

Legal and Ethical Review of Adolescent Reproductive Health Services in East Aceh

1st Dewi Suryati
Master of Health Law Student,
Universitas Pembangunan Panca Budi
Medan, Indonesia
dr.dewisuryati@yahoo.com

2nd Irsyam Risdawati
Master of Health Law Lecturer
Universitas Pembangunan Panca Budi
Medan, Indonesia
irsyam.risdawati@dosen.pancabudi.ac.id

Abstract — Adolescent reproductive health services are a crucial issue in national health development, especially in areas that have strong social, cultural, and religious characteristics such as East Aceh Regency. Adolescents' lack of knowledge about reproductive health, as well as lack of access to adolescent-friendly health services, are an important background in this study. This study aims to analyze the implementation of reproductive health services for adolescents in East Aceh from a legal and ethical perspective, and assess the extent to which the principles of protection of adolescent health rights are carried out in accordance with local regulations and religious norms. This study uses a qualitative method with a juridical-sociological approach. Data was obtained through in-depth interviews with health workers, adolescents, religious leaders, and regional policy makers, as well as documentation of laws and regulations and ethical guidelines for health services. Data analysis was carried out in an analytical descriptive manner by considering positive legal norms and medical ethical principles. The results of the study show that although there are national regulations that guarantee the right to reproductive health of adolescents, its implementation in East Aceh faces various obstacles, such as cultural resistance, limited trained medical personnel, and lack of public understanding of the urgency of reproductive health education. From a legal perspective, there is a gap between national policy and local qanun, while ethically, health services still often clash with the conservative values of local communities. In conclusion, adolescent reproductive health services in East Aceh still need to be improved through an interdisciplinary approach that harmonizes aspects of national law, local values, and principles of medical ethics. There is a need for cross-sector education and strengthening the capacity of medical personnel so that the services provided are not only in accordance with regulations, but also respect regional socio-cultural values.

Keywords: reproductive health, adolescents, legal ethics.

I. INTRODUCTION

The importance of reproductive health in the development of national health.

Health is a fundamental human right for every individual, regulated in various regulations both at the national and international levels. In the era of globalization and digitalization, health services have undergone significant transformation, including through e-health platforms.¹ Reproductive health plays a strategic role in national health development because it concerns the entire human life cycle, starting from conception or fetus, infancy, childhood, adolescence, adulthood, to old age. *The World Health Organization (WHO)* states that reproductive health is not only limited to the absence of diseases or functional disorders, but includes physical, mental, and social health in all aspects related to the reproductive system. Good reproductive health allows individuals to live safe, fulfilling, and responsible sexual and reproductive lives². In other words, the fulfillment of the right to reproductive health is the foundation of people's welfare. The importance of reproductive health services is evident in efforts to reduce maternal and infant mortality, prevent unplanned pregnancies, and control sexually transmitted diseases. A study by BKKBN and UNFPA states that investment in reproductive health programs has a direct impact on increasing labor productivity, reducing the burden on the health insurance system, and strengthening human development³. Access to comprehensive and quality reproductive health services not only saves lives, but also promotes gender equality and women's empowerment in health decision-making.

Furthermore, reproductive health is integrated with various aspects of national development, including education, employment, and social protection. In his book, *Reproductive Health and Human Rights*, Cook and Dickens explained that a strong national health system depends on the success of the state in guaranteeing the reproductive rights of its citizens⁴. In Indonesia, Law Number 17 of 2023 concerning Health regulates reproductive health as an

¹ Gladdays Naurah, Marice Simarmata, Redyanto Sidi Jambak (2024), *Rights and Privacy of Hospital Patients in the Era of Digitalization*, Coserva Journal, 3 (12), 4798-4805.

² World Health Organization. (2006). *Reproductive Health Strategy to Accelerate Progress towards the Attainment of International Development Goals and Targets*. Geneva: WHO.

³ BKKBN & UNFPA. (2018). *Analysis of the Impact of Reproductive Health Investment on Human Development in Indonesia*. Jakarta

⁴ Cook, R. J., & Dickens, B. M. (2003). *Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law*. Oxford University Press.



integral part of comprehensive and sustainable health efforts. Article 54 states that reproductive health efforts aim to maintain and improve the reproductive system, function, and process in both men and women. Article 55 affirms the right of everyone to obtain information, education, and counseling regarding reproductive health that is correct and accountable. Article 60 regulates the prohibition of abortion, except with the criteria that are allowed in accordance with the provisions of the Criminal Code, and can only be carried out by medical personnel who have competence and authority, as well as with the consent of the pregnant woman concerned and her husband, except for the victim of rape. Article 61 affirms that the central government, local governments, and communities are responsible for protecting and preventing women from unsafe abortions that are contrary to the provisions of laws and regulations⁵⁶⁷.

The importance of understanding the social and cultural context of regions such as East Aceh in the implementation of informed consent. He said that health workers must be able to convey medical information in a way that is sensitive to local norms (religion, customs, language), while maintaining universal ethical standards. This approach not only protects patients' rights, but also increases adolescents' trust and active participation in reproductive health services⁸. The regulation of reproductive health in this Health Law is to ensure the fulfillment of reproductive health rights for men and women based on the life cycle, maintain and improve the health of the reproductive system, so that it can form a healthy and quality generation. This is in line with the goals of national development in improving the quality of life of the community and the competitiveness of the nation. However, the implementation of these provisions requires special attention, especially in terms of providing health service facilities that meet standards, training of competent medical personnel, and socialization to the public about rights and obligations in the field of reproductive health⁹. Law No. 17 of 2023 on Health recognizes the right to reproductive health as part of a broader right to health, and requires the state to provide fair, affordable, and quality services. However, in its implementation, challenges still arise, especially in areas with special cultural and legal characteristics, such as Aceh. Inequality of access, cultural resistance to sexuality education, and limited medical personnel in gender-sensitive approaches are obstacles that need to be addressed collaboratively. Therefore, national health development will not succeed without strengthening the reproductive health sector through an inclusive, human rights-based, and contextual approach to local values¹⁰.

The Issuance of the Law No. 17 of 2023 as a new legal umbrella that emphasizes rights-based health services.

Law No. 17 of 2023 concerning Health is a new milestone in Indonesia's national health legal system. This law replaces Law No. 36 of 2009 with a more progressive, comprehensive, and rights-based approach. One of the fundamental changes in this Act is the explicit recognition that health is the right of every person guaranteed by the state. This is reflected in Article 3 which affirms that health development is carried out based on the principles of justice, non-discrimination, participation, and respect for human rights¹¹. Thus, the state acts not only as a service provider, but also as a protector and guarantor of citizens' rights to obtain fair and quality health services. Law No. 17 of 2023 also brings a new paradigm in the implementation of health services, including reproductive health. Article 56 specifically states that the Central Government, Regional Governments, and the community are responsible for the implementation of Reproductive Health Efforts that are in accordance with standards, safe, quality, and affordable.¹² This provision strengthens the legal basis for health care providers to provide reproductive services based on scientific evidence and medical ethical principles, while encouraging the elimination of discriminatory practices in services to vulnerable groups, such as adolescents, women, and people with disabilities. This policy is in line with the health rights framework as stipulated in *General Comment No. 14* from the UN Human Rights Committee which states that the state is obliged to respect, protect, and fulfill the right to health.

Furthermore, the Act emphasizes the importance of public participation and multisectoral responsibility in ensuring the fulfillment of the right to health. The central and regional governments are required to prepare planning, budgets, and supervision in a transparent and accountable manner, in accordance with the principles of rights-based governance. In practice, this means that health services are no longer solely determined by fiscal ability or administrative decisions, but must take into account the real needs and rights of the community¹³. Therefore, Law No. 17 of 2023 is expected to be a legal instrument that strengthens the involvement of civil society in the supervision and evaluation of service quality. However, implementation challenges remain significant, especially in regions with a specific legal framework such as Aceh. The harmonization between the national law and the Sharia Qanun is a big homework so that rights-based health services do not conflict with local values. In this context, it is important to have a dialogue between stakeholders—the government, medical personnel, religious leaders, and the community—to ensure that the spirit of Law No. 17 of 2023 can be translated contextually and operationally at the regional level¹⁴. If implemented consistently, this Law can be a driver of the transformation of the national health system towards social justice and sustainability.

⁵ PKS Public Relations. (2024, August 30), Questioning the Rules for Reproductive Health Services in Government Regulation No. 28 of 2024.

⁶ <https://fraksi.pks.id/2024/08/30/menyoal-aturan-pelayanan-kesehatan-reproduksi-dalam-pg-no-28-tahun-2024/>

⁷ https://id.wikisource.org/wiki/Undang-Undang_Republik_Indonesia_Nomor_17_Tahun_2023/

⁸ <https://farmalkes.kemkes.go.id/unduh/Undang-Undang-17-2023>

⁹ Risdawati, I. (2024). Legal Aspects in Implementing an Informed Consent System in Patient Health Practices. *International Journal of Society and Law*, hlm. 115–126

¹⁰ Putri (2023, September 22), LAW to Guarantee the Right to Fulfill Reproductive Health. <https://infopublik.id/kategori/nasional-sosial-budaya/780657/Undang-Undang-jamin-hak-pemenuhan-kesehatan-reproduksi/>

¹¹ Nurhidayah, L. (2022). Challenges of Reproductive Health Services in Sharia Law Areas: A Case Study in Aceh. *Journal of Reproductive Health*, 9(1), 22–35.

¹² Republic of Indonesia. (2023). *Law of the Republic of Indonesia Number 17 of 2023 concerning Health*. Statute Book of the Republic of Indonesia Year 2023 Number 108

¹³ Ministry of Health of the Republic of Indonesia. (2023). Academic Manuscript and Explanation of the Health Law No. 17 of 2023. Jakarta: Legal Bureau of the Ministry of Health.

¹⁴ Dewi, N. A., & Setiawan, B. (2023). Health Legal System Reform: Between the Paradigm of Rights and Public Services. *Indonesian Journal of Health Law*, 14(2), 145–160.

¹⁵ Supriyadi, T. (2023). Synchronization of the New Health Law with the Special Regional Legal System: An Aceh Case Study. *Journal of Regional Autonomy and Health*, 7(1), 34–48.

The complexity of the implementation of services in East Aceh which is within the framework of Islamic sharia law.

The implementation of health services in East Aceh cannot be separated from the context of special autonomy inherent in Aceh Province through Law Number 11 of 2006 concerning the Government of Aceh. This autonomy gives the authority to local governments to apply Islamic law in various aspects of social life, including the health sector. As a result, health services in East Aceh are run within two legal frameworks as well as national law and Islamic Sharia Qanun. Although normatively there is no contradiction, in practice there is often regulatory ambiguity that makes it difficult for medical personnel to carry out their duties according to national standards and professional ethics¹⁵. One concrete example of this complexity can be seen in the provision of reproductive health services, especially related to sexual education, access to contraception, and the handling of unplanned pregnancies. In many cases, these aspects are considered sensitive or even taboo by most Acehnese people who strongly uphold religious and customary norms. Some midwives and doctors admit to experiencing social dilemmas or ethical dilemmas when providing reproductive health education to adolescents or unmarried couples, even though it is medically and legally justified for preventive purposes¹⁶. This shows that the implementation of health policies does not only depend on legal norms, but is also strongly influenced by local social and cultural norms.

This condition is exacerbated by the lack of optimal synchronization between the Aceh Qanun and the national Health Law, including the new Law No. 17 of 2023. Several provisions in Qanun Number 11 of 2002 concerning the Implementation of Islamic Sharia in the Field of Aqidah, Worship, and Islamic Syiar, as well as other Qanun that intersect with public morality, are often the basis for the rejection or restriction of certain services that are considered by national law to be part of the right to health. At the practical level, this creates doubts among health workers and bureaucracies, especially in making service decisions that risk generating resistance from religious leaders or local communities¹⁷. As a result of this complexity, the implementation of health services in East Aceh is often non-uniform and depends on the individual perception of health workers towards religious boundaries and professionalism. In fact, in the perspective of rights-based health development, the state is responsible for ensuring that every citizen, without discrimination, obtains services that conform to universal medical and ethical standards. Therefore, a strategy of legal harmonization and cultural ethics training for medical personnel is needed, so that they are able to carry out contextual services but do not violate the basic principles of the right to health¹⁸.

PROBLEM FORMULATION

1. How is the implementation of reproductive health services in East Aceh in the context of applicable legal regulations, including the application of national law and Islamic Sharia Qanun?

2. Is there a conflict or gap between legal provisions, medical ethics, and medical practice in reproductive health services in East Aceh?

Research Objectives

This research aims to examine in depth the substance of Law Number 17 of 2023 concerning Health which specifically regulates reproductive health rights and services. This study is important to understand how the latest national regulation can be implemented effectively in the local context of East Aceh which has an Islamic sharia legal system. By examining the substance of the LAW, this study seeks to map the opportunities and obstacles that arise in harmonizing national regulations with local norms and their impact on access and quality of reproductive health services. In addition, this study also aims to analyze the ethical dilemmas faced by medical personnel in providing reproductive health services in East Aceh. The socio-cultural and local legal context that is thick with religious values poses its own challenges for health workers in carrying out their professional practices. The study of this ethical dilemma is important to illustrate the conflict between universal medical ethical principles such as patient autonomy, informed consent, and non-maleficence, and the social norms that apply in local communities.

Research Benefits

This research has significant academic benefits by enriching the interdisciplinary discourse between the fields of law and medicine, particularly in the context of reproductive health. Through an in-depth study of the legal, ethical, and practice aspects of medicine, this research opens up a space for dialogue and a more comprehensive understanding of how national regulations and local norms can synergize in regulating reproductive health services. Thus, the results of the research are expected to be an important reference for the development of science, especially for academics, researchers, and students who are interested in health issues, health law, and medical ethics in areas with special legal systems such as Aceh. Practically, this research makes a concrete contribution in the form of policy inputs for local governments and health service providers in East Aceh. The findings will help stakeholders to formulate strategies to strengthen regulations, build the capacity of medical personnel, and develop reproductive health service programs that are more responsive to local social and cultural challenges. That way, reproductive health services in East Aceh can run more effectively, inclusively, and in accordance with applicable legal and medical ethics standards, thereby providing real benefits to the wider community.

II. LITERATURE REVIEW

Reproductive Health according to WHO and Law No. 17 of 2023

¹⁵ Sulaiman, A. (2019). Islamic Sharia and Special Autonomy of Aceh: Implementation Dynamics in the Health Sector. Banda Aceh: Center for Sharia and Constitution Studies UIN Ar-Raniry

¹⁶ Nurhidayah, L. (2022). Challenges of Reproductive Health Services in Sharia Law Areas: A Case Study in East Aceh. *Journal of Reproductive Health*, 9(1), 22–35

¹⁷ Huda, N. (2021). Normative Conflict in the Implementation of Islamic Sharia Qanun and the National Health Law. *Journal of Health Law and Ethics*, 7(2), 114–128.

¹⁸ Abdullah, M. (2020). Harmonization of Cultural Values, Religion, and Health Rights in the Public Service System in Aceh. *Journal of Regional Autonomy and Health*, 6(1), 45–59.

According to the World Health Organization (WHO), reproductive health is defined as "a state of complete physical, mental, and social well-being, and not merely free from disease or weakness, in all respects related to reproductive systems, functions, and processes"¹⁹. This concept includes the right of every individual to live a safe and satisfying sexual life, to have the ability to reproduce, as well as the freedom to determine when and how many times to have children.²⁰ In addition, WHO includes sexual reproductive services such as access to contraception, infertility management, maternal and infant care, prevention and treatment of sexually transmitted infections, and addressing gender-based violence—as an integral part of the reproductive rights and universal health.

In Indonesia, Law No. 17 of 2023 on Health, promulgated on August 8, 2023, establishes a comprehensive legal framework to guarantee the right to health, including reproductive²¹ aspects. This law ensures integrated, participatory, non-discriminatory, and sustainable health efforts—which includes the provision of health facilities, health workers, and health information and education services for the community²². With the enactment of this law, a series of reproductive health services can be managed more systematically, including the prevention of infectious diseases, childbirth and postpartum care, family planning management, as well as strengthening information systems and community participation in national health programs.

Health Law in Indonesia and the Special Autonomy of Aceh (Qanun)

The health legal system in Indonesia is regulated in various laws and regulations that aim to guarantee the right to the highest degree of health for all Indonesian people. One of the main bases is Law No. 17 of 2023 concerning Health, which replaces Law No. 36 of 2009. This law affirms that health is a human right and is a shared responsibility between the state, local governments, and communities. In this context, health regulations include promotive, preventive, curative, and rehabilitative services based on the principles of justice, non-discrimination, and equitable distribution of services²³. However, within the framework of asymmetric decentralization, Aceh was granted special autonomy through Law Number 11 of 2006 concerning the Government of Aceh. This autonomy gives Aceh the authority to establish special regional regulations called Qanun, including in public service affairs such as education, social, and health. Therefore, Aceh has its own legal space to regulate the health service system based on Islamic sharia values and local customs, as long as it does not conflict with the national constitution and higher laws and regulations²⁴.

For example, in the implementation of health services in Aceh, several Qanun are arranged to adapt to the characteristics of the local community, such as the Qanun on Sharia Financial Institutions and Qanun Jinayat which also have implications for the system of handling victims of

gender-based violence and reproductive health. Harmonization between the national Health Law and Qanun in Aceh is important so that there is no overlap in norms and still ensures the protection of patients' rights. Therefore, the existence of Qanun in the context of health law in Aceh is one of the tangible manifestations of the pluralistic legal system in Indonesia that bridges national law and local law based on wisdom and regional specificity²⁵.

Principles of Medical Ethics, Autonomy, Beneficence, Justice, Non-maleficence.

Medical ethics is a moral and professional guide used in the practice of health services to maintain the dignity and integrity of the medical profession, as well as protect the rights of patients. There are four main principles in modern biomedical ethics formulated by Beauchamp and Childress: autonomy, beneficence, non-maleficence, and justice. These principles are the basis of medical decision-making and must be applied comprehensively by healthcare professionals in their daily practice in order to create an ethical and professional therapeutic relationship between physician and patient²⁶.

The principle of autonomy emphasizes the importance of respecting the patient's right to make a free and conscious decision about the medical procedure to be undertaken, including the right to refuse or accept an intervention. In its implementation, autonomy requires doctors to provide honest, complete, and understandable information, so that patients can make the right choices according to their values and beliefs. This principle is closely related to beneficence, which is the obligation of doctors to act for the good of patients, as well as non-maleficence, which requires medical personnel not to take actions that have the potential to harm or cause harm to patients²⁷.

Meanwhile, the principle of justice or justice stipulates that every patient has the right to receive fair and equal health services, regardless of social, economic, religious, or gender background. Justice is also related to the equitable distribution of medical resources and non-discriminatory treatment in the health care system. These four principles are not only stand-alone, but complement each other and are important guidelines in resolving ethical conflicts that often arise in clinical practice. By applying these principles consistently, medical personnel can ensure that every action taken is based on moral values, professionalism, and protection of human rights²⁸.

Previous studies on reproductive health services in religious-based areas

Reproductive health services in religious-based areas present their own challenges, especially in aligning medical principles with religious norms. A number of previous studies have shown that in regions such as Aceh, where the application of Islamic sharia is governed through Qanun, approaches to reproductive health must take into

¹⁹ WHO. Reproductive health. Definition and scope of reproductive health

²⁰ <https://www.who.int/health-topics/sexual-and-reproductive-health-and-rights/>

²¹ <https://peraturan.bpk.go.id/Details/258028/uu-no-17-tahun-2023/>

²² BKK-Ternate (2025). Copy of Law No. 17 of 2023. Details of the principles of non-discrimination and participation in healthcare

²³ Law Number 17 of 2023 concerning Health

²⁴ Law Number 11 of 2006 concerning the Government of Aceh

²⁵ Husni, Luthfi. (2017). The Implementation of Aceh's Special Autonomy in the Formation of Regional Qanun. IUS Law Journal, Vol. 5 No. 3.

²⁶ Beauchamp, T.L., & Childress, J.F. (2013). Principles of Biomedical Ethics (7th ed.). Oxford University Press

²⁷ Indonesian Medical Council (KKI). (2012). Indonesian Medical Code of Ethics. Retrieved from: <https://kki.go.id>

²⁸ Veatch, R.M., Haddad, A.M., & English, D.C. (2015). Case Studies in Biomedical Ethics: Decision-Making, Principles, and Cases. Oxford University Press.

account strong cultural and religious values. For example, research by Latifah (2020) noted that health services for adolescents are often faced with societal resistance because they are considered taboo or contrary to local norms. As a result, access to information and services related to contraception, sexual health, and protection from the risk of sexually transmitted diseases has become limited²⁹. On the other hand, a study conducted by Hasbullah and Maulida (2022) in several districts in Aceh shows that a collaborative approach between medical personnel and religious leaders actually strengthens public acceptance of reproductive health services. They found that when services were delivered with a narrative that was aligned with religious values—for example, through an emphasis on the importance of maintaining family health or protecting offspring—people were more open to reproductive health education, including family planning and premarital check-ups³⁰. This approach suggests that the success of reproductive services in religious law-based areas is highly dependent on the contextualization of messages and the involvement of local actors in counseling.

III. METHOD

This study uses a descriptive qualitative method to explore and describe the phenomenon of reproductive health in East Aceh in depth and contextual. The qualitative approach was chosen because this research aims to understand the dynamics of medical law, ethics, and practice in complex socio-cultural and local regulatory contexts. With these characteristics, qualitative methods provide the flexibility to identify patterns, perceptions, and conflicts that quantitative methods may not reach. The case study approach was used to focus specifically on East Aceh Regency as the research location. The case study allows researchers to conduct a holistic analysis of the implementation of the latest health law, Qanun Aceh, as well as the practice of medical personnel in the field in a typical local context. The selection of this location is based on the uniqueness of East Aceh as an area with the application of Islamic sharia and its own challenges in the implementation of reproductive health services that are multisectoral and cross-norm.

IV. RESULT AND DISCUSSION

Overview of Reproductive Health in East Aceh

The picture of reproductive health in East Aceh shows complex dynamics, especially in terms of access and quality of services. Although local governments have made efforts to improve health service infrastructure to remote villages through health centers and maternal and child health programs, the reality is that there are still many communities—especially adolescents and women—who struggle to obtain adequate reproductive health services. Widespread geographical factors, limited number of trained medical personnel, and lack of easily accessible information are major obstacles in fulfilling the right to reproductive

health in this region.³¹ In terms of quality, many health facilities in East Aceh still face challenges in providing youth-friendly and gender-based services. Several field studies have found that reproductive health services often do not prioritize the principles of privacy, confidentiality, and non-discrimination. This has an impact on the low level of service utilization by vulnerable groups, such as adolescent girls and women from poor families. The lack of ongoing training for health workers and the lack of appropriate medical equipment also worsened the quality of services provided³². Structural and cultural constraints also play a significant role in limiting the effectiveness of reproductive health services in East Aceh. A still strong patriarchal culture, as well as conservative interpretations of religious norms, often limit open discussion of sexual and reproductive health. In addition, there is still a taboo on topics such as contraception, sexual education, and adolescent reproductive rights. This makes socialization and intervention of reproductive health programs often rejected or less accepted by the local community³³. Therefore, the strategy to improve reproductive health in East Aceh needs to integrate cultural and religious approaches wisely to achieve sustainable effectiveness.

Legal Analysis

Law No. 17 of 2023 concerning Health is a national regulation that contains important articles related to health rights and services, including reproductive health. Article 56 of this Law emphasizes that living a healthy, safe, and free reproductive and sexual life from discrimination, coercion and/or violence by respecting noble values that do not degrade human dignity in accordance with religious norms, obtaining information, education, and counseling about reproductive health that is correct and accountable and receiving health services and recovery due to the crime of sexual violence. Meanwhile, Article 65 Efforts to fulfill nutrition are carried out in the entire life cycle from the womb to the elderly, carried out by paying special attention to pregnant and lactating women, infants and toddlers and adolescent girls This law also regulates legal protection for medical personnel in Articles 308-309, which states that medical personnel can only be processed by law after going through an examination by the Honorary Council for the Discipline of Medical Personnel/Health Workers³⁴. However, the implementation of Law No. 17 of 2023 in Aceh must consider the existence of Islamic Sharia Qanun which has the force of special regional law. Qanun Number 11 of 2002 concerning the Implementation of Islamic Sharia in the Field of Aqidah, Worship, and Islamic Syiar and Qanun Number 6 of 2014 concerning Jinayat Law regulates the norms of life of the people of Aceh based on sharia principles. In the context of reproductive health, this is often associated with moral issues, such as promiscuity and the use of contraceptives by adolescents, which are considered contrary to sharia values. This difference in legal orientation causes tension between

²⁹ Latifah, S. (2020). Adolescents' Access to Reproductive Health Services in Islamic Sharia Areas: A Case Study in Aceh Besar. *Journal of Public Health*, 15(2), 112–120

³⁰ Hasbullah, A., & Maulida, I. (2022). The Integration of Islamic Values in Reproductive Health Services: A Study in Bireuen Regency. *Journal of Health and Religious Sciences*, 10(1), 45–56

³¹ National Population and Family Planning Agency (BKKBN), Aceh Population and Family Profile Report 2022, 2023

³² Center for Gender and Child Studies UIN Ar-Raniry Banda Aceh, Analysis of Adolescent-Friendly Reproductive Health Services in Aceh, 2021

³³ Nurhayati, I. (2020). "Cultural and Religious Construction in the Fulfillment of Women's Reproductive Health Rights in Aceh." *Journal of Social Sciences and Humanities*, 9(1), 45-57.

³⁴ Law Number 17 of 2023 concerning Health, Statute Book of the Republic of Indonesia Number 96 of 2023

the human rights-based approach to health and the sharia-based legal approach³⁵.

The inequality of these norms is seen in practice in the field, where health workers often face a dilemma between carrying out their professional obligations according to the Health Law and having to submit to social pressure and conservative interpretations of local laws. For example, reproductive health education programs in schools are sometimes rejected or restricted by local community leaders and scholars on the grounds that they are contrary to the sharia. Nationally, the education is part of the government's preventive efforts against teenage pregnancy and sexually transmitted diseases. This condition causes legal uncertainty and inconsistencies in the services received by the community, especially adolescent girls³⁶. Therefore, there is a need for harmonization between Law No. 17 of 2023 and Islamic Sharia Qanun-Qanun in Aceh, so that there is no overlap or conflict of norms that harm citizens' rights to health services. One approach that can be taken is through dialogue between stakeholders, including local governments, scholars, and civil society organizations, to formulate policies that are rights-based but still sensitive to local cultural values. That way, health regulations can be implemented fairly and effectively, without sacrificing constitutional and Islamic sharia principles that apply in Aceh³⁷.

Medical Ethics Analysis

In the practice of medicine, issues around contraception, sexuality education, and abortion often give rise to complex ethical dilemmas, especially in areas based on strong religious and cultural norms. Modern contraception, although it plays an important role in birth control and the protection of maternal health, is still considered taboo in some communities. Sex education has also faced resistance, in that this approach has been shown to be effective in preventing unwanted pregnancies and sexually transmitted infections. Furthermore, the practice of abortion has become a debate between women's reproductive rights and the moral or legal values that apply, especially in areas that apply sharia-based laws such as in Aceh. In this context, medical personnel are often faced with a choice between meeting the needs of patients or complying with prevailing social norms³⁸.

Ethical challenges also arise in the application of the principles of autonomy (patient independence) and informed consent (informed consent). In modern bioethical theory, each patient has the right to make his own decisions regarding the medical procedures he or she will receive, including in terms of reproduction. However, on the ground, many women, especially adolescents, do not have the capacity or flexibility to make decisions independently due to family pressure, patriarchal culture, and ignorance of adequate medical information. This causes the principle of

autonomy often not to work ideally³⁹. In addition, the process *informed consent* It is often a mere formality without a complete understanding on the part of the patient. In many cases in remote areas, medical information is not conveyed in detail and is easy to understand, so patients, especially young women, approve medical procedures without really understanding the risks. This is a violation of the principles of medical ethics because it undermines the patient's right to make conscious decisions. Therefore, it is important for medical personnel to not only carry out administrative obligations, but also ensure empathetic, transparent, and adequate health literacy-based communication⁴⁰. The practice of informed consent has been too focused on the legal aspect of formality, so it often ignores the essence of justice for patients. He stressed that distributive justice should be the basis in all stages of consent, ensuring that patients from diverse backgrounds—especially adolescents in remote areas such as East Aceh—have access to equitable, transparent, and digestible information without discrimination⁴¹.

In the context of modern medical ethics, this dilemma demands a culturally sensitive approach while still upholding human rights principles. Efforts to improve the medical education system, increase the ethical communication capacity of health workers, and involve community and religious leaders in reproductive health advocacy are needed to create a balance between local norms and universal principles of medical ethics. Without it, moral dilemmas and ethical violations will continue to overshadow health services, especially those related to reproductive health.⁴²

Reproductive health services in East Aceh in the context of applicable legal regulations, including the application of national law and Islamic Sharia Qanun

Adolescent reproductive health services in East Aceh are regulated by various legal regulations that include national law and Islamic sharia qanun. Nationally, this service is based on Law Number 17 of 2023 concerning Health, which regulates the provision of contraceptives and reproductive health services for adolescents. However, the Aceh Ulema Consultative Assembly (MPU) considers that some of the provisions in the regulation are contrary to Islamic law, especially related to the provision of contraceptives for adolescents and the prohibition of female circumcision. MPU Aceh asks the Aceh Government to implement the principles of Islamic sharia in health policy, including in adolescent reproductive health services.⁴³

At the local level, East Aceh Regency has issued Qanun Number 4 of 2016 concerning the Establishment and Composition of Regional Apparatus, which includes the establishment of a regional technical implementation unit of community health centers (UPTD Puskesmas) that is

³⁵ Qanun Aceh Number 11 of 2002 and Qanun Number 6 of 2014 concerning the Law of Jinayat

³⁶ Rahmawati, A. (2022). "The Dilemma of Health Workers in the Implementation of Islamic Sharia in Aceh." *Journal of Law and Health*, 14(2), 101-115.

³⁷ Marzuki, P.M. (2021). *Harmonization of National and Regional Law in the Framework of Special Autonomy of Aceh*. Copyright © 2019 Genta Publishing. All Rights Reserved.

³⁸ Beauchamp, T.L. & Childress, J.F. (2019). *Principles of Biomedical Ethics*. Oxford University Press.

³⁹ Gillon, R. (2003). "Ethics needs principles—four can encompass the rest—and respect for autonomy should be 'first among equals'", *Journal of Medical Ethics*, 29(5), pp. 307–312.

⁴⁰ World Health Organization. (2017). *Informed Consent: WHO Guidelines on Ethical Issues in Public Health Surveillance*. Geneva: WHO Press.

⁴¹ Irsyam Risdawati. (2024). *Introduction to Health Law Navigating Legal and Ethical Challenges in Health Services*. Bekasi: PT Dewangga Energi International.

⁴² Cook, R.J., Dickens, B.M., & Fathalla, M.F. (2013). *Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law*. Oxford University Press.

⁴³ <https://www.waspadia.id/aceh/dinilai-bertentangan-dengan-hukum-islam-mpu-aceh-tolak-pp-nomor-28-tahun-2024/>

responsible for health services, including adolescent reproductive health. In addition, East Aceh Regent Regulation Number 14 of 2024 concerning the Acceleration of Stunting Reduction also includes reproductive health screening for prospective brides and couples of childbearing age as part of efforts to prevent stunting and improve the quality of family health.⁴⁴

However, the implementation of adolescent reproductive health services in East Aceh faces challenges in harmonizing national regulations and Islamic sharia qanun. The difference of views between the government and the Aceh MPU on policies such as the provision of contraceptives for adolescents shows that there is a tension between efforts to improve reproductive health and uphold Islamic sharia values. Therefore, it is important to conduct further dialogue and studies to strike a balance between public health needs and respect for local religious and cultural values.⁴⁵

Conflicts or gaps between legal provisions, medical ethics, and medical practices in reproductive health services in East Aceh

Reproductive health services in East Aceh face significant challenges due to tensions between national legal provisions, medical ethics, and local medical practices. Although national laws, such as Law Number 17 of 2023 concerning Health, support adolescents' access to reproductive health services, their implementation often conflicts with local values upheld by the people of Aceh. For example, in the context of family planning, there is resistance to contraceptive use among couples of childbearing age, influenced by strong cultural and religious norms. This creates a gap between national policy and practice on the ground, where medical personnel are often caught in a dilemma between following professional standards and respecting local values.

In addition, medical ethics that prioritize patient autonomy and informed consent often clash with the principles of Islamic sharia that are the basis of law in Aceh. For example, in cases related to adolescent reproductive health, medical personnel are faced with the difficult decision between providing services according to medical standards or adjusting to the applicable Islamic sharia provisions. These tensions raise the urgent need for harmonization between national regulations, medical ethics, and local values to ensure effective reproductive health services that are appropriate to the local cultural context.

V. CONCLUSION

Conclusion

Adolescent reproductive health services in East Aceh show complex dynamics due to the intersection between national regulations and local legal norms based on Islamic law. On the one hand, the Health Law and various national policies encourage the fulfillment of adolescents' right to access comprehensive reproductive health information and services. However, its implementation in East Aceh is still hit by customary and religious norms that limit the space of movement of health workers in providing

sexual education, contraceptive services, and handling cases related to reproduction. This inequality poses ethical and legal dilemmas, both for medical personnel and for adolescents as a group of service recipients. From the perspective of medical ethics, principles such as autonomy, beneficence, and justice have not been fully realized due to low health literacy, social pressure, and limited means to support meaningful informed consent. Therefore, harmonization between national and local laws is key in building an inclusive and ethical reproductive health care system. A collaborative policy is needed that not only ensures legal compliance, but also protects adolescents' reproductive health rights through educational, preventive, and participatory approaches, while respecting the local values that live in the people of East Aceh.

Suggestion

To improve the quality of adolescent reproductive health services in East Aceh, it is necessary to strengthen collaboration between local governments, religious leaders, medical personnel, and educational institutions. The government must encourage the issuance of derivative policies that bridge the gap between national regulations and the implementation of Islamic Sharia Qanun, so that health workers have legal certainty in carrying out their duties. Special training related to professional ethics, culturally sensitive communication, and legal understanding needs to be provided on an ongoing basis to medical personnel in order to be able to provide services that are in accordance with professional standards without neglecting local values.

On the other hand, an educational approach involving families and community leaders is essential to improve adolescents' understanding of reproductive health in socially and religiously accepted corridors. Educational materials can be contextually packaged with moral and religious approaches that support the protection of adolescents from the risk of unwanted pregnancy and sexually transmitted diseases. Thus, adolescent reproductive health services can become a safe, dignified, and ethical space for the young generation of East Aceh in maintaining health and the future.

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