

## Research Article

# Policy on the Provision of Contraceptive Devices for School-Aged Children and Adolescents from the Perspective of Legal Utility

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**ABSTRACT:** The policy on providing contraceptive devices for school-aged children and adolescents in Government Regulation No. 28 of 2024 on Health does not clarify the qualifications of children and adolescents eligible to receive contraceptive provisions, allowing room for negative interpretations. This study aims to analyze the underlying considerations of the policy while assessing whether the provision of contraceptive devices for school-aged children and adolescents aligns with the principle of utility as a legal objective. This research employs a normative legal method using statutory, conceptual, and comparative approaches. The findings indicate that Indonesia is still striving to reduce the high maternal and infant mortality rates. Given the still-high prevalence of child marriage, this policy is intended to lower maternal and infant mortality rates caused by high-risk pregnancies among adolescent couples engaged in early marriage. In terms of fulfilling fundamental human rights and the significant positive impact of the policy, it essentially reflects the aspect of legal utility.

**KEYWORDS:** Contraceptive Devices; School-Aged Children and Adolescents; Legal Utility.

## I. INTRODUCTION

Adolescent pregnancy has now become a global phenomenon that invites serious health, social, and economic consequences. Global data in 2019 showed that it is estimated there are 21 million pregnancies each year among adolescents aged 15-19 in low and middle-income countries, about 50% of which are Unintended Pregnancies (UP), and 55% of these UP among adolescents end in abortion.<sup>1</sup> The phenomenon of adolescent pregnancy is not without various factors, one of which is early marriage. Globally, the number of girls who marry in childhood reaches 12 million per year, while the number of boys who marry before the age of 18 reaches 115 million.<sup>2</sup> Not only due to early marriage, adolescent pregnancies that also reach Indonesia are caused by the large number of school-aged children and teenagers who have been indicated to have engaged in sexual activities before marriage. According to the 2017 Indonesian Demographic and Health

<sup>1</sup> World Health Organization, 'Adolescent Pregnancy' (WHO, 2024) <<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>>, accessed 27 August 2024.

<sup>2</sup> United Nations Children's Fund, 'Child Marriage' (Unicef, 2023) <<https://data.unicef.org/topic/child-protection/child-marriage/>>, accessed 13 October 2024.

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Survey (SDKI), it was reported that around 2% of female respondents aged 15-24 and 8% of male respondents of the same age admitted to having premarital sexual relations.<sup>3</sup> With the numerous forms of sexual activity involving children and adolescent girls occurring in the community, girls are increasingly at higher risk of pregnancy.

As part of a vulnerable group, girls and adolescent women need special attention so that they can obtain and maintain their human rights.<sup>4</sup> One of the regulations that can protect the reproductive health rights of children and adolescents is Government Regulation Number 28 of 2024 concerning the Implementation Regulation of Law Number 17 of 2023 on Health, which accommodates reproductive health efforts for school-age and adolescent populations. Reproductive health efforts in general aim to maintain and improve the reproductive system, function, and processes in both men and women.<sup>5</sup> At school-age and adolescent stages, reproductive health efforts are at least carried out through the provision of communication, information, and education, as well as reproductive health services.<sup>6</sup> Based on the provisions of Article 103 paragraph (4) of the Health Regulation, reproductive health services are provided, among other things, through the provision of contraceptive devices.

The policy of providing contraceptive devices for school-age children and adolescents, as mentioned above, opens up opportunities for negative interpretation by the community, as if it gives school-age children and adolescents the freedom to engage in actions that violate religious and moral norms because the government provides them with contraceptive devices. This is due to the provisions of Article 103, paragraph (4) of the Health Regulation, which do not provide an explanation regarding the qualifications of school-age children and adolescents who can specifically receive contraceptive supplies

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<sup>3</sup> Komnas Perempuan, 'Pernyataan Sikap Komnas Perempuan tentang Ketentuan Penyediaan Alat Kontrasepsi Bagi Anak Usia Sekolah dan Remaja dalam PP No. 28 Tahun 2024 Tentang Kesehatan' (Komnas Perempuan, 2024). <<https://komnasperempuan.go.id/pernyataan-sikap-detail/pernyataan-sikap-komnas-perempuan-tentang-ketentuan-penyediaan-alat-kontrasepsi-bagi-anak-usia-sekolah-dan-remaja-dalam-pp-no-28-tahun-2024-tentang-kesehatan>>, accessed 26 August 2024.

<sup>4</sup> Syarifuddin, *Hukum Jaminan Perlindungan Perempuan dan Anak* (Kencana 2023).[7].

<sup>5</sup> Article 96 Government Regulation Number 28 of 2024 on Implementation Law Number 17 of 2023 on Health.

<sup>6</sup> Article 103 paragraph (1) Government Regulation Number 28 of 2024 on Implementation Law Number 17 of 2023 on Health.

from the government. Thus, the norm embodied in Article 103 paragraph (4) letter e is unclear and needs further analysis.

Previously, there was a similar study related to the provision of contraceptive device for school-aged children and adolescents in the Government Regulation on Health, which generally discussed the legal consequences arising from the discrepancies between the Government Regulation on Health and the Health Law, as well as the government's efforts to balance the responsibility of providing adolescent reproductive health services with maintaining the moral values prevailing in society.<sup>7</sup> Meanwhile, this research will focus more on understanding the underlying considerations of the policy regulation on the provision of contraceptives for school-aged children and adolescents, from the perspective of legal utility, as well as the limitations on the use of contraceptives for school-aged children and adolescents that should be regulated in the Health Government Regulation and its derivative regulations. This research aims to address the question of whether the policy of providing contraceptives for school-aged children and adolescents as a form of reproductive health services aligns with the principle of utility as a legal objective.

## II. RESEARCH METHOD

The research titled "Policy on the Provision of Contraceptive Tools for School-Aged Children and Adolescents from the Perspective of Legal Utility" falls under the type of legal research (doctrinal research). Doctrinal research is a type of research that provides a systematic explanation of a specific category of law, analyzes the relationships between legal rules, clarifies difficult areas, and may predict future developments.<sup>8</sup> There are 3 (three) approaches used in this research, namely the statute approach, the conceptual approach, and the comparative approach.

This research uses primary legal materials derived from legislation and its derivative regulations, as well as secondary legal materials derived from official publications in

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<sup>7</sup> Khoiriyah, Lailatul, 'Kebijakan Hukum dalam Penyediaan Alat Kontrasepsi untuk Remaja Berdasarkan Peraturan Pemerintah No. 28 Tahun 2024 Tentang Pelaksanaan Undang-Undang No. 17 Tahun 2023 Tentang Kesehatan' (2025), 31 Jurnal Dinamika.[11726].

<sup>8</sup> Peter Mahmud Marzuki, *Penelitian Hukum* (Prenada Media 2023).[60].

the field of law related to the provision of contraceptives for school-age children and adolescents in Indonesian legislation, similar policies in countries such as the Philippines, the United Kingdom, and Malaysia, the concept of legal utility, and human rights. After the process of collecting legal materials, an analysis of those legal materials is then conducted. Legislation, books, journals, and legal doctrines are used as the basis to answer.

### **III. PROVISION OF CONTRACEPTIVE DEVICES FOR SCHOOL-AGED CHILDREN AND ADOLESCENTS IN INDONESIAN LEGISLATION**

Contraceptive services are a series of actions ranging from the provision of medication, the installation or removal of contraceptive devices, and other actions taken to prevent pregnancy.<sup>9</sup> Before the Government Regulation on Health was issued, the provision of contraceptives for children and adolescents in Indonesia was strictly and limitedly regulated in legislation, as stipulated in Law Number 17 of 2023 on Health. Contraceptive services, as regulated by the Health Law, become part of family planning health. Based on the provisions of Article 63, paragraph (1) of the Health Law, “Family planning health efforts are aimed at regulating pregnancy, forming a healthy, intelligent, and quality generation, and reducing maternal and infant mortality rates.” In its implementation, family planning health efforts are carried out during the fertile age, and everyone has the right to access these family planning services.<sup>10</sup> This means that, according to the Health Law, contraceptive services are included in family planning services and their implementation is focused on the reproductive-age population.

For comparison, the provision of contraceptive devices is also regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2021 concerning the Implementation of Health Services Before Pregnancy, During Pregnancy, Childbirth, and After Childbirth, Contraceptive Services, and Sexual Health Services. Referring to the provisions of Article 1 number 5 of Permenkes 21/2021, “Contraceptive

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<sup>9</sup> Article 1 Number 5 The Republic of Indonesia Ministry of Health Regulation Number 21 of 2021 on Implementation of Healthcare Services Before Pregnancy, During Pregnancy, Childbirth, and Postpartum, Contraceptive Services, and Sexual Health Services.

<sup>10</sup> Article 63 paragraph (2) and (3) Law Number 17 of 2023 on Health.

services include a series of activities related to the provision of drugs, the installation or removal of contraceptive devices, and other actions in an effort to prevent pregnancy.” The government provides various options and contraceptive medications so that every fertile couple can choose and use contraceptive methods and medications, taking into account their age, parity, number of children, and each couple’s health condition. In addition to contraceptive services, Permenkes 21/2021 also provides regulations regarding pre-pregnancy health services targeting groups such as adolescents, prospective brides and grooms, and couples of reproductive age (PUS), as well as young adults. Based on those provisions, contraceptive services are only intended for couples of reproductive age or married couples. Meanwhile, adolescents are placed as the target group in pre-pregnancy health services aimed at preparing them to become healthy, productive adults capable of leading a healthy reproductive life.

From the explanation above, several regulations, particularly in the health sector, have provided guarantees for the fulfillment of the right to public health, including the right to reproductive health, which is realized through contraceptive service instruments. In the context of school-aged children and adolescents, the provision of contraceptives is very limited, as it is only intended for adolescents who are in the fertile age group or those who are married. Thus, unmarried teenagers are more focused on as the target for providing information and education about reproductive health to prepare them for a healthy adult life in terms of physical, mental, and sexual well-being, and to be able to maintain good reproductive health.

#### **IV. BASIS FOR CONSIDERATION OF POLICY REGULATION ON THE PROVISION OF CONTRACEPTIVE DEVICES FOR SCHOOL-AGED CHILDREN AND ADOLESCENTS IN HEALTH REGULATIONS**

Reproductive health for the school-age and adolescent phases is accommodated by the provisions of Article 103 of the Health Regulation. Efforts to promote reproductive health for school-age children and adolescents are realized through the provision of communication, information, and education, as well as reproductive health services. Regarding reproductive health services, one of the forms of services provided by the

Government Regulation on Health is the provision of contraceptives for school-aged children and adolescents as regulated in Article 103 paragraph (4) letter e of the Government Regulation on Health, which in its implementation has raised concerns among the public because the wording of the article can be misinterpreted as granting unrestricted access to contraceptives for school-aged children and adolescents. Moreover, there is no further explanation regarding the qualifications of children and adolescents intended as the target for the provision of contraceptive services. Such an interpretation has consequences for the normalization of premarital sexual behavior among teenagers. For that reason, it is important to understand the rationale behind the policy of providing contraceptives for children and adolescents.

1. Provision of contraceptives and an effort to achieve the target of reducing the Maternal Mortality Rate (MMR) and the infant mortality rate

Indonesia still has high numbers of Maternal Mortality Rate (MMR) and infant mortality rate. The number of infant mortality rate in Indonesia in 2015 is 305 per 100.000 live births. While the infant mortality rate according to SDKI in 2017 is 24 per 1.000 live births.<sup>11</sup> Although there has been a decrease in the Maternal Mortality Ratio (MMR) compared to 2010, which reached 346 per 100,000 live births, this figure is still far from the global target set in the Sustainable Development Goals (SDGs), which is less than 70 per 100,000 live births by 2030. The Ministry of Health, through the Strategic Plan (Renstra) for 2020-2024, subsequently included efforts to reduce MMR as one of the priorities to be realized through the implementation of strategic steps in improving access and quality of family health services. This is in line with several national development policies and strategies in the health sector outlined in the Presidential Regulation of the Republic of Indonesia Number 18 of 2020 concerning the National Medium-Term Development Plan for 2020-2024, including the improvement of maternal and child health, the expansion of access and the enhancement of the quality of family planning services, as well as the improvement of reproductive health. Through optimal reproductive health services and increased

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<sup>11</sup> Appendix to the Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2020 on the Strategic Plan of the Ministry of Health for 2020-2024.

contraceptive use, it is hoped that there will be a reduction in unwanted pregnancies and unsafe abortions, which will also lead to a decrease in maternal mortality rates.<sup>12</sup> The realization of a decrease in maternal mortality rates (MMR) and infant mortality rates is also a sign of the improvement in the degree of public health in Indonesia.

2. The provision of contraceptives as an effort to protect adolescents who engage in early marriage

The results of the 2012 Indonesian Demographic and Health Survey indicate that adolescents' knowledge about reproductive health is still inadequate, as evidenced by only 35.3% of female adolescents and 31.2% of male adolescents aged 15-19 knowing that women can become pregnant from just one instance of sexual intercourse.<sup>13</sup> They do not know that engaging in sexual activity at a young age before marriage is very risky. Unfortunately, this concern is not reflected in the facts occurring in society because many teenage couples have also married, commonly referred to as early marriage. Early marriage is a marriage below the age of adulthood, or one of the parties is a child who has not yet reached the age of adulthood, which is 18 years. Based on data from the United Nations Children's Fund (UNICEF) in 2023, Indonesia ranks fourth in global child marriage with a total of 25.53 million cases.<sup>14</sup> Marriages under the age of 16 in Indonesia account for 25% (twenty-five percent) of the total number of marriages, with a higher percentage in several regions.

Marriage at a very young age is vulnerable to biological, psychological, and social unpreparedness, considering that the organs and bodies of adolescents who marry young are not fully ready to undergo the reproductive process, which can later endanger the condition of the mother and baby, the risk of low birth weight, bleeding during childbirth, and an increase in maternal and infant mortality rates. Aside

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<sup>12</sup> Khatimah, Husnul, Yunita Laila Astuti, dan Vini Yuliani, 'Pengambilan Keputusan Penggunaan Kontrasepsi di Indonesia (Analisis Data SDKI 2017)' (2022) 2 *Journal of Midwifery Science and Women's Health*. [68].

<sup>13</sup> Bambang, Eko, 'Peran Edukasi Kesehatan Reproduksi Pada Remaja' (2024) 1 *Federalisme: Jurnal Kajian Hukum dan Ilmu Komunikasi*. [46].

<sup>14</sup> School Media, 'Indonesia Peringkat Empat Kasus Kawin Anak di Dunia, 25,52 Juta Menikah Usia Dini' (School Media, 2023). <<https://news.schoolmedia.id/lipsus/Indonesia-Peringkat-Empat-Kasus-Kawin-Anak-di-Dunia-2552-Juta-Anak-Menikah-USia-Dini-3898>>, accessed 30 October 2024.



from health aspects, early marriage also poses risks to the stability and readiness of educational and socio-economic factors. Providing access to contraceptive services for school-aged children and adolescents aims to ensure the reproductive health of adolescent couples until they reach an age ready to face pregnancy, which can ultimately help reduce maternal and infant mortality rates due to early pregnancies among adolescent couples who marry early.

## **V. POLICY ON PROVIDING CONTRACEPTIVE DEVICES FOR SCHOOL-AGED CHILDREN AND ADOLESCENTS IN OTHER COUNTRIES**

In the Philippines, the policy on the provision of contraceptives is outlined in the Republic Act No. 10354 on the Responsible Parenthood and Reproductive Health Act. This law guarantees universal and free access to almost all modern contraceptive methods for all citizens at healthcare service centers, including the provision of reproductive health education in schools and access to contraception for adolescents. Referring to those provisions, every person has the right to obtain information and access to contraceptive services, both natural and artificial, free of charge, with the condition that minors are not allowed to access modern contraceptive methods without written permission from their parents or guardians, unless the minor is married (becomes a parent) or has experienced a miscarriage.<sup>15</sup> Reproductive health services, including family planning services, can be obtained through health centers provided by the government.

In England, access to contraceptives for teenagers has been legally regulated and is outlined in several legal guidelines, such as health guidelines issued by the National Health Service (NHS) and the National Institute for Health and Care Excellence (NICE). The NHS, as a public health service in England, helps provide information and health services, including counseling, vaccination, baby care, women's health, and contraceptive services for everyone, including teenagers. Young people under the age of 16 can access contraception services for free and confidentially, without the need for parental or guardian

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<sup>15</sup> Article 7 Republic Act No. 10354 on Responsible Parenthood and Reproductive Health Act.



consent.<sup>16</sup> In line with the health guidelines issued by the NHS, NICE has also issued recommendations for practice guidelines for doctors and other health professionals in the provision of contraceptive services, sexual and reproductive health care for adolescents under 16 years of age, following the provisions of the Fraser guidelines. Referring to the provisions of the Fraser guidelines, a doctor can provide advice, counsel, and contraceptive services to teenagers without parental consent under the condition that:

- a. Adolescents understand the device from healthcare professionals;
- b. Healthcare professionals should not persuade adolescents to inform their parents or allow doctors to inform their parents that they are seeking advice about contraception;
- c. Adolescents are likely to start or continue having sex with or without contraceptive treatment;
- d. Unless he or she receives a contraceptive device or treatment, the physical or mental health of the adolescents is likely to be affected; and
- e. The best interests of young people require healthcare professionals to provide contraceptive advice, treatment, or both without parental consent.<sup>17</sup>

Unlike Malaysia, the provision of contraceptives for school-aged children and adolescents is categorized as a sensitive issue, so such policies cannot be found specifically in the Malaysian health law provisions. However, their implementation is carried out through health policies by several government agencies. Based on the Guidelines for Managing Sexual and Reproductive Health Issues Among Adolescents in Health Clinics issued by the Family Health Development Division, adolescents aged 16 - <18 (sixteen to less than 18) years and unmarried need parental consent for counseling and contraceptive provision. For adolescents aged  $\geq 18$  (more than eighteen and including eighteen) years, parental consent is not required for counseling and contraceptive provision, and for adolescents <16 (less than sixteen) years and unmarried, they can be referred to a hospital. Meanwhile, the provision of contraception for adolescents follows the regulations of each respective religion. For Muslim teenagers, it follows the provisions in the fatwa muzakarah decision.

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<sup>16</sup> The National Health Service (NHS), 'Where to get contraception' (NHS, 2024) <<https://www.nhs.uk/contraception/where-to-get-contraception/>>, accessed 04 November 2024.

<sup>17</sup> International Centre for Missing & Exploited Children (ICMEC), 'Gillick competency and Fraser guidelines: Balancing children's rights with the responsibility to keep them safe from harm' (ICMEC, 2019) <<https://www.icmec.org/wp-content/uploads/2019/04/gillick-competency-factsheet.pdf>>, accessed 04 November 2024.

The decision of the Muzakarah of the Fatwa Committee of the National Council for Islamic Religious Affairs Malaysia regarding the Guidelines for Handling Sexual and Reproductive Health Issues Among Adolescents in Health Clinics issued a legal ruling on abortion and the provision of contraception (birth control) as a reference for medical and/or health personnel. Based on that decision, the use of contraception is only intended for couples in a lawful marriage, including teenagers, as long as they are bound as a lawful husband and wife. Meanwhile, for unmarried teenagers, the provision of contraception is strictly regulated with certain conditions. In this case, medical personnel and/or health workers have the competence and authority to determine the level of harm and the necessity of providing contraception based on the following cumulative requirements:

- a. For the first time case only for the adulterer and not the muhsan (adultery committed by someone who is already married or has a legitimate partner);
- b. No parents, guardians, or other parties;
- c. Living at a low economic level (extreme poverty);
- d. Unhealthy environment;
- e. Consideration for mental and physical health;
- f. Obtaining permission from family or guardians; and
- g. Ensuring that the sinner will later receive guidance, counseling, and consistent monitoring from the relevant parties.

By looking at the comparisons above, Malaysia has a background similar to Indonesia, where the provision of contraceptives is only designated for married couples. Thus, Indonesia can refer to the policies previously implemented in Malaysia that the provision of contraceptives, especially for school-aged children and teenagers, must be carried out through specific procedures to avoid repeated violations of prohibited actions, so the requirements must also be strict by considering the fulfillment of the conditions as stipulated.

## **VI. PROVISION OF CONTRACEPTIVE DEVICES FOR SCHOOL-AGED CHILDREN AND ADOLESCENTS FROM THE PERSPECTIVE OF LEGAL UTILITY**

Talking about usefulness or benefit will always be associated with the school of utilitarianism or utilitarianism. Proponents of utilitarianism believe that the law aims to

provide the greatest utility and happiness to society.<sup>18</sup> Jeremy Bentham, as one of the founders of the utilitarianism movement, argued that the purpose of law is to achieve the greatest happiness for the greatest number of people.<sup>19</sup> In line with Jeremy Bentham's views, Gustav Radbruch, a German legal philosopher, stated that within the law there are 3 (three) fundamental values, namely justice (*gerechtigkeit*), utility (*zweckmassigkeit*), and legal certainty (*rechtssicherheit*).<sup>20</sup> According to him, the existence of law is intended to provide a sense of justice, legal certainty, and serve as a means of integrating social interests. Utility as one of the goals of law emphasizes that policies and legal rules should be designed to provide benefits (utility) to as many people as possible.<sup>21</sup>

In the implementation of the value of utility, Radbruch sees that the presence of law must provide solutions to social problems in society and ensure that actions regulated by law bring real benefits through the provision of fair and effective problem-solving mechanisms. Moreover, beneficial law must support the achievement of common welfare, maintain public order, provide protection, and create a sense of security for the community because the existence of a state is essentially used as a tool to achieve the happiness of the majority of society through the establishment of a law.

The assessment of the usefulness of a legal rule can be done by understanding the consequences of each legal rule issued by the government. If a law can bring happiness to the majority of society, then that law can be considered a good law. Similarly, the policy of providing contraceptives for school-aged children and adolescents included in the Health Regulation can be evaluated for its utility by reviewing the policy from the perspective of fulfilling basic human rights while also understanding its positive impacts and potential drawbacks.

1. The policy of providing contraceptives for school-aged children and adolescents is assessed based on the fulfillment of basic human rights

<sup>18</sup> Indien Winarti dan Mufarrijul Ikhwan, *Buku Ajar Filsafat Hukum* (Scopindo Media 2019).[20].

<sup>19</sup> Pratiwi, Endang, Theo Negoro, dan Hassanain Haykal, 'Teori Utilitarianisme Jeremy Bentham: Tujuan Hukum atau Metode Pengujian Produk Hukum' (2022) 19 *Jurnal Konstitusi*. [273].

<sup>20</sup> Arsad, Romli, *Pengantar Ilmu Hukum* (Alqaprint Jatinangor 2016).[82].

<sup>21</sup> Supriyadim Mohammad Wangsit, et al., 'Pokok Pikiran dan Sumbangsih Fundamental Gustav Radbruch terhadap Perkembangan Ilmu dan Hukum' (2025) 7 *Quantum Juris: Jurnal Hukum Modern*. [404].

In general, there are two basic human rights, namely individual basic rights and social basic rights. Individual basic rights refer to rights inherent to every human being, such as the right to life, security, and protection, the right to freedom of opinion and organization, the right to freedom of thought, conscience, and religion, and so on. Meanwhile, social basic rights relate to the shared responsibility to achieve welfare and social justice in ensuring the basic needs of all members of society, such as the right to education, the right to health and medical services, the right to a healthy environment, and the right to social security.

Related to reproductive health services in the form of providing contraceptives as regulated in the Health Regulation, it becomes one of the efforts to maintain the health of the reproductive system. Reproductive health, as emphasized in the World Conference on Women (Beijing Declaration, Platform for Action), is part of human rights, including the right to control and make responsible decisions regarding issues related to sexuality, including sexual and reproductive health, free from coercion, discrimination, and violence.<sup>22</sup>

Contraceptive services grant the right to every individual, both men and women, to choose the contraceptive method they will use according to their needs and health conditions without any pressure or discrimination from anyone,<sup>23</sup> while also providing the right to access information about the benefits, risks, and side effects of various contraceptive methods. In addition to contraception, everyone also has the right to receive information about healthy lifestyles, maintaining reproductive health, reproductive health issues, and preventing risky sexual behaviors in order to control and improve their health status.<sup>24</sup>

From the perspective of fulfilling basic social rights, the provision of contraceptive services is organized according to standards, is safe, of high quality,

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<sup>22</sup> Astutik, *Aborsi Akibat Perkosaan Dalam Perspektif Hukum Kesehatan* (Zifatama Jawara 2020). [25].

<sup>23</sup> Article 109 Government Regulation Number 28 of 2024 on Implementation Law Number 17 of 2023 on Health.

<sup>24</sup> Anieq Mumthi'ah Al-Kautzar *et al.*, *Kesehatan Perempuan dan Keluarga Berencana* (Yayasan Penerbit Muhammad Zaini 2021).[2].

affordable, non-discriminatory, maintains privacy, and ensures gender equality so that all layers of society, including underprivileged groups, have the right to access health care facilities and reproductive health services as guaranteed in the provisions of Article 107 of the Government Regulation on Health. Thus, fundamentally, contraceptive services reflect the fulfillment of individual basic rights and social basic rights in the field of health because each individual has the freedom and role in making the best decisions regarding contraception based on their reproductive health conditions, and social basic rights ensure that the general public can enjoy access to facilities and programs that support their reproductive health.

2. The policy of providing contraceptives for school-aged children and teenagers is evaluated from both positive and negative sides

There are several positive aspects of the regulation on the provision of contraceptives for school-aged children and adolescents as formulated in Article 103 paragraph (4) of the Government Regulation on Health, namely as follows.

- a. Protecting adolescents from the risk of premarital pregnancy

From a health perspective, the ideal age for a woman to experience pregnancy is between 20-30 years or in her early 30s, so pregnancy under the age of 20 brings various health risks.<sup>25</sup> Pregnant women under the age of 15 are at risk of experiencing bleeding, preeclampsia/eclampsia, as well as difficulties during childbirth, which can even lead to maternal death. The mortality rate of teenage mothers is estimated to be 2 to 3 times higher compared to adult mothers.<sup>26</sup> Meanwhile, pregnant women under the age of 20 are also at risk of experiencing pregnancy complications, such as high blood pressure (hypertension) during pregnancy, and anemia. Anemia in pregnant women can make the mother feel weak and tired, which can ultimately affect the development of the fetus. Additionally, pregnancy during adolescence is also associated with an increased

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<sup>25</sup> Riyanti, Neni, Risa Devita, dan Dwi Wahyuni, 'Analisis Faktor yang Berhubungan dengan Risiko Kehamilan pada Ibu Hamil' (2021) 6 Jurnal Aisyiyah Medika.[175].

<sup>26</sup> Rahman Amin, *Hukum Perlindungan Anak dan Perempuan di Indonesia* (Penerbit Deepublish 2021).[158].

risk of birth defects in babies, such as heart defects, neural tube defects, and cleft lip.<sup>27</sup> Thus, providing access to contraceptives can be designed with the aim of minimizing early pregnancies among teenagers, which contributes to reducing the risk of maternal and infant mortality rates.

b. Protecting reproductive health rights

Every individual, including teenagers, has the right to information and access to reproductive health services. The provision of access to contraceptives for school-aged children and adolescents is one form of state protection for the right to reproductive health. Through the policy of providing contraceptives, comprehensive access is opened for adolescents to obtain information about sexual and reproductive health. This is important to raise their awareness about responsibilities in sexual relationships and their implications.

The policy of providing contraceptives for school-aged children and teenagers, besides having positive aspects as mentioned above, may also open up negative gaps in various aspects. The policy of providing contraceptive tools for school-aged children and adolescents as stated in Article 103 paragraph (4) letter e of the Government Regulation on Health does not clearly qualify which adolescents can access the contraceptive provision services, thereby increasing the risk of irresponsible misuse of contraceptive tools. Article 98 of the Health Regulation has mandated the importance of implementing reproductive health efforts while respecting noble values that do not demean human dignity and are in accordance with religious norms. However, Article 103 paragraph (4) letter e has the potential to be interpreted as legalizing access to contraception for adolescents, including unmarried adolescents. Instead of being a protective measure for children and adolescents, this policy could actually backfire and open up practices that threaten the future of teenagers. The impact is that, as long as the government has not regulated further mechanisms of this policy, teenagers will continue to face the risk of irresponsible contraceptive misuse.

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<sup>27</sup> Sienny Agustin, 'Hamil Usia Muda, Kenali Berbagai Resikonya' (Alodokter, 2023) <<https://www.alodokter.com/hamil-muda-akibat-hubungan-intim-dini>>, accessed 12 November 2024.

## VII. LIMITATIONS AND MECHANISMS FOR IMPLEMENTING POLICIES ON PROVIDING CONTRACEPTIVES FOR SCHOOL-AGED CHILDREN AND ADOLESCENTS

As an effort to fulfill the right to reproductive health for children and adolescents as part of human rights, the policy regulated in Article 103 paragraph (4) letter e of the Government Regulation on Health needs to be reconceptualized to clarify ambiguous phrases and avoid opening gaps for misuse and detrimental interpretations, through the establishment of limitations on the policy of providing contraceptives for school-age children and adolescents to prevent the possibility of misdirection. Referring to the provisions of Article 104 paragraph (3) regarding adult reproductive health efforts, the provisions of Article 103 paragraph (4) letter e can be supplemented with the phrase “fertile age couples and at-risk groups,” so that the phrase changes to “Provision of contraceptives for fertile age couples and at-risk groups” to limit the policy to school-age children and adolescents who are classified as fertile age couples and fall into the at-risk group category.

The lack of further mechanisms regarding the implementation of the policy on providing contraceptives for school-aged children and adolescents also encourages the government to promptly formulate derivative regulations from the Government Regulation on Health, through the issuance of Minister of Health Regulations (Permenkes) or modules specifically regulating contraceptive services for children and adolescents, emphasizing that the provision of contraceptives is a preventive step to support reproductive health and not to encourage promiscuous behavior. Referring to the contraceptive service module for doctors and midwives in healthcare facilities, there are several aspects that can be adopted if the implementation mechanism of the Government Regulation on Health is later formulated, including:

- a. Emphasis on the category of school-aged and adolescents;
- b. Strategies for providing communication, information, and education on reproductive health and family planning for adolescents;
- c. Criteria for medical eligibility for contraceptive use; and
- d. Principles that support the implementation of safe and quality contraceptive services.



## VIII. CONCLUSION

There are 2 aspects that serve as the basis for considering the formulation of policies for providing contraceptives for school-aged children and adolescents. First, Indonesia still has targets in efforts to reduce the high Maternal Mortality Rate (MMR) and infant mortality rate. Secondly, the rate of child marriage in Indonesia is still quite high. Thus, the policy of providing contraceptives for school-aged children and adolescents as regulated in Article 104 paragraph (3) letter e of the Government Regulation on Health is intended to provide optimal reproductive health services to help reduce maternal and infant mortality rates due to high-risk pregnancies among adolescent couples who marry early, which is expected to lead to a decrease in unwanted pregnancies and unsafe abortions among adolescents.

Viewed from the aspect of legal utility, the policy of providing contraceptives for school-aged children and adolescents in Article 104 paragraph (3) letter e of the Government Regulation on Health essentially reflects legal utility in terms of fulfilling basic human rights and the positive aspects of this policy. However, in its implementation, further written clarification is still needed so that this policy can truly be assessed as a beneficial legal rule in supporting the achievement of collective welfare, providing solutions to problems arising in society, and creating a sense of security for the community.

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## REFERENCES

### Books

Al-Kautzar, Anieq Mumthi'ah *et al.*, *Kesehatan Perempuan dan Keluarga Berencana*

(Yayasan Penerbit Muhammad Zaini 2021).

Amin, Rahman, *Hukum Perlindungan Anak dan Perempuan di Indonesia* (Penerbit Deepublish 2021).

Arsad, Romli, *Pengantar Ilmu Hukum* (Alqaprint Jatinangor 2016).

Astutik, *Aborsi Akibat Perkosaan Dalam Perspektif Hukum Kesehatan* (Zifatama Jawara 2020).

Marzuki, Peter Mahmud, *Penelitian Hukum* (Prenada Media 2023).

Syarifuddin, *Hukum Jaminan Perlindungan Perempuan dan Anak* (Kencana 2023).

Winarwati, Indien, dan Mufarrijul Ikhwan, *Buku Ajar Filsafat Hukum* (Scopindo Media 2019).

## Journals

Bambang, Eko, 'Peranan Edukasi Kesehatan Reproduksi Pada Remaja' (2024) 1 Federalisme: Jurnal Kajian Hukum dan Ilmu Komunikasi 46.

Khatimah, Husnul, Yunita Laila Astuti, dan Vini Yuliani, 'Pengambilan Keputusan Penggunaan Kontrasepsi di Indonesia (Analisis Data SDKI 2017)' (2022) 2 Journal of Midwifery Science and Women's Health 68.

Khoiriyah, Lailatul, 'Kebijakan Hukum dalam Penyediaan Alat Kontrasepsi untuk Remaja Berdasarkan Peraturan Pemerintah No. 28 Tahun 2024 Tentang Pelaksanaan Undang-Undang No. 17 Tahun 2023 Tentang Kesehatan' (2025) 31 Jurnal Dinamika 11726.

Pratiwi, Endang, Theo Negoro, dan Hassanain Haykal, 'Teori Utilitarianisme Jeremy Bentham: Tujuan Hukum atau Metode Pengujian Produk Hukum' (2022) 19 Jurnal Konstitusi 273.

Riyanti, Neni, Risa Devita, dan Dwi Wahyuni, 'Analisis Faktor yang Berhubungan dengan Risiko Kehamilan pada Ibu Hamil' (2021) 6 Jurnal Aisyiah Medika 175.

Supriyadi, Mohammad Wangsit, *et al.*, 'Pokok Pikiran dan Sumbangsih Fundamental Gustav Radbruch terhadap Perkembangan Ilmu dan Hukum' (2025) 7 Quantum Juris: Jurnal Hukum Modern 404.

## Website

*International Centre for Missing & Exploited Children (ICMEC)*, 'Gillick competency

*and Fraser guidelines: Balancing children's rights with the responsibility to keep them safe from harm*' (ICMEC, 2019) <<https://www.icmec.org/wp-content/uploads/2019/04/gillick-competency-factsheet.pdf>>, accessed 04 November 2024.

Komnas Perempuan, 'Pernyataan Sikap Komnas Perempuan tentang Ketentuan Penyediaan Alat Kontrasepsi Bagi Anak Usia Sekolah dan Remaja dalam PP No. 28 Tahun 2024 Tentang Kesehatan' (Komnas Perempuan, 2024) <<https://komnasperempuan.go.id/ Pernyataan-sikap-detail/ Pernyataan-sikap-komnas-perempuan-tentang-ketentuan-penyediaan-alat-kontrasepsi-bagi-anak-usia-sekolah-dan-remaja-dalam-pp-no-28-tahun-2024-tentang-kesehatan>>, accessed 26 August 2024.

*School Media*, 'Indonesia Peringkat Empat Kasus Kawin Anak di Dunia, 25,52 Juta Anak Menikah Usia Dini' (*School Media*, 2023) <<https://news.schoolmedia.id/lipsus/Indonesia-Peringkat-Empat-Kasus-Kawin-Anak-di-Dunia-2552-Juta-Anak-Menikah-USia-Dini-3898>>, accessed 30 October 2024.

Sienny Agustin, 'Hamil Usia Muda, Kenali Berbagai Resikonya' (Alodokter, 2023) <<https://www.alodokter.com/hamil-muda-akibat-hubungan-intim-dini>>, accessed 12 November 2024.

*The National Health Service (NHS)*, 'Where to get contraception' (NHS, 2024) <<https://www.nhs.uk/contraception/where-to-get-contraception/>>, accessed 04 November 2024.

*United Nations Children's Fund*, 'Child Marriage' (Unicef, 2023) <<https://data.unicef.org/topic/child-protection/child-marriage/>>, accessed 13 October 2024.

*World Health Organization*, 'Adolescent Pregnancy' (WHO, 2024) <<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>>, accessed 27 August 2024.

## **Laws or Regulations**

Law Number 17 of 2023 on Health (State Gazette of the Republic of Indonesia Year 2023 Number 105, Supplement to the State Gazette 6842).

Law Number 17 of 2007 on Indonesia Long-Term Plan Development Year 2005–2025 (State Gazette of the Republic of Indonesia Year 2007 Number 33, Supplement to the State Gazette 4700).

Government Regulation Number 28 of 2024 on Implementation Law Number 17 of 2023 on Health (State Gazette Year 2024 Number 135, Supplement to the State Gazette 6952).

The Republic of Indonesia Ministry of Health Regulation Number 21 of 2021 on Implementation of Healthcare Services Before Pregnancy, During Pregnancy,

Childbirth, and Postpartum, Contraceptive Services, and Sexual Health Services (State Gazette Year 21 Number 853).

The Republic of Indonesia Ministry of Health Regulation Number 21 of 2020 on the Ministry of Health Strategic Plan 2020-2024 (State Gazette Year 2020 Number 914).

The Republic of the Philippines, Republic Act No. 10354 on Responsible Parenthood and Reproductive Health Act.

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