

**ABORTUS PROVOKATUS KRIMINALIS DAN IMPLIKASINYA DALAM
PERSPEKTIF MEDIKOLEGAL: SEBUAH LAPORAN KASUS**

***CRIMINAL PROVOKED ABORTION AND ITS IMPLICATIONS FROM A
MEDICOLEGAL PERSPECTIVE: A CASE REPORT***

**Denny Mathius¹, Annisa Anwar Muthaher², Muhammad Zaenuri Syamsu Hidayat³,
Zulfiyah Surdam⁴, Andi Millaty Halifah Dirgahayu⁵, Ralf Radithya Sahrul⁶, Saniska Ayu
Kartiniva Iskandar⁷, Fahmi Alamsyah Sachrullah⁸**

^{1,2,4,5}Department of Forensic and Medicolegal Medicine, Faculty of Medicine, Universitas
Muslim Indonesia

³Department of Forensic and Medicolegal, Faculty of Medicine, Universitas Jenderal Soedirman

^{6,7,8}Medical Doctor Professional Education Program, Faculty of Medicine, Universitas Muslim
Indonesia

ABSTRAK

Abortus provokatus kriminalis merupakan tindakan pengguguran kandungan yang dilakukan secara ilegal, di luar batas ketentuan hukum dan medis yang berlaku di Indonesia. Kasus ini menggambarkan seorang Perempuan berusia 23 tahun yang secara sadar melakukan tindakan aborsi dengan bantuan seorang perawat yang tidak memiliki kewenangan, tanpa adanya indikasi medis yang sah. Tindakan tersebut dilakukan atas permintaan pribadi dan dilakukan di luar fasilitas pelayanan kesehatan yang resmi. Hasil pemeriksaan visum dan penunjang menunjukkan adanya perdarahan aktif pervaginam, sisa jaringan dalam uterus pada pemeriksaan usg dan hasil tes kehamilan yang masih positif, yang mendukung dugaan abortus inkomplit. Dari aspek medikolegal, tindakan ini memenuhi unsur tindak pidana sebagaimana diatur dalam Pasal 346 KUHP (seorang wanita yang sengaja menggugurkan atau mematikan kandungannya atau menyuruh orang lain untuk itu), 348 KUHP (Barang siapa dengan sengaja menyebabkan gugur atau mati kandungannya seorang perempuan dengan izin Perempuan) dan 349 KUHP (Jika seorang dokter, bidan, atau juru obat membantu melakukan kejahatan tersebut pada pasal 346, ataupun melakukan atau membantu melakukan kejahatan yang diterangkan dalam pasal 347 dan 348, maka pidana yang ditentukan dalam pasal itu dapat ditambah dengan sepertiga dan dapat dicabut hak untuk menjalankan pencarian dalam mana kejahatan dilakukan). Temuan visum et repertum dalam kasus ini menjadi bukti penting dalam proses penyidikan dan penegakan hukum, serta menegaskan pentingnya peran ilmu kedokteran forensik dan medikolegal dalam proses pembuktian secara profesional dan sesuai ketentuan hukum.

Kata kunci: Abortus provocatus kriminalis, Aborsi ilegal, medikolegal, visum et repertum.

ABSTRACT

Criminal induced abortion is the act of terminating a pregnancy illegally, outside the legal and medical regulations applicable in Indonesia. This case describes a 23-year-old woman who consciously underwent an abortion without a valid medical indication, assisted by a nurse who was not authorized, and performed outside an official healthcare facility. The abortion was carried out by inserting medication into the vagina and administering a single injection in the buttock. Afterwards, the patient experienced fever, abdominal pain, expulsion of tissue, and vaginal bleeding. The results of the forensic examination and supporting tests showed the presence of retained tissue in the uterus as well as a positive pregnancy test, supporting the suspicion of incomplete abortion. From a medicolegal perspective, this act fulfills the elements of a criminal offense as stipulated in Articles 346 (a woman who intentionally aborts or puts to death her pregnancy or sends someone else to do so), 348 (Whoever with deliberate intent causes the death or abortion of a woman with the consent of the woman) and 349 (If a physician, midwife or druggist assists in the commission of the crime described in Article 346, or commits or assists in the commission of the crime described in Articles 347 and 348, the punishments laid down in said Articles may be enhanced with one third, and he may be deprived of the exercise of the profession in which the crime has been committed) of the Indonesian Criminal Code (KUHP). The findings of the visum et repertum in this case serve as important evidence in the investigation and law enforcement process, and affirms the critical role of forensic and medicolegal medicine in the evidentiary process conducted professionally and in accordance with legal provisions.

Keywords: Criminal induced abortion, illegal abortion, medicolegal, visum et repertum

*Corresponding author:

Annisa Anwar Muthaher

Department of Forensic and Medicolegal Medicine, Muslim University of Indonesia

e-mail: annisaanwar@unhas.ac.id

INTRODUCTION

Abortus provokatus kriminalis, or intentionally induced illegal abortion, is a complex issue that involves medical, ethical, legal, and social dimensions. Although abortion is strictly regulated by law in many countries, including Indonesia, illegal abortion practices remain a serious public health concern. Data from various studies show that unsafe abortions significantly contribute to maternal morbidity and mortality, especially in developing countries. Limited access to comprehensive reproductive health education, social stigma surrounding out-of-wedlock pregnancies, and economic factors often drive individuals to seek risky shortcuts, including through illegal abortion practices. These cases not only cause adverse health effects for women but also carry serious legal implications for both perpetrators and those involved. Therefore, an in-depth understanding of the phenomenon of abortus provokatus kriminalis from multiple perspectives, including the medicolegal aspect, is crucial for the formulation of effective policies and preventive efforts (1).

The medicolegal aspect of abortus provokatus kriminalis cases involves the intersection between medical science and the law. In this context, a forensic doctor or other healthcare professional is often required to provide expert testimony in court based on the medical evidence found. Determining the cause of death, estimating gestational age, and analyzing injuries or complications resulting from the illegal abortion become crucial elements in proving a criminal offense. One of the main challenges in handling such cases is the difficulty in obtaining accurate and complete information, given the clandestine and unlawful nature of the practice. Additionally, varying interpretations of abortion legality across jurisdictions further complicate legal enforcement. A comprehensive understanding of medical examination procedures, evidence collection, and clinical findings interpretation within the framework of criminal law is essential to ensure justice and protection for the victim (2).

CASE REPORT

A 23-year-old female was brought to a hospital by the investigating officer. According to the subject's statement, she and her boyfriend carried out an abortion at a hotel with the assistance of a nurse introduced by the boyfriend's friend. She was given three pills inserted vaginally, followed by a single injection administered to the upper right gluteal region. After the injection, she was advised to refrain from urinating for four hours. Three hours later, she began experiencing fever, and eleven hours after taking the medication, tissue was expelled from the vagina, followed by the passage of fresh blood. The assisting nurse also advised her to take antibiotics and carbonated beverages. Until now, she still complains of lower abdominal pain resembling menstrual cramps and continues to experience vaginal bleeding. The subject reports having engaged in sexual intercourse with her boyfriend approximately eight times at a hotel since April, with the last encounter occurring on May 13, 2025. She took a pregnancy test on May 18, 2025, which showed a positive result. She reported her last menstrual period (LMP) began on April 8, 2025. She experienced menarche at the age of 11.

The results of the vital signs examination were within normal limits, with blood pressure (BP) at 120/93 mmHg, pulse rate at 87 beats per minute, respiratory rate at 20 breaths per minute, and body temperature at 36.5°C. On breast examination, no injuries were found; the areola appeared enlarged and brown in color, and there was no discharge of breast milk upon compression.

On abdominal examination, no injuries were found. A linea nigra (a sign of pregnancy) was visible, and the uterine fundal height was palpable two fingerbreadths above the symphysis pubis.

On hymenal examination, six old lacerations were observed on the hymen, with no redness, swelling, blood stains, or active bleeding. Reddish discharge (lochia) was seen coming from the vaginal canal. The patient underwent a pregnancy test (plano test), which yielded a positive result.



Figure 1. Supporting Examination (Ultrasonography)

On ultrasound examination, there was an impression of retained tissue in the uterine fundus.

DISCUSSION

Abortus is the termination of pregnancy before the fetus reaches viability or the ability to survive outside the womb. Generally, the viability threshold is set at a gestational age of less than 20 weeks or a fetal weight of less than 500 grams. If the pregnancy ends after this threshold, the condition is categorized as intrauterine fetal death (IUFD) or premature birth. An accurate definition of abortus is important in both medical and legal contexts, as it affects classification, medical management, and legal implications. In Indonesia, this definition often follows the standards of the Indonesian Society of Obstetrics and Gynecology (POGI) to ensure consistency in clinical practice and legal matters (3).

Abortus is classified into two major categories based on its causes: spontaneous abortion and induced abortion. Spontaneous abortion occurs without medical intervention and is generally caused by natural factors such as chromosomal abnormalities, hormonal disorders, infections, or chronic maternal diseases. In contrast, induced abortion is the intentional termination of pregnancy, which can be performed legally (medicinal induced abortion) or illegally (criminal induced abortion). Medicinal induced abortion is carried out under strict medical indications and regulated by law to save the mother's life or to terminate a non-viable pregnancy. Conversely, criminal induced abortion is performed without legal basis, often by unauthorized persons, and carries a high risk of severe complications, including death (4,5,6).

Risk factors triggering criminal induced abortion (*abortus provokatus kriminalis*) include unwanted pregnancy, social pressure and stigma against out-of-wedlock pregnancies, economic hardship, lack of social support, low educational levels, gender inequality, and pregnancies resulting from sexual violence. Easily accessible information about illegal abortion practices also exacerbates the problem, especially as many individuals choose dangerous procedures without fully understanding the consequences. These factors interact with one another, showing that illegal abortion is not merely an individual issue but also reflects systemic failures in providing equitable access to legal and safe reproductive health services (7,8).

Criminal induced abortion (*abortus provokatus kriminalis*) can have serious physical, psychological, and social impacts. Physical consequences include severe bleeding, severe infections (sepsis), uterine perforation, permanent infertility, or even death. Psychologically, women who undergo illegal abortions are at risk of experiencing guilt, depression, PTSD, and loss of emotional support. Socially, this practice leads to isolation, widens disparities in access to healthcare services, and weakens trust in the legal system and healthcare institutions. These widespread impacts demand a more comprehensive approach to preventing and managing illegal abortions, including strengthening regulations, improving access to contraception, providing sexual education, and supporting women's reproductive rights (9).

MEDICOLEGAL ASPECTS

Criminal induced abortion (*abortus provokatus kriminalis*) is a highly complex issue involving medical, legal, and medical ethics aspects simultaneously. Within the framework of Indonesian law, illegal abortion is strictly regulated under the Criminal Code Articles 346 to 348, which impose criminal sanctions on women who intentionally terminate their pregnancy as well as on others who assist, with or without the woman's consent. Meanwhile, Law Number 36 of 2009 on Health provides limited exceptions to the abortion ban, namely if there are medical

indications that threaten the life of the mother or fetus, or if the pregnancy results from rape. The implementation of legal abortion is further regulated in Government Regulation No. 61 of 2014, which sets strict procedures including written consent, performance by authorized medical personnel, and gestational age limits in cases of sexual violence (10).

In practice, medical personnel hold a dual role in handling cases of criminal induced abortion. On one hand, they are obligated to provide the best medical care to patients experiencing complications from illegal abortion, in accordance with fundamental medical principles such as “*primum non nocere*” (first, do no harm) and maintaining patient confidentiality. On the other hand, medical personnel also have a legal obligation to report suspected criminal acts to law enforcement authorities. This may create ethical dilemmas, but it is regulated under Article 136 of the Criminal Code and Article 42 paragraph (2) of the Medical Practice Law, which stipulate that reporting must still be carried out in the context of suspected crimes. Additionally, doctors may be required to prepare a *visum et repertum* as an important evidentiary document in legal proceedings, which includes medical analysis of abortion signs, complications, gestational age, and cause of death if applicable (11).

The ethical aspect serves as an important foundation in handling this case. The Indonesian Medical Code of Ethics (KODEKI) emphasizes that doctors must respect life from conception and may only perform abortions under specific conditions regulated by law. The principles of beneficence and non-maleficence require doctors to do good and avoid causing harm to patients. However, in cases of illegal abortion, doctors face a conflict between maintaining patient confidentiality and fulfilling their legal obligation to report. In such situations, the principle of justice must also be upheld—doctors are required to provide fair and non-discriminatory care to all patients, including those involved in illegal acts. Strong medical ethics education is necessary so that healthcare professionals can carry out their roles professionally, objectively, and in accordance with legal provisions as well as humanitarian values (11).

CASE ANALYSIS

This case describes an act of criminally induced abortion (*abortus provokatus kriminalis*) carried out illegally and not in accordance with the applicable laws in Indonesia. Based on the victim’s testimony, the abortion procedure was performed in a hotel with the assistance of a nurse introduced by her boyfriend’s friend. The procedure involved inserting three pills into the vagina, followed by a single injection in the buttock area, along with instructions not to urinate for four hours. Afterwards, the victim experienced symptoms including fever, abdominal pain, and discharge of tissue from the vagina, which was then followed by vaginal bleeding. The victim also consumed antibiotics and soft drinks as advised by the nurse. From this chronology, it is evident that the act was performed knowingly, without legitimate medical indication, and by unauthorized personnel, thus legally classified as illegal abortion or *abortus provokatus kriminalis*.

The findings from the medical examination support a history of abortion. No external body wounds were found, but the genital examination revealed the presence of red fluid (*lochia*) discharged from the vaginal opening. Ultrasound examination showed indications of retained tissue in the uterine fundus, reinforcing the suspicion of incomplete abortion. The pregnancy test remained positive, further confirming that the abortion process was not yet fully completed. This condition has the potential to cause further medical complications, such as prolonged bleeding and infection, which could endanger the victim’s health if not promptly treated in an appropriate healthcare facility.

From a medicolegal perspective, this case meets the elements of a criminal offense as regulated in Articles 346, 348 and 349 of the Indonesian Penal Code (KUHP), whereby a woman who intentionally terminates her pregnancy, as well as any party assisting her, may be subject to criminal sanctions. Moreover, the procedure was carried out outside a licensed healthcare facility, by a medical worker without legal authority, and without any medical indication or formal consent as required by statutory regulations. Therefore, the medical findings in this case hold significant evidentiary value, particularly through the visum et repertum, which includes results from both physical and supporting examinations. Further management of the victim should involve referral to an obstetrics and gynecology specialist for evacuation of retained tissue, treatment of any infection, and provision of adequate psychological support.

CONCLUSION

Abortus provokatus kriminalis refers to the act of terminating a pregnancy illegally, outside the legal and medical boundaries established in Indonesia. The reported case demonstrates that the abortion was intentionally performed without valid medical indication, with the assistance of a nurse lacking legal authority, and outside an official healthcare facility. Medical examination revealed clinical and supporting findings consistent with a diagnosis of incomplete abortion, accompanied by dangerous complications such as bleeding and infection. From a medicolegal standpoint, the act fulfills the elements of a criminal offense as stipulated in Articles 346, 348 and 349 of the Indonesian Penal Code. Furthermore, the visum et repertum findings in this case serve as crucial evidence in the investigation and law enforcement process, underscoring the essential role of medical professionals in providing expert testimony in accordance with the principles of professionalism and applicable legal provisions.

Criminal induced abortion is the illegal termination of pregnancy conducted outside the legal and medical regulations applicable in Indonesia. The reported case shows that the perpetrator knowingly performed the abortion without valid medical indications, with the assistance of an unauthorized nurse, and outside official healthcare facilities. Medical examinations revealed clinical signs and supporting evidence consistent with a diagnosis of incomplete abortion, accompanied by dangerous risks of complications such as bleeding and infection. From a medico-legal standpoint, the act fulfills the elements of a criminal offense under Articles 346, 348 and 349 of the Criminal Code (KUHP). Additionally, the findings from the visum et repertum in this case serve as important evidence in the investigation and law enforcement process, as well as affirming the role of medical personnel in providing expert testimony in accordance with professional ethics and applicable legal provisions.

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