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Implementation of Abortion Provisions under Law Number 17 of 2023 and Legal Protection for Medical Practitioners

Astrid Meya Shinta, Fayola Issalillah, Yeni Vitrianingsih

Universitas Sunan Giri Surabaya

Email: astridmeyashinta@gmail.com

ABSTRACT – This research discusses the regulation of abortion actions by medical personnel based on Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024. The main focus of the research is to analyze the juridical foundation of abortion restrictions, criminal provisions for violations, legal protection for medical personnel performing legal abortions, and implementation barriers in legal protection. This normative legal research uses statutory and conceptual approaches with primary and secondary legal materials analyzed qualitatively. The results show that abortion regulations are limitative with three categories permitting abortion, namely a threat to the mother's life, pregnancy resulting from rape, and fatal fetal abnormalities. Criminal provisions provide sanction threats for violations, but medical personnel acting in accordance with the provisions obtain legal protection. The implementation of legal protection faces barriers in the form of low understanding among medical personnel, social stigma, and limited access to legal aid. Efforts to strengthen legal protection require increasing legal education, support from professional organizations, and improvements in access to legal aid. This research recommends synergy between the medical profession and law enforcement officials to realize effective legal protection for medical personnel.

Keywords: abortion, medical personnel, legal protection, criminal provisions, health law.

A. INTRODUCTION

Abortion is one of the most complex issues in the health system, since it touches on ethical, moral, and legal dimensions at once. This complexity is even greater in a country with religious and cultural diversity such as Indonesia, where abortion is generally viewed as an act contrary to the values of life. Indonesia's legal system positions abortion as an act that is fundamentally prohibited, with a few exceptions regulated strictly (Shodiq et al., 2024). These exceptions exist to respond to certain emergency or humanitarian situations, where the safety of the mother or the condition of the fetus requires medical intervention that cannot be avoided. Efforts to safeguard maternal health during periods of medical crisis have likewise been highlighted in studies on preventive measures for pregnant women, which show that protecting the mother's well-being becomes a priority precisely in high-risk situations (Issalillah, 2021). This limited arrangement reflects the state's effort to maintain a balance between protecting the right to life and fulfilling the right to health.

The ideal condition expected of abortion regulation is clear legal certainty for medical personnel to carry out lawful abortion procedures. Medical personnel should be given comprehensive operational guidelines and adequate legal protection when making medical decisions based on strong clinical indications (Setiawati et al., 2025). Legal certainty of this kind is also the central concern in other areas of family law, where clear legal norms are essential to prevent conflicting interpretations that could weaken enforcement (Aliyah et al., 2023). Applicable regulations should ideally provide unambiguous guidance on what conditions permit abortion, what procedures must be followed, and what sanctions apply in the event of a violation. Compliance with regulation should serve as the legal basis for medical action and, at the same time, as a legal shield protecting medical personnel from criminal charges or civil claims. This ideal condition can only be realized once the legal norms are fully understood by all parties with an interest in them, particularly medical personnel as the direct implementers in the field.

There is a fairly significant gap between normative regulation and its practical implementation at the

health facility level. Medical personnel often face uncertainty in interpreting the boundaries of a lawful abortion procedure, especially in emergency situations that demand rapid decisions. Inadequate understanding of the substance of abortion regulation can create confusion and fear among medical personnel, which risks hindering the provision of health services that should otherwise be available. This gap between formal regulation and public perception is also shaped by the dynamics of public opinion, since information circulating widely through social media can polarize views on the legality of certain medical actions (Arifin & Rojak, 2022). This gap is also visible in the continued practice of illegal abortion in society, as well as in medical personnel who are reluctant to perform abortion procedures even when medically necessary. This actual condition shows that normative regulation has not yet been fully translated into safe medical practice consistent with legal provisions.

One problem that stands out is the lack of clarity regarding the limits of abortion action that may be carried out by medical personnel under the health law. Law Number 17 of 2023 on Health regulates abortion as an exception with very limited conditions, yet interpretation of those conditions often produces differing opinions among medical practitioners. The extraordinary conditions that permit abortion, such as a threat to the mother's life or pregnancy resulting from rape, require deep understanding so that no deviation occurs in their application. Differences of interpretation such as these often stem from underlying social stereotypes, which have been shown to shape unequal treatment and divergent judgments across various professional and social settings (Sajjapong et al., 2022). Medical personnel are required to understand precisely each permitted category along with the procedures that must be met, since a misreading can have fatal consequences for both patient and practitioner. This problem grows more complicated still because of the criminal provisions threatening any violation of abortion regulation, forcing medical personnel to operate under tension between professional duty and looming legal risk.

The second problem concerns the criminal provisions and legal consequences faced by medical personnel should a violation occur in the implementation of abortion. The threat of imprisonment set out in the health law is designed to produce a deterrent effect, but in practice it can instead breed professional reluctance among medical personnel. Professional performance under this kind of pressure is closely tied to individual psychological traits, as personality has been shown to significantly influence how professionals carry out their duties under stressful conditions (Darmawan, 2017). Medical personnel often feel threatened by severe criminal provisions, particularly when facing cases that fall into the grey area between valid and invalid indications. Fear of criminal prosecution can push medical personnel to avoid abortion procedures altogether, which ultimately harms patients who need medical help (Alfaresi et al., 2024). This concern echoes broader findings on how individuals who have already faced legal consequences often struggle afterward to regain their social and professional standing (Suwito et al., 2022). The differing sanctions applied to intentional violations versus those arising from negligence likewise require careful understanding, so that law enforcement does not produce injustice. This problem shows that criminal provisions that are too severe can become a liability for the health system if not balanced with adequate legal protection.

The third problem is the still-imperfect legal protection available to medical personnel who carry out abortion procedures in accordance with statutory provisions. Although the law guarantees legal immunity for medical personnel acting on valid medical indications, this guarantee is often insufficient to shield them from the various pressures that arise in the field. Medical personnel may face civil claims from a patient's family or objections from parties opposed to the abortion, even when the procedure was carried out according to applicable standards. Protection under private law has likewise been examined in relation to the stigma faced by families, showing that legal safeguards often remain limited in practice despite their formal existence (Zahid, Darmawan, & Khayru, 2022). Protection from criminal and civil claims guaranteed by law is not always felt in reality by medical personnel, since the protection mechanism requires both understanding and access to adequate legal assistance (Londras et al., 2022). Dispute-resolution mechanisms outside formal litigation, such as mediation used to settle family conflicts, may offer an alternative path for resolving such claims without prolonged legal proceedings (Zahid, Fajar, Darmawan, & El-Yunusi, 2021). The physician's oath to respect life from the moment of conception is also an ethical consideration that must be weighed against legal and medical duties in emergency situations. This

condition places medical personnel in a vulnerable position, where compliance with the law does not yet fully guarantee protection from the risks that continue to loom.

The fourth problem consists of implementation barriers rooted in structural and cultural factors surrounding the lawful practice of abortion. The low level of understanding among medical personnel regarding the substance of abortion regulation is a major obstacle causing uncertainty in clinical decision-making. Strong social and cultural pressure within Indonesian society adds to the psychological burden carried by medical personnel, since abortion is still regarded as morally unacceptable by most of society (Saputra et al., 2023). Coping with such sustained psychological pressure requires a degree of resilience, which research suggests can be strengthened through support systems such as family involvement (Evendi, Khayru, & Waskito, 2024). Limited access to legal assistance is also a significant factor, since not all medical personnel can easily consult a legal expert when facing issues related to abortion. The interaction between social psychology and pregnancy-related health decisions has also been observed during large-scale health crises, where public perception considerably shapes how such decisions are made and received (Issalillah, 2021). These barriers are interconnected and create an environment that is not conducive to the safe and lawful practice of abortion. Overcoming them requires a structured approach involving the various parties concerned.

Based on the description of the problems, this research aims to analyze the juridical foundation and scope of abortion restrictions by medical personnel based on Law Number 17 of 2023 concerning Health. This research also aims to examine the criminal provisions and legal consequences faced by medical personnel if they violate abortion regulations. Furthermore, this research aims to review the legal protection provided to medical personnel to perform legal abortion practices in accordance with statutory regulations. The final objective of this research is to identify implementation barriers in legal protection for medical personnel and formulate efforts to strengthen such legal protection. The tangible contribution of the results of this research is to provide a more comprehensive understanding of the legal framework of abortion for medical personnel and stakeholders in the health sector. The results of this research are also expected to serve as input for policymakers to refine regulations and legal protection mechanisms for medical personnel.

B. METHOD

This research is a normative legal research utilizing a statutory approach and a conceptual approach. The statutory approach is used to thoroughly examine the provisions in Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024 which regulate abortion actions. The conceptual approach is used to analyze various legal concepts related to abortion, legal protection, and the criminal liability of medical personnel. The legal materials used in this research include primary legal materials in the form of statutory regulations, and secondary legal materials in the form of legal literature, scientific journals, and official documents relevant to the research topic (Johansson, 2025). The technique of collecting legal materials is conducted through literature study by identifying, inventorying, and categorizing various legal sources related to abortion regulations.

The analysis of legal materials in this research is conducted qualitatively using legal interpretation and legal systematization methods (Feler, 2025). Legal interpretation is used to interpret the meaning of each article in the statutory regulations governing abortion, while legal systematization is used to connect various provisions scattered across different regulations into a cohesive whole. The analysis results are presented in a descriptive-analytical manner to provide a clear picture of abortion regulations and their implementation in the field. This research is not intended to test hypotheses, but rather to provide an understanding of the legal framework of abortion and legal protection for medical personnel. The presentation of the research results is conducted with a qualitative approach that emphasizes the depth of analysis and the completeness of understanding regarding the problem studied.

C. RESULTS AND DISCUSSION

Juridical Foundation and Scope of Abortion Restrictions by Medical Personnel

The regulation of abortion actions within the Indonesian legal system is positioned as an exceptional policy, where such actions are fundamentally prohibited unless otherwise stipulated by statutory regulations. Law Number 17 of 2023 concerning Health serves as the primary instrument that strictly governs the limitations of abortion actions that can be performed by medical personnel. This regulation provides a clear juridical framework regarding the extraordinary conditions that allow abortion actions to be carried out legally, while

simultaneously establishing that any abortion practice outside of these provisions constitutes an action contrary to the law. This limitative regulation is intended to maintain a balance between the protection of the fetus's right to life and the fulfillment of the mother's right to health in emergency or humanitarian situations. This legal norm is binding and must be obeyed by all medical personnel as part of their professional and legal responsibilities (Leksono et al., 2025).

The restrictions on abortion under Law Number 17 of 2023 are grouped into three main categories, each with its own conditions and procedures. First, abortion is permitted when a pregnancy endangers the mother's life, covering certain medical conditions or pregnancy complications that could prove fatal if the pregnancy continues. This provision accommodates the principle of medical emergency, which places the mother's safety as the top priority. The relevant articles affirm that such medical indications must be proven through a diagnosis and recommendation from authorized medical personnel (Triandani et al., 2024). A comparative look at Indonesia's criminal law framework on abortion confirms that this life-saving indication remains among the most consistently recognized grounds compared with other legal systems (Indayanti et al., 2023). Abortion under this category cannot be carried out for convenience or personal preference, but must rest solely on objective clinical considerations.

Second, abortion is permitted when a pregnancy results from the criminal act of rape against an adult woman. This provision aims to protect the rights of women who are victims of sexual violence and to give them the option not to continue an unwanted pregnancy that could cause prolonged trauma. However, this protection is not automatic, since carrying out abortion under this category must be accompanied by counseling and a police report as initial evidence that the crime of rape occurred. Social perceptions surrounding victims of sexual violence often affect their mental recovery, which makes legal recognition of this exception essential in preventing further psychological harm (Issalillah & Khayru, 2021). The physician's oath, which fundamentally calls for respecting life from the moment of conception, does not become an obstacle to performing abortion under this category, since the state provides an exception through a strong legal basis (Irawati, 2023). Should such a pregnancy be carried to term, questions concerning the legal status and educational rights of the resulting child add further complexity to decisions made in cases of sexual violence (Fajar et al., 2022). This exception reflects the state's responsibility to provide protection and recovery for victims of sexual violence through an integrated legal and health-based approach.

Third, abortion may be performed when the fetus is detected to have a fatal abnormality that would prevent survival after birth, or when the fetus is confirmed to face severe physical or mental disability in accordance with the conditions set out in implementing regulations. This measure is intended to prevent prolonged suffering for the fetus as well as heavy psychological and social burdens for the parents. The principle of prioritizing a child's best interest, commonly applied in custody-related decisions, is equally relevant when weighing the welfare of a fetus expected to face severe, lifelong impairment (Fajar et al., 2021). Legal guarantees concerning a child's right to health and proper care further support the rationale for permitting abortion when a fetus is unlikely to survive or thrive after birth (Hariani et al., 2021). Article 60 and Article 429 paragraph (3) of Law Number 17 of 2023 affirm that these three categories are the only conditions under which abortion may be lawfully performed. This normative clarity serves as both a legal guide and a form of preventive protection for medical personnel, ensuring that every action taken can be accounted for before the law. Any abortion performed outside these provisions has no legal basis and may be classified as a criminal offense.

The main purpose of restricting abortion under Law Number 17 of 2023 is to balance the constitutional right to life inherent in the fetus with the mother's right to health and safety in certain situations. This law clarifies the operational definition and procedure for abortion within the framework of health law, so that no overly broad interpretation arises among medical practitioners or law enforcement officers. Every provision is designed to minimize potential misuse of medical procedures while ensuring that abortion is taken only as a genuinely necessary last resort. Clear and well-structured regulation, much like other organizational systems, has been shown to improve overall effectiveness by reducing ambiguity in how rules are carried out (Darmawan, 2024). This strict regulation also reflects the state's commitment to protecting the survival of the nation's next generation while still allowing room for unavoidable humanitarian and medical action. This tension between professional duty and personal or ethical burden mirrors broader

discussions on how individuals negotiate competing demands within their working lives (Eddine & Darmawan, 2022). A complete understanding of this legal foundation is an absolute requirement for medical personnel to carry out abortion practice in accordance with applicable provisions.

Criminal Provisions and Legal Consequences for Violations

Every abortion action performed without meeting the legal requirements stipulated in Law Number 17 of 2023 carries strict and non-negotiable criminal consequences. Criminal imprisonment sanctions are explicitly threatened against medical personnel who perform abortions without a legal basis recognized by statutory regulations. This criminal threat is not only preventive but also repressive, as it aims to create a deterrent effect while preventing the widespread practice of illegal abortion in society. The criminal provisions in this health law directly bind all medical personnel as legal subjects carrying out health service practices, so that any violation can be subject to sanctions according to the level of fault and the resulting consequences. The imposition of criminal sanctions for abortion violations is based on the consideration that illegal abortion actions not only harm the state's legal interests but also potentially endanger the health and safety of patients (Nagieb & Widjaja, 2025).

The existence of criminal sanctions in Law Number 17 of 2023 functions as an ultimum remedium, that is, a final legal measure taken only after preventive and administrative approaches fail to prevent violations. This sanction is designed to protect society from irresponsible abortion practices, which are often carried out in unfit health facilities or by incompetent medical personnel. A violation of abortion provisions can lead to criminal charges carrying the possibility of imprisonment, so medical personnel must carefully understand every boundary set out in the law. A comparable tension between domestic legal certainty and international standards has also been noted in discussions weighing abortion regulation against human rights principles, showing that strict criminal provisions must still be measured against the individual's fundamental rights (Rini et al., 2023). This concern for protecting life from its earliest stage is echoed in studies exploring a child's potential from a spiritual standpoint, which similarly place high value on preserving and nurturing life (Masfufah & Darmawan, 2023). This firm sanction also sends a strong signal that the state does not tolerate abortion carried out without valid medical indication or without following the prescribed legal procedure. Through this criminal threat, the state affirms its commitment to maintaining legal certainty and consistently protecting citizens' right to life.

The criminal provisions governing abortion in Law Number 17 of 2023 must be read together with its implementing regulation, Government Regulation Number 28 of 2024, which provides further detail on the conditions and procedures that must be met. With this implementing regulation in place, ambiguity that might arise from the law itself can be reduced, giving medical personnel a more operational guide for carrying out lawful abortion practice. A parallel can be drawn from how legal exceptions are structured in other fields, such as the mechanism allowing a Notary Honorary Council's approval to override the duty of confidentiality in criminal proceedings, which shows that any exception to a general legal duty requires a clear and specific procedural basis (Roberto et al., 2026). However, non-compliance with the procedures set out in the implementing regulation can still be classified as a criminal violation, since that regulation forms an inseparable part of the abortion regulatory system. Just as effective policy design must remain attuned to local cultural values to be properly implemented, the technical provisions on abortion likewise need to be understood within the social conditions where medical personnel actually operate (Mardikaningsih & Darmawan, 2023). Medical personnel cannot simply understand the articles of the law; they must also master every technical provision set out in the government regulation. Full compliance with procedure is an absolute requirement for an abortion procedure to avoid criminal sanction, and even the smallest deviation can result in legal action.

The criminal sanctions imposed on medical personnel who violate abortion provisions are not uniform, since the severity of punishment is adjusted according to the nature of the violation, that is, whether it was committed intentionally or through negligence (Alfaresi et al., 2024). This distinction is important to ensure a sense of justice in law enforcement, since medical personnel who err due to a lack of understanding of the regulation deserve different treatment from those who deliberately

break the law. Law Number 17 of 2023 also stipulates that criminal sanctions are not only imposed on the medical personnel performing the procedure, but may also apply to other parties involved in an illegal abortion process, such as health facility managers or those who facilitate the act. The criminal system within abortion regulation is comprehensive and reaches every link in the chain of unlawful action. Enforcing sanctions effectively also calls for sensitivity to the social conditions surrounding each case, much as strategies for adapting to broader social and environmental change must be grounded in local socio-cultural perspectives to succeed (Oluwatoyin & Mardikaningsih, 2022). Consistent and proportionate enforcement of criminal sanctions is an important instrument for achieving effective abortion regulation in Indonesia (Setiawan & Rivanie, 2025).

The threat of criminal punishment faced by medical personnel who violate abortion provisions can create professional reluctance, particularly in medical situations that fall into the grey area between valid and invalid indications. This tension resembles the way individuals must balance competing professional and personal obligations, as seen in households where working parents must manage both career and child-rearing responsibilities at once (Evendi et al., 2023). This condition points to the need for clinical guidance that is integrated with legal provisions, so that medical personnel are not hesitant to make necessary decisions. Legal certainty regarding the boundaries of criminal liability must continue to be disseminated through ongoing education and training mechanisms for medical personnel, so that they understand precisely which actions are prohibited and which are protected. Ongoing training of this kind is most effective when it also strengthens both individual and collective learning capacity, allowing lessons on legal boundaries to be absorbed and applied consistently across a medical team (Kurniawan & Darmawan, 2021). Law enforcement officers, for their part, also need an adequate understanding of the medical aspects of abortion, so that criminalization does not occur against medical personnel acting on valid medical indications. Synergy between the medical profession and law enforcement is an essential precondition to ensure that criminal provisions on abortion are not misused, either by medical personnel or by parties seeking to exploit legal ambiguity.

Legal Protection for Medical Personnel in Legal Abortion Practices

The Indonesian system of law explicitly provides legal protection to medical personnel who perform abortion actions in accordance with the provisions regulated in Law Number 17 of 2023 and Government Regulation Number 28 of 2024. Such protection takes the form of legal immunity from criminal charges and civil lawsuits, provided that the abortion procedure is performed based on valid medical indications and fulfills all formal requirements determined by statutory regulations. Medical personnel who perform abortions under conditions of a threat to the mother's life, fatal fetal abnormalities, or resulting from rape and sexual violence, cannot be subjected to criminal sanctions and are entitled to adequate legal defense. This protection encompasses the right of medical personnel to perform necessary medical procedures without fear of legal prosecution, on the condition that such actions are carried out based on strong medical evidence and in accordance with applicable service standards (Japono & Waluyo, 2025). The state provides this legal guarantee as recognition that medical personnel are the frontline in handling complex health cases and require certainty of protection in order to act professionally.

Legal protection for medical personnel in the lawful practice of abortion is an implementation of the principle of legality combined with the principle of legal certainty within the national legal system. With this guarantee of protection, medical personnel are not placed in a dilemma between fulfilling their professional duty and avoiding criminal risk, since compliance with regulation becomes the legal basis for their actions. The provisions in Law Number 17 of 2023 affirm that medical action carried out on the basis of a medical emergency indication still receives strong legal cover, even when the outcome of that action does not always meet the expectations of the patient or family. A similar logic of institutional accountability, where clear rules reduce ambiguity and improve how responsibilities are carried out, has also been observed in studies on organizational effectiveness (Darmawan, 2024). This protection also covers the right of medical personnel not to be criminally charged for actions taken in an emergency, where time and circumstances do not allow every administrative procedure to be completed in full. The guarantee of legal immunity is an important instrument so that medical personnel can carry out their professional duties without being haunted by excessive fear that could ultimately harm patient safety (Hanafi & Asril, 2025).

Beyond protection from criminal sanctions, medical personnel are also entitled to protection from civil claims that may arise from medical decisions made in the course of lawful abortion procedures. Indonesia's legal system allows a physician who has followed the lawful procedure and met the required conditions to obtain proper legal defense should any party attempt to sue over that medical action. A comparable pattern appears in cases involving domestic violence, where how a victim's situation is perceived by society strongly shapes the legal and psychological support available to them, showing that public perception can directly affect the practical strength of legal protection (Issalillah & Khayru, 2021). This protection from civil claims matters because abortion, even when lawful, often provokes controversy in society and risks triggering lawsuits from a patient's family or other aggrieved parties. This civil protection arrangement gives medical personnel a sense of security, so that they do not hesitate to make the medical decisions required by clinical indication and applicable law (Wulan et al., 2025). A comparative examination of abortion within Indonesia's criminal law framework further confirms that comprehensive protection, covering both criminal and civil dimensions, is essential for the regulation to function as intended (Indayanti et al., 2023). The legal protection provided by the state is comprehensive, covering both criminal and civil threats, as a form of recognition of the great responsibility carried by medical personnel.

Legal protection for medical personnel in the lawful practice of abortion cannot be separated from their obligation to comply with professional ethical standards and the medical code of ethics, particularly the Physician's Oath, which honors life from the moment of conception. The physician's oath as an ethical foundation expresses respect for every human life, yet a physician may carry out an abortion on the basis of medical emergency, while for pregnancies resulting from rape, the state provides a legal basis that sets aside this ethical constraint on the condition that counseling and a police report are provided. Legal protection is therefore not absolute, but conditional, and must be read together with the professional ethical provisions binding medical personnel. A medical practitioner who violates the code of ethics in carrying out an abortion, even while formally meeting the legal requirements, can still face ethical sanctions from the relevant professional organization (Rosa et al., 2025). Balancing legal duty with ethical duty in this way resembles the broader challenge of reconciling competing obligations, as seen in how individuals negotiate the demands of work and family life at the same time (Eddine & Darmawan, 2022). Compliance with both law and ethics must proceed in balance so that legal protection can truly be enjoyed by medical personnel.

The clarity of procedures and conditions for legal protection set out in Government Regulation Number 28 of 2024 is an important element in reducing uncertainty for medical personnel. This implementing regulation details the counseling procedure, the requirements for medical certification, and the reporting and coordination mechanism with the police that must be fulfilled for an abortion to receive legal recognition. Just as sustainable policy tends to work best when adapted to local cultural conditions, this implementing regulation is more likely to be followed consistently when its procedures are introduced in a way that fits the realities of each health facility (Mardikaningsih & Darmawan, 2023). With this implementing regulation in place, medical personnel have a more concrete operational reference, preventing differing interpretations from one health facility to another. Consistent application of a rule also depends on how well it is learned and internalized by those who must carry it out, which is why ongoing training that strengthens both individual and collective understanding remains essential (Kurniawan & Darmawan, 2021). The legal protection provided by the state will feel real and effective only if every procedure set out in the implementing regulation is carried out consistently and disseminated widely to medical personnel. This need for consistent practice is much like the challenge faced by working parents in balancing competing responsibilities, where clear structure and steady routine make it easier to fulfill dual obligations without confusion (Evendi et al., 2023). The state's seriousness in providing legal protection is reflected in the presence of a comprehensive implementing regulation, which forms an inseparable part of the abortion regulatory system under Law Number 17 of 2023.

Implementation Barriers and Efforts to Strengthen Legal Protection

Although legal protection has been normatively regulated in Law Number 17 of 2023 and Government Regulation Number 28 of 2024, implementation at the field level still faces various significant structural and cultural obstacles. One of the main barriers is the low

level of understanding among medical personnel regarding the substance of abortion regulations, including the procedural requirements and legal consequences attached to each action. This minimal understanding can cause fear or confusion in determining the legality of a procedure, thereby potentially hindering fast and accurate clinical decision-making in emergency conditions. Medical personnel often experience ethical and practical dilemmas in performing abortion procedures, especially when faced with the uncertainty of legal interpretations in the field. This gap between normative regulation and implementation reality becomes a serious challenge that must be immediately addressed through a structured and sustainable approach (Leksono et al., 2025).

Strong social and cultural pressures in Indonesian society represent a second obstacle of no less importance. Most of the society views abortion as a morally unacceptable act, regardless of the legal status attached to the action. This conservative view adds psychological burdens for medical personnel who perform abortions in accordance with legal provisions, especially if they live or work in highly conservative environments. Social stigma against abortion can cause medical personnel to experience professional isolation and lose support from the community where they work. This condition potentially reduces the willingness of medical personnel to make crucial decisions related to abortion, even though medically and legally the action is highly justified.

Limited access to legal aid is also a fairly significant inhibiting factor in the implementation of legal protection. Not all medical personnel have easy access to legal consultants or legal aid organizations that specifically understand health criminal issues and abortion regulations. When facing the threat of criminal charges or civil lawsuits, medical personnel are often in a weak position due to a lack of adequate legal advocacy support (Setiawati et al., 2025). The cost of obtaining quality legal assistance is also an obstacle in itself, especially for medical personnel working in health facilities with limited budgets. This limited access makes the legal protection guaranteed by law ineffective, because legal guarantees will be meaningless without easily reachable assistance mechanisms for medical personnel.

Improvement efforts to overcome these obstacles need to be carried out systematically and integrated by all stakeholders, including the government, professional organizations, and educational institutions. Enhancing legal education for medical personnel, both at the professional education stage and through continuing education programs, becomes a strategic step to ensure a comprehensive understanding of legal boundaries and procedures that must be followed. Doctors and other medical personnel need to be provided with a clear understanding of standard operating procedures aligned with regulations, so that every medical action can be formally accounted for before the law (Cahjono et al., 2025). This legal education must not be ceremonial, but rather must be integrated into the curriculum and professional training continuously. Strengthening the capacity of medical personnel in legal aspects will reduce fear and confusion in performing legal abortion procedures.

Medical professional organizations and their colleges have a central role in providing legal assistance and advocacy for their members who perform legal abortion procedures (Sabbath et al., 2024). Support from professional organizations can be in the form of providing legal consultations, establishing advocacy teams, and formulating clinical practice guidelines referring to the provisions of Law Number 17 of 2023 and Government Regulation Number 28 of 2024. Professional organizations can also serve as a bridge between medical personnel and law enforcement officials to resolve disputes or claims arising from medical actions. Collaboration between professional organizations and the Ministry of Health and the police is urgently needed to create a swift and fair resolution mechanism. Active support from professional organizations is the foundation for strengthening the capacity of medical personnel, while protecting them from potential baseless legal claims, so that the legal protection regulated in the law can be genuinely felt in the field.

D. CONCLUSIONS

The regulation of abortion actions in Law Number 17 of 2023 is limitative with three main categories that permit abortion, namely a threat to the mother's life, pregnancy resulting from rape, and fatal fetal abnormalities. The criminal provisions in abortion regulations provide strict sanction threats for violations, but these threats must be balanced with adequate legal protection for medical personnel who act in accordance with the provisions. Legal protection for medical personnel has been regulated normatively, but its implementation faces various structural and

cultural obstacles that require serious attention. Efforts to strengthen legal protection require increasing the understanding of medical personnel, support from professional organizations, and improvements in access to legal aid.

The implication of this research is the need for more intensive socialization regarding abortion regulations to medical personnel through continuous education and professional training. Medical professional organizations need to play a more active role in providing legal assistance and advocacy for their members who perform legal abortion procedures. The government needs to provide easily accessible legal aid mechanisms for medical personnel, especially in regions with limited health facilities. Law enforcement against abortion violations must be carried out proportionally by considering the level of fault and the resulting consequences. Synergy between the medical profession and law enforcement officials is an important prerequisite for effective legal protection for medical personnel to materialize.

REFERENCES

Abdullah, Z., & Maharani, P. A. (2025). The paradox of legalization of marriage (Itsbat Nikah) in the paradox Indonesia: Legal protection or loophole. Sociological Jurisprudence Journal, 8(2), 171–181.

Alfaresi, M. B., Abdullah, M. Z., & Sarbaini, S. (2024). Pertanggungjawaban Pidana Tenaga Medis yang Melakukan Pengguguran Kandungan. Legalitas: Jurnal Hukum, 16(1), 17-22.

Aliyah, N. D., & Mardikaningsih, R. (2023). Legal dynamics of divorce, transformation of social structure, and protection of women-children in the family regulatory system. Journal of Social Science Studies, 3(1), 223–230.

Aliyah, N. D., Atmari, A., Darmawan, D., Rizky, M. C., & Farid, M. (2023). Revealing the impact of underage marriage: How is household welfare adversely affected? Bulletin of Science, Technology and Society, 2(1), 1–5.

Aliyah, N. D., Safira, M. E., El-Yunusi, M. Y. M., Khayru, R. K., & Hardyansah, R. (2023). Legal analysis of marriage contracts through video calls in the perspective of marriage law and Islamic law in Indonesia. Legalis et Socialis Studiis, 1(1), 45–61.

Arifin, S., & Rojak, J. A. (2022). Social media and public opinion formation: Information dissemination and polarization. Journal of Social Science Studies, 2(1), 139–142.

Cahjono, H., Djatmika, P., & Noerdajasakti, S. (2025). Legal Review on Criminal Liability of Doctors in Medical Negligence. International Journal of Innovative Technologies in Economy, 4(52), 1-10.

Darmawan, D. (2017). The effects of the big five personality on job performance. Management & Accounting Research Journal, 2(1), 36–42.

Darmawan, D. (2024). Distribution of six major factors enhancing organizational effectiveness. Journal of Distribution Science, 22(4), 47–58.

Eddine, B. A. S., & Darmawan, D. (2022). Social construction of work life balance in cultural and organizational norms. Studi Ilmu Sosial Indonesia, 2(1), 213–234.

Evendi, W., Darmawan, D., & Waskito, S. (2023). Managing dual demands: Child rearing in families with working parents. Studi Ilmu Sosial Indonesia, 3(2), 397–420.

Evendi, W., Khayru, R. K., & Waskito, S. (2024). Resilience capacity and family contribution in the job search process. Studi Ilmu Sosial Indonesia, 4(2), 429–454.

Fajar, A. S. M., Darmawan, D., & El-Yunusi, M. Y. M. (2021). The principle of the child's best interests in custody and post-divorce care. Studi Ilmu Sosial Indonesia, 1(1), 113–128.

Fajar, A. S. M., Fauzi, A., Darmawan, D., & El-Yunusi, M. Y. M. (2022). Child status outside marriage and the right to education in family law. Studi Ilmu Sosial Indonesia, 2(2), 259–288.

Feler, J. (2025). The Use of Qualitative Data and Methods. Academic Press, 155–158.

Hanafi, D., & Asril, J. (2025). Legal Protection for Midwives Providing First Aid in Emergency Situations Based on Law Number 17 of 2023 Concerning Health. Jurnal Ilmiah Advokasi, 13(2), 664–676.

Hariani, M., Aliyah, N. D., & Issalillah, F. (2021). Legal guarantee of children's rights in education and health. Journal of Social Science Studies, 1(2), 177–180.

Indayanti, L. W., Issalillah, F., & Vitrianingsih , Y. (2023). Comparative Study: Abortion Within the Framework of Indonesian Criminal Law. Journal of Science, Technology and Society (SICO), 4(2), 1–12.

Irawati, J. (2023). Perlindungan Hukum bagi Tenaga Medis dalam Melakukan Tindakan Aborsi atas Indikasi Perkosaan [Legal Protection for Medical Personnel in Performing Abortion with Indications of Rape]. Jurnal Hukum Visio Justisia, 2(2), 127–127.

Issalillah, F. (2021). Pandemic Covid 19, Social Psychology, and Pregnancy: Relatedness and Analysis. Journal of Social Science Studies, 1(1), 1-10.

Issalillah, F. (2021). Potential of Curcuminin Turmeric as a Preventive Modality from Covid-19 in Pregnant Women. Journal of Social Science Studies, 1(2), 55-64.

Issalillah, F., & Khayru, R. K. (2021). Social perceptions of domestic violence and its implications for the mental health and recovery process of victims. Journal of Social Science Studies, 1(2), 125–130.

Japono, S. S., & Waluyo, B. (2025). Legal Protection for Victims of Sexual Violence in Legal Abortion Services. Journal of Law, Poliitic and Humanities, 6(1), 578–586.

Johansson, T. (2025). Analysis of the Legal Framework. https://doi.org/10.13140/rg.2.2.33692.19841

Kurniawan, Y., & Darmawan, D. (2021). The adaptive learning effect on individual and collecting learning. Journal of Social Science Studies, 1(1), 93–98.

Leksono, T. M., Albar, M. H. Y., & Bramantyo, R. Y. (2025). Problems of Medical Emergency Law from the Perspective of Abortion Crimes (Government Regulation Number 28 of 2024). Journal of Law, Poliitic and Humanities, 5(6), 4580–4589.

Londras, F. de, Cleeve, A., Rodriguez, M. I., Farrell, A., Furgalska, M., & Lavelanet, A. (2022). The Impact of Provider Restrictions on Abortion-Related Outcomes: A Synthesis of Legal and Health Evidence. Reproductive Health, 19(1), 1-10.

Mardikaningsih, R., & Darmawan, D. (2023). Building sustainability policies relevant to local cultural values. Journal of Social Science Studies, 3(1), 127–132.

Masfufah, M., & Darmawan, D. (2023). Children's intelligence potential: Exploration through a spiritual approach. Studi Ilmu Sosial Indonesia, 3(1), 13–30.

Nagieb, M., & Widjaja, G. (2025). Harmonisasi Implementasi Pengaturan Tindak Pidana Aborsi dalam UU NO.17 Tahun 2023 Tentang Kesehatan dan UUNo.1 Tahun 2023 Tentang Kitab Undang-Undang Hukum Pidana. Jurnal Sosial dan Teknologi, 5(12), 4425-4436.

Oluwatoyin, F., & Mardikaningsih, R. (2022). Community adaptation strategy to climate change based on socio-cultural perspective. Journal of Social Science Studies, 2(1), 167–172.

Republik Indonesia. (2023). Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 105. Sekretariat Negara, Jakarta.

Republik Indonesia. (2024). Peraturan Pemerintah Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. Lembaran Negara Republik Indonesia Tahun 2024 Nomor 187. Sekretariat Negara, Jakarta.

Rini, I. W. D., Yuliani, Y., Darmawan, D., Khayru, R. K., & Subiakso, A. (2023). The Conflict Between Abortion Legality and International Humasn Rights Principles. Studi Ilmu Sosial Indonesia, 3(2), 1-18.

Roberto, A., D. Darmawan., & A. S. Wibowo. 2026. The Examination Mechanism of Notaries in Criminal Proceedings: Approval of the Notary Honorary Council as an Exception to the Duty of Confidentiality, Bulletin of Science, Technology and Society, 5(1), 15-26.

Rosa, V., dos Santos, S. O., Paleari, A. P. G., Razera, F. P. M. (2025). Examination of Medical Professionals' Knowledge and Opinions Regarding Voluntary Pregnancy Termination in Accordance with Ethical and Legal Aspects. Medicina, 58(1), 1-18.

Sabbath, E. L., Arora, K. S., & Buchbinder, M. (2024). Supporting OB-GYNs in Abortion-Restrictive States—A Playbook for Institutions. JAMA, 332(8), 613-614.

Sajjapong, T., Darmawan, D., & Marsal, A. P. (2022). The role of social stereotypes in shaping opportunities and inequalities in society: Their impact on education, employment, and intergroup interactions. Bulletin of Science, Technology and Society, 1(1), 44–49.

Saputra, R., Darmawan, D., Saputra, R., & Darmawan, D. (2023). Dinamika Hukum dan Kontroversi Terkait Pengecualian Aborsi di Indonesia. Global Leadership Organizational Research in Management, 1(4), 361–370.

Setiawan, R., & Rivanie, S. S. (2025). Restorative Legal Challenges of Abortion for Rape Victims in Indonesia. Pandecta: Research Law Journal, 20(2), 779–822.

Setiawati, F. P., Juliana, N. L., Siroj, M., Nurhaqi, A., & Harliyanto, R. (2025). Implementation of Government Regulation No. 28 of 2024 on Legal Abortion to Ensure Legal Certainty. Indonesian Journal of Advanced Research, 4(6), 691–700.

Shodiq, J., Isnaini, E., Shodiq, J., & Isnaini, E. (2024). Abortion in Indonesia on Positive Law and Maslahah Theory Perspective. Jurnal Integrasi Ilmu Syariah, 5(2), 183–183.

Suwito, Dirgantara, F., Mujito, Hardyansah, R., & Saktiawan, P. (2022). Navigating social mobility through reintegration of crime-involved individuals. Journal of Social Science Studies, 2(1), 157–160.

Triandani, S., Windiahsari, W., Masyhar, A., Niravita, A., & Naelufar, R. (2024). Abortion Laws in Indonesia and Islam: A Clash of Morality, Religion, and Rights. Contemporary Issues on Interfaith Law and Society, 3(2), 283–308.

Wulan, I. G. K., Rokhim, A., & Muhibbin, Moh. (2025). Legal Protection for Medical Personnel Who Neglect Their Duties in Performing Medical Procedures Under Law No. 17 of 2023 on Health. Jurnal Locus Penelitian Dan Pengabdian, 4(9), 8927–8936.

Zahid, R. A., Darmawan, D., & Khayru, R. K. (2022). Mental illness stigma in families and the reach of private law protection. Studi Ilmu Sosial Indonesia, 2(2), 207–230.

Zahid, R. A., Fajar, A. S. M., Darmawan, D., & El-Yunusi, M. Y. M. (2021). The role of religious courts in resolving family disputes through adjudication and mediation. Studi Ilmu Sosial Indonesia, 1(2), 141–156.