effect," where counseling, information provision, and emergency contraceptive services are limited due to fear of legal consequences. Therefore, a more harmonious integration of health policy and criminal law is needed to ensure the fulfillment of reproductive rights fairly, ethically, and consistently, while also providing legal certainty for health workers (Nuwa, 2025)

Previous studies of reproductive health law have confirmed that women's reproductive health rights are fundamental constitutionally and internationally guaranteed, but their implementation remains challenging in various jurisdictions. This includes understanding and protecting policies, service standards, and non-discriminatory access, particularly for women in vulnerable situations. Research on knowledge and practices regarding emergency contraception use indicates that low levels of understanding and significant information barriers impact EC access and use. This has implications for women's ability to fully exercise their reproductive rights, necessitating more effective health education policy interventions. A global review of EC access and awareness also indicates that social stigma, conservative cultural values, and moral norms often act as indirect barriers to accessing EC services, ultimately limiting women's reproductive rights. Human rights-based policies are needed to address these barriers, including public education campaigns and legal protections against discrimination based on the use of emergency contraception. (Croxatto & Fernández, 2006).

Emergency contraception (EC) is not simply a clinical tool, but a crucial instrument in realizing women's reproductive rights. With adequate access, women have the ability to control their reproductive decisions according to their health needs and personal life context, including in the face of unplanned pregnancies due to contraceptive failure or cases of sexual violence (Croxatto & Fernández, 2006). This emphasizes that EC is not only a medical issue, but also concerns autonomy, safety, and the fulfillment of human rights in the reproductive sphere. Access to EC is closely linked to human rights issues. Barriers such as conservative social norms, cultural stigma, and restrictive regulations often limit the availability of services, thus impairing women's ability to fully exercise their reproductive rights (Mierzejewska et al., 2024). Empirical studies show that when national regulations do not support the equitable distribution of contraception, women's rights to reproductive health can be hampered, depending on the overall alignment of policies with women's health and safety (Ivan, 2023).

Cultural barriers and low levels of education are consistent factors limiting access to emergency contraception (EC). Low reproductive health literacy, misconceptions about the function of EC, and social pressures stemming from cultural and religious norms often prevent women, particularly adolescents and victims of sexual violence, from obtaining safe and timely services. This phenomenon demonstrates that the issue of emergency contraception is not merely clinical but also encompasses social, cultural, and ethical dimensions. Therefore, interventions based on health education, service outreach, and the elimination of social stigma are crucial strategies for effectively expanding understanding and access to reproductive rights. Increased literacy will strengthen women's awareness of their rights and provide legitimacy for health workers to provide EC services in accordance with medical standards and

professional ethics. From a policy perspective, access guaranteed through harmonized regulations between health laws and guidelines will ensure that EC use is part of women's reproductive freedom and autonomy. Thus, emergency contraception is not only a preventive medical tool but also an instrument for protecting human rights that must be respected, protected, and consistently implemented by the legal system and health policies.

METHOD

This study adopts a combined normative and empirical legal approach to obtain a comprehensive picture of the regulation of emergency contraception in the Indonesian legal system (Creswell & Clark, 2018). The normative legal approach is applied to examine the positive legal framework governing reproductive health, particularly regarding access to emergency contraception. This analysis includes a review of various laws and regulations, ranging from laws, government regulations, regulations of the Minister of Health, to technical guidelines in the field of health services. In addition, the professional code of ethics for health workers is analyzed as a normative guideline that guides clinical practice, including the limits of health workers' authority in providing emergency contraception. International legal instruments that have been ratified by Indonesia, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), also serve as references to assess the conformity of national regulations with international reproductive rights standards.

Within this normative framework, the research focuses on identifying norms explicitly and implicitly related to women's reproductive rights, the state's obligation to guarantee access to health services, and the limitations and responsibilities of health workers. Legal documents are analyzed usingstatute approachto examine the consistency of regulations, andconceptual approachto assess the conformity of legal principles and potential regulatory gaps. Furthermore, international guidelines and policies from the World Health Organization (WHO) and the Guttmacher Institute served as comparative references to determine the extent to which national standards align with global practices in emergency contraception services. Meanwhile, an empirical legal approach was applied to understand the implementation of legal norms in the field. Empirical data were collected through in-depth interviews with healthcare workers, healthcare facility managers, and other relevant parties. The interviews aimed to explore respondents' understanding of the legal basis for emergency contraception, ethical considerations in practice, and the barriers they encountered, whether procedural, social, or cultural. This approach allows for the identification of gaps between written norms and the reality of implementation, including the influence of moral pressure, social values, and patient perceptions on clinical decision-making (Sugiyono, 2020).

Data collected from literature reviews and interviews were analyzed using a qualitative approach with descriptive-analytical techniques. The analysis focused on mapping practice patterns, identifying discrepancies between existing regulations and their implementation in the field, and factors influencing the effectiveness of emergency contraception regulations. This approach enabled the study to not only assess the textual existence of legal norms but also their relevance, implementation, and impact on actual practice. The integration of normative and empirical perspectives provides a comprehensive picture of how regulations, professional ethics, and socio-cultural dynamics interact in the provision of emergency contraception services. This analysis emphasizes that the effectiveness of legal regulations is determined not only by written provisions but also by the ability of health workers to interpret and apply norms according to field conditions, as well as adequate institutional support and technical policies. With this integrated approach, the study was able to provide a comprehensive understanding of the relationship between law, ethics, and medical practice. The results are expected to form the basis for developing applicable policy recommendations, including strengthening technical guidelines, educating health workers, and developing more responsive regulations. The goal is to improve access, quality, and protection of women's reproductive rights, particularly for vulnerable groups who need emergency contraception services in Indonesia (Miles et al., 2014).

RESULTS AND DISCUSSION

This section presents the key findings of a study evaluating emergency contraception regulations in Indonesia and their implications for the fulfillment of women's reproductive rights, particularly for victims of sexual violence. The analysis combined normative and qualitative approaches, examining not only the

national and international legal framework but also the perspectives of health workers and the socio-cultural factors influencing access to these services. The findings indicate that although emergency contraception is normatively recognized as part of reproductive health rights, its implementation in the field still faces significant obstacles. The main challenges relate to unclear regulations and the lack of detailed technical guidelines regarding emergency contraception administration procedures. This leads to variations in practice across health facilities, where health workers are often left to interpret their authority and face ethical dilemmas when moral values or religious norms conflict with professional obligations. Furthermore, social and cultural barriers, including stigma against victims of sexual violence and misconceptions about emergency contraception, further limit women's access to prompt and safe services (Zaami et al., 2021).

The study also confirmed that legal uncertainty not only impacts service delivery but also influences the behavior and clinical decisions of healthcare workers, potentially triggering defensive practices. Furthermore, normative recognition through national and international legal instruments, such as the ratification of CEDAW and Law No. 12 of 2022, provides a legal framework that enables efforts to protect women's reproductive rights. These findings emphasize the need to integrate legal, ethical, and socio-cultural approaches in developing policies and operational guidelines to ensure equitable, consistent, and medically standardized access to emergency contraception, while protecting women's rights, particularly those who are victims of sexual violence (Simmons et al., 2022).

Theoretical Framework

Emergency contraception is a vital tool in modern reproductive health care. According to the World Health Organization (WHO), EC is a method of preventing pregnancy after unprotected intercourse or contraceptive failure, with optimal effectiveness if administered within 72 to 120 hours of the event. Its mechanism of action primarily prevents ovulation or fertilization, distinguishing it from abortion in that it does not terminate a pregnancy after implantation. International organizations such as Amnesty International and the Guttmacher Institute emphasize that EC is not an abortive method and should not be equated with termination of pregnancy. The use of EC as a preventive measure has been globally recognized as an integral part of reproductive health care, as it allows women to maintain control over their bodies and reproductive rights. The integration of EC into healthcare systems supports patient autonomy, the right to access accurate medical information, and bioethical principles such as beneficence and non-maleficence. Therefore, the provision of EC is not only a medical issue, but also an instrument for protecting women's human rights, ensuring equitable and ethical access to modern reproductive health services (Dawson et al., 2014).

In Indonesia, emergency contraception is listed in the Contraceptive Service Guidelines as a method used in special situations, including for victims of sexual violence. However, despite this normative recognition, its implementation in the field remains far from optimal. The implementation of emergency contraception in a number of health facilities depends on each health worker's interpretation of religious norms, moral values, and surrounding social constructs. As a result, the service is not only limited in availability but also inconsistent across facilities. This situation demonstrates a significant gap between normative recognition in health guidelines and actual implementation in service practice (Bodnar et al., 2007).

The right to emergency contraception is an integral part of internationally recognized reproductive health rights, including through the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which has been ratified by Indonesia. CEDAW affirms the role of the state as an actor with an obligation to ensure women can access health services without discrimination. The CEDAW Committee explicitly emphasized that access to modern contraception, including emergency contraception, is a state responsibility, particularly in the context of victims of sexual violence. Therefore, any restrictions, denials, or irregularities in the provision of emergency contraception not only hinder the fulfillment of women's reproductive rights but also potentially violate international obligations adopted by the state. The implementation of this right requires clear regulations, operational guidelines for health workers, and monitoring mechanisms to ensure services are provided fairly, promptly, and in accordance with medical standards. The lack of legal certainty or administrative barriers can lead to structural injustice, where victims of sexual violence experience difficulties accessing the services to which they are entitled. Thus, strengthening the national legal framework in line with CEDAW is crucial to guarantee

women's rights to emergency contraception, while also upholding state accountability in protecting human rights (Syahlul & Amir, 2005).

In the context of the medical profession, the Indonesian Physician Competency Standards (SKDI) require every general practitioner to be competent in reproductive health services, including contraceptive education and provision. The Indonesian Code of Medical Ethics (KODEKI) also emphasizes that physicians have a moral and professional obligation to uphold patient welfare, respect patient autonomy, and ensure that clinical decisions are based on scientific evidence and bioethical principles. At this point, an ethical dilemma arises when a physician refuses to provide emergency contraception for personal moral reasons without providing an alternative referral. This practice not only violates the principles of beneficence, non-maleficence, autonomy, and justice but also has the potential to harm patients, particularly women who are victims of sexual violence. From a medical ethics perspective, this action can be categorized as neglect of professional obligations (Suparman, 2021).

In terms of national regulations, Indonesia does have a general legal framework relating to health and sexual violence, for example, Law Number 36 of 2009 concerning Health and Law Number 12 of 2022 concerning Criminal Acts of Sexual Violence. Both provide opportunities for victims of sexual violence to obtain comprehensive health services, including efforts to prevent unwanted pregnancies. However, there are no implementing regulations or technical guidelines that explicitly regulate standards for emergency contraception services, examination procedures, distribution, or the responsibilities of health facilities. This lack of clarity in regulations creates a legal vacuum, ultimately leading to uncertainty in practice and opening up wide room for moral interpretation among health workers (Eliansa & Setyawati, 2024).

In addition to structural and legal issues, barriers to emergency contraception services are also influenced by conservative social norms and cultural values. The false narrative that equates emergency contraception with abortion is still common in public discourse and within medical professionals. This view exacerbates the stigma experienced by women, especially victims of sexual violence, who need rapid access to these services. Yet, global scientific consensus has confirmed that emergency contraception is not abortive and is actually a crucial medical measure to prevent greater physical, psychological, and social health impacts. To understand the legal, ethical, and reproductive rights dilemmas surrounding emergency contraception, an interdisciplinary approach is crucial. Analysis cannot be conducted solely from a positive legal perspective; it must also encompass human rights theory, reproductive justice theory, professional ethics, and social and cultural variables that influence policy implementation. This theoretical framework allows researchers to see that the problem of emergency contraception is not simply a technical issue of medical services, but also a matter of power relations, gender bias, and social structures that place women in vulnerable positions (Laker et al., 2025).

In the context of legal analysis, responsive legal theory serves as an important foundation for understanding how the state should develop adaptive regulations that support vulnerable groups. This theory emphasizes that law should not be viewed as a rigid administrative tool, but rather must be able to address societal needs and provide substantive protection for the most marginalized groups. The lack of regulatory framework for emergency contraception demonstrates the lack of a responsive legal character. In this context, the state is required to develop regulations that not only regulate procedures but also affirm the interests of victims of sexual violence as a group requiring special protection. Public policy theory provides the perspective that the successful provision of emergency contraception depends on the interaction between the state, health workers, civil society institutions, and prevailing social norms. Good policy prioritizes not only formal legality but also effective implementation and support for vulnerable groups. By adopting a rights-based policy approach, emergency contraception is positioned not as a moral issue or social controversy, but as an instrument for protecting human rights and reproductive justice (Schiappacasse & Diaz, 2006).

Legal Uncertainty and Implementation Consequences

Legal uncertainty regarding emergency contraception is a major factor affecting the quality and consistency of services in the field. Although national regulations generally guarantee the right to health and protection for victims of sexual violence, there are no provisions explicitly establishing emergency contraception as a mandatory service that must be provided by health facilities. This normative gap has various implementation consequences, ranging from unclear legal certainty for

health workers, limited protection for victims, and the risk of inadequate medical care. In practice, health workers often face an ethical dilemma between their professional obligation to provide services that meet medical standards and concerns about potential legal risks. This situation can lead to delays or refusals of care, which in turn exacerbate the vulnerability of victims of sexual violence. Legal uncertainty also impacts facility-level policy coordination and the implementation of operational guidelines, resulting in inconsistent service variations across facilities. Therefore, strengthening an explicit and victim-friendly legal framework is essential to ensure the availability of emergency contraception, provide legal certainty for health workers, and ensure that women's reproductive rights are fulfilled fairly, ethically, and effectively (Dawson et al., 2015).

The lack of clear regulations is evident in how Law No. 36 of 2009 concerning Health and Law No. 12 of 2022 concerning Criminal Acts of Sexual Violence only provide umbrella norms regarding the right to medical services without detailing the procedures for medical interventions that must be provided to victims, including emergency contraception. Technical guidelines issued by the Ministry of Health, such as Ministerial Regulation No. 3 of 2022, also lack mandatory regulations and do not specifically stipulate emergency contraception as a minimum standard of service. As a result, the implementation of emergency contraception is uneven across health facilities, with some community health centers providing limited services, while others do not provide them at all. The absence of imperative norms leaves health workers operating in a legal gray area, ultimately weakening the adaptive and responsive nature of health regulations themselves (Gunardi & Fernando, 2013).

In situations of normative uncertainty, the burden of interpreting the law often falls on healthcare workers as implementers. Many healthcare workers admit that unclear regulations make them cautious or even reluctant to provide emergency contraception, particularly in cases of sexual violence. Concerns about potential procedural errors or legal interpretations by institutions, colleagues, and the wider community reinforce the tendency to delay or refuse services. This demonstrates how the lack of legal certainty can lead to "defensive overcompliance," a tendency to avoid medical interventions even when they are scientifically and ethically justified. In the context of victims of sexual violence, this excessive caution can actually lead to the denial of the right to prompt and appropriate services, a situation that contradicts the principles of legal certainty and victim protection (Suparman, 2021).

From a professional ethics perspective, the uncertainty surrounding emergency contraception regulations creates tension between the moral obligations of healthcare workers and unclear legal norms. The Indonesian Physician Competency Standards (SKDI) and the Indonesian Code of Medical Ethics (KODEKI) explicitly mandate that physicians respect patient rights, provide accurate information, and carry out medical procedures that prioritize patient safety. However, the lack of clear operational guidelines regarding the provision of emergency contraception leaves healthcare workers feeling they lack the legal legitimacy to act. This tension has the potential to hamper reproductive healthcare services, as healthcare workers must balance their ethical obligations to serve patients with the legal risks resulting from unclear regulations. In practice, this places healthcare workers in a dilemma, where clinical decisions can be influenced by concerns about sanctions or legal liability. The impact is not limited to healthcare workers but also has implications for the consistency and quality of services, particularly for victims of sexual violence who require rapid and safe access to emergency contraception. Therefore, developing clear operational guidelines and harmonizing regulations is crucial to mitigate ethical dilemmas, provide legal certainty, and ensure that patient rights are effectively fulfilled (Nurtjahyo, 2023).

The uncertainty surrounding emergency contraception regulations opens up room for moral interpretations, social values, and cultural perspectives to influence healthcare policy. In some cases, healthcare institutions have implemented conservative internal policies, even restricting access to emergency contraception for moral or religious reasons. This practice demonstrates how legal gaps can be exploited to establish service standards that are inconsistent with human rights principles and scientific evidence. Consequently, access to services becomes unequal, and vulnerable groups, such as victims of sexual violence, face difficulties obtaining prompt and safe care. At this point, the concept of responsive law becomes highly relevant. Laws must not only provide general norms but also guarantee substantive protection, ensure equality of care, and favor vulnerable groups. Responsive regulations enable states and healthcare institutions to adapt field practices to community needs, while also providing legal legitimacy for healthcare workers to act according to professional standards. Therefore,

harmonization of laws, operational guidelines, and social interventions is key to ensuring equitable, ethical, and effective access to emergency contraception, in line with principles of justice and human rights (Herdiansa, 2024).

The consequences of regulatory uncertainty are also evident in public policy. Top-down health policies without detailed implementation mechanisms have the potential to be less effective, particularly at the primary care level. For example, the lack of training and outreach on handling sexual violence, including the use of emergency contraception, highlights the gap between national policy and daily practice. Without clear Standard Operating Procedures (SOPs) and regular training, primary health care facilities struggle to provide services consistently, resulting in uneven quality and accessibility. This reflects the state's weak capacity to ensure the effectiveness of reproductive health policies, which directly impacts the fulfillment of the rights of victims of sexual violence. Furthermore, the lack of operational guidelines and adequate outreach increases the risk of delays or denials of services by health workers, which in turn can exacerbate victims' vulnerability. Therefore, strengthening institutional capacity, developing detailed SOPs, and regular training for health workers are important strategies to bridge the gap between formal policy and practice. These steps are essential to ensuring that emergency contraception services are accessible effectively, equitably, and in accordance with human rights principles (Weisberg & Fraser, 2009).

Legal uncertainty surrounding emergency contraception services also has normative implications in the context of protecting victims of sexual violence. Access to emergency contraception is not merely a medical service but also a form of protection for victims' rights to be free from unwanted biological consequences. Delays in providing services due to legal uncertainty can prolong the victim's suffering and have greater psychological, social, and physical consequences. From a human rights perspective, and specifically the principle of reproductive justice, delays or denials of emergency contraception services constitute an unjustifiable form of structural discrimination. This entire discussion demonstrates that legal uncertainty is not merely a technical regulatory issue but a central factor influencing the behavior of health workers, the consistency of public policy, and the position of victims within the health system. Therefore, strengthening an explicit, responsive, and pro-vulnerable legal framework is a prerequisite for ensuring that emergency contraception is truly accessible as a reproductive health service that is fair, ethical, and in accordance with principles of social justice (Salcedo et al., 2023).

Various dynamics have emerged in the regulation and implementation of emergency contraception in Indonesia, as well as their implications for the fulfillment of women's reproductive rights, particularly for victims of sexual violence. The findings indicate that although emergency contraception has been normatively recognized as part of reproductive health services, its implementation in the field still faces various structural, regulatory, and ethical challenges. An interdisciplinary analysis combining legal perspectives, medical ethics, and socio-cultural contexts is essential to understanding the complexity of this issue. Theoretically, emergency contraception is recognized by international organizations such as the World Health Organization, Amnesty International, and the Guttmacher Institute as a safe, effective, and non-abortive method. Its mechanism of action is related to preventing ovulation or fertilization, so its use should be viewed as a preventive measure that supports women's reproductive rights. In Indonesia, contraceptive service guidelines recognize EC as a specialized service, including for victims of sexual violence. However, research shows that this normative recognition does not always translate into consistent practices across health facilities. Variability in service delivery is often influenced by individual health workers' interpretations of moral values, religious norms, and social perceptions, resulting in uneven access across facilities. This indicates a significant gap between formal regulations and the reality of implementation (International Association of Forensic Nurses, 2022).

The right to emergency contraception is an integral part of reproductive health rights guaranteed internationally through instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which emphasizes the state's obligation to ensure access to health services for women without discrimination. Uncertainty in the implementation of these services has the potential to place the state in a position of neglecting its obligations and simultaneously leading to violations of women's human rights. This study's findings indicate that despite the existence of formal norms, the lack of technical regulations regarding procedures for administering emergency contraception leaves health workers in a legal gray area, ultimately influencing their behavior and

clinical decisions. In the context of the medical profession, the Indonesian Physician Competency Standards (SKDI) and the Indonesian Medical Code of Ethics (KODEKI) affirm the obligation of doctors to provide reproductive health services that meet standards, respect patient autonomy, and are based on bioethical principles. However, the study identified an ethical dilemma when health workers refuse to provide emergency contraception due to personal moral considerations without providing an alternative referral. Such practices have the potential to violate the principles of beneficence, non-maleficence, autonomy, and justice, ultimately harming patients, particularly victims of sexual violence. The tension between moral obligations and legal ambiguity is a factor that complicates service consistency (BakenRa et al., 2021).

Normative analysis also shows that national regulations related to reproductive health and sexual violence, such as Law No. 36 of 2009 concerning Health and Law No. 12 of 2022 concerning Criminal Acts of Sexual Violence, only provide a general legal framework without detailing the procedures for providing emergency contraception. Technical guidelines from the Ministry of Health, such as Regulation No. 3 of 2022, are not yet imperative and do not specifically stipulate EC as a minimum standard of service. As a result, implementation in the field is sporadic and uneven, with some facilities providing limited services and others not providing them at all. This regulatory gap creates legal uncertainty that directly impacts the behavior of health workers, including a tendency to delay or refuse services to avoid legal risks (Sanders et al., 2016).

In addition to legal issues, social and cultural barriers are also significant factors influencing the implementation of emergency contraception. Research shows that the misconception equating emergency contraception with abortion remains widespread, both among the public and health workers. This negative perception creates stigma that prevents women, particularly victims of sexual violence, from accessing services quickly and safely. As a result, women experience delays or even denial of services to which they are entitled. This situation emphasizes that emergency contraception is not simply a technical medical issue, but also relates to power relations, gender bias, and social norms that place women in vulnerable positions. These cultural and social barriers can reinforce inequalities in reproductive health services, exacerbate the vulnerability of groups in need of protection, and make it difficult for health workers to provide services that meet standards. Therefore, interventions that combine education, service outreach, and eliminating social stigma are crucial to ensure equitable and effective access. This multidimensional approach not only strengthens women's reproductive rights but also supports the implementation of emergency contraception services that are ethical, responsive, and pro-vulnerable (Rothman et al., 2011).

From the perspective of responsive legal theory, the state is expected to provide adaptive regulations that support vulnerable groups. The lack of emergency contraception regulations indicates that the law is not yet fully responsive, as it does not guarantee substantive protection for victims of sexual violence. This emphasizes the need to strengthen an explicit legal framework, provide legitimacy for health workers, and ensure equitable access to services. This analysis also aligns with public policy theory, which emphasizes that the successful provision of reproductive health services depends on the interaction between the state, health workers, civil society institutions, and social norms. Effective rights-based policies must consider practical implementation at the primary care level and support for vulnerable groups, not just formal legal aspects. Legal uncertainty gives rise to complex implementation consequences. Health workers face a dilemma between fulfilling ethical obligations and submitting to structural ambiguity. The phenomenon of "defensive overcompliance" emerges, where legitimate and ethical medical procedures are avoided due to concerns about legal risks. In the context of victims of sexual violence, delays or denials of services can prolong the physical and psychological suffering of patients and have serious social impacts. This shows that unclear regulations not only affect health workers, but also victims' rights, the consistency of public policy, and the effectiveness of the health system as a whole (Trussell et al., 2003).

Further analysis revealed that healthcare institutions sometimes establish conservative internal policies that restrict EC access based on moral or religious considerations. This practice demonstrates how legal gaps can be exploited to justify service restrictions that are inconsistent with human rights principles and evidence-based medical standards (Pomeranz et al., 2023). This discussion emphasizes the importance of a multidimensional approach that integrates formal regulations, operational guidelines, healthcare worker education, and social interventions to ensure EC services are accessible in a fair,

ethical, and responsive manner to victims' needs. From an ethical and reproductive justice perspective, emergency contraception should be viewed as an instrument for protecting women's rights, not simply a matter of moral controversy. This research emphasizes that delays, denials, or limited access to EC services constitute a form of structural discrimination that harms victims (Laker et al., 2025). Therefore, strengthening the legal framework, disseminating technical guidelines, training healthcare workers, and eliminating social stigma are strategic steps to bridge the gap between legal norms and actual practice. This strategy not only increases legal certainty for healthcare workers but also ensures that women's reproductive rights, particularly those of victims of sexual violence, are fulfilled fairly, ethically, and in accordance with human rights principles.

The research findings confirm that emergency contraception has significant implications for women's reproductive rights. Regulatory ambiguity, structural barriers, ethical dilemmas among health workers, and social and cultural pressures create complex challenges in its implementation. Legal uncertainty makes health workers hesitant to provide services, while cultural barriers and social stigma limit access for women, particularly victims of sexual violence. This discussion emphasizes the importance of an approach that integrates normative, empirical, ethical, and social aspects to build a service system that is responsive, equitable, and pro-vulnerable. An interdisciplinary approach allows for harmonization of regulations, operational guidelines, health worker education, and social interventions to ensure the consistent availability of emergency contraception services and in accordance with international standards. This strategy not only affirms the state's legal obligation to guarantee reproductive rights but also strengthens the position of victims, increases the capacity of health workers, and reduces inequalities in access. Therefore, policies that support women's reproductive rights must combine legal certainty, health education, and the elimination of social stigma to ensure emergency contraception is accessible as part of autonomy and the protection of human rights in an effective, ethical, and sustainable manner.

CONCLUSION

The unclear regulation of emergency contraception in Indonesia has had serious consequences for healthcare practices. The absence of clear and operational provisions has led to unequal service standards across healthcare facilities, leaving women's access to emergency contraception largely dependent on the interpretation of individual healthcare professionals or internal institutional policies. This situation opens the door to moral bias in clinical practice, particularly when service decisions are influenced by personal views, social pressures, or conservative cultural values. As a result, victims of sexual violence, who should receive immediate protection and recovery, face additional barriers in accessing urgent and time-sensitive services. The lack of explicit regulations and weak standard operating procedures contribute to legal uncertainty for both patients and healthcare professionals. On the one hand, victims lack assurance of secure and equal care; on the other, healthcare professionals risk facing legal and ethical dilemmas due to the lack of clear guidelines. This situation potentially contradicts bioethical principles such as beneficence, non-maleficence, autonomy, and justice, and is inconsistent with the state's commitment to fulfilling human rights, particularly the right to reproductive health and protection from discrimination. To address these issues, the state needs to immediately formulate a more comprehensive and robust legal framework regarding emergency contraception. Developing uniform, evidence-based national service standards is a crucial step to ensure certainty and equality of access. Furthermore, strengthening the professional competence and ethical integrity of healthcare workers must be carried out through ongoing training that emphasizes a rights-based approach and a gender perspective. A transformation in the culture of care is also necessary to make the health system more responsive to the needs of victims of sexual violence. With these steps, fair and equal access to emergency contraception can be realized as a concrete manifestation of the state's commitment to protecting vulnerable groups and building a humane and equitable health system.

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