

STUDIA ISLAMIKA

INDONESIAN JOURNAL FOR ISLAMIC STUDIES

Volume 4, Number 2, 1997



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STUDIA ISLAMIKA

Indonesian Journal for Islamic Studies

Volume 4, Number 2, 1997

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STUDIA ISLAMIKA (ISSN 0215-0492) is a journal published quarterly by the *Institut Agama Islam Negeri* (IAIN, The State Institute for Islamic Studies) Syarif Hidayatullah, Jakarta. (STT DEPPEN No. 129/SK DITJEN PPG/STT/1976) and sponsored by the Department of Religious Affairs of the Republic of Indonesia. It specializes in Indonesian Islamic studies, and is intended to communicate original researches and current issues on the subject. This journal warmly welcomes contributions from scholars of related disciplines.

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Learning from Islam: Advocacy of Reproductive Rights in Indonesian *Pesantren*

Abstraksi: *Pelbagai pengalaman negara-negara di Dunia Islam menunjukkan, salah satu kesulitan besar yang dihadapi dalam melangsungkan program modernisasi adalah tingginya laju pertumbuhan penduduk. Pendekatan moral dan keagamaan dalam isu kependudukan seperti pembatasan kelahiran, aborsi, hak-hak seksual dan kesehatan reproduksi mewarnai pelbagai kebijakan pemerintah dalam mengendalikan pertumbuhan penduduk. Umumnya, masyarakat menolak kebijakan pemerintah karena dinilai bertentangan dengan hukum Islam.*

Artikel yang ditulis berdasarkan pengalaman pelatihan di lapangan ini bertujuan membangun sebuah metode penyadaran yang dapat menerangkan hubungan antara agama dengan hak-hak reproduksi perempuan. Beberapa tema pokok dalam artikel ini berupaya menguji kembali keabsahan teks-teks Islam menyangkut hak-hak wanita, asumsi-asumsi ideologis di balik penafsiran teks, serta bagaimana membangun metode penyadaran tentang hak-hak seksual perempuan.

Tampaknya, perlu diupayakan analisis partisipatoris yang melibatkan perempuan terhadap berbagai ayat al-Qur'an dan hadits tentang hak-hak perempuan. Sebab, tidak mustahil, penafsiran yang ada selama ini dipengaruhi pandangan kultural tertentu yang menghasilkan suatu bentuk penafsiran yang tidak adil tentang perempuan.

Khazanah pemikiran Islam, penafsiran al-Qur'an dan penjelasan hadits Nabi selama ini didominasi kaum laki-laki. Akibatnya, pelbagai isu perempuan dalam al-Qur'an dan hadits cenderung ditafsirkan secara tidak obyektif, sehingga merugikan hak-hak perempuan. Sebagai contoh adalah penafsiran ayat al-Qur'an yang berbunyi: "Istrimu adalah ladangmu (un-

tuk ditanami), maka datanglah ke ladang itu sesukamu” (Q. 2:223). Ayat ini besar kemungkinan lebih dimaksudkan sebagai pemberitahuan tentang kesuburan wanita, dari pada tentang seks. Akan tetapi para ‘ulama menafsirkannya sebagai diktum bahwa wanita atau istri, dalam keadaan apapun harus memenuhi keinginan seksual suami.

Model penafsiran ini telah menjadi pola umum pandangan masyarakat Muslim Indonesia tentang isu perempuan. Akibatnya, hak-hak mendasar perempuan yang diakui dalam Islam cenderung diabaikan dan tidak digunakan sebagai basis argumen dalam kesimpulan hukum tertentu.

Pesantren sebagai lembaga pendidikan yang berperan memelihara pemikiran keagamaan termasuk yang mengadopsi pola penafsiran yang merugikan hak-hak reproduksi perempuan. Penafsiran al-Qur’an dan hadits Nabi yang cenderung menempatkan perempuan pada posisi inferior di hadapan laki-laki menjadi ‘wacana pemikiran’ yang luas berkembang di kalangan pesantren.

Pada tingkat inilah metode penyadaran akan hak-hak reproduksi perempuan melalui pendekatan keagamaan di pesantren menjadi penting. Metode ini dilakukan melalui sebuah forum advokasi, suatu proses dekonstruksi atas pelbagai penafsiran teks-teks agama. Setiap ayat atau hadits dianalisis dengan menggunakan pendekatan historis dan kontekstual; “apakah penafsiran atas teks itu valid” atau “mungkinkah ada kepentingan tertentu dalam penafsirannya”? Lalu, diberikan contoh dari pengalaman-pengalaman riil yang ditemukan peserta di rumah atau lingkungan mereka. Pengalaman itu ditularkan kepada peserta lain. Dari sinilah timbul suatu wawasan yang memperhadapkan antara penafsiran teks dengan pengalaman nyata masyarakat Muslim. Hal ini selanjutnya dapat membawa peserta kepada pemahaman bahwa suatu kesimpulan hukum bisa ditafsirkan kembali sesuai dengan tuntutan masyarakat Muslim yang terus berkembang. Pada intinya perlu dilakukan penafsiran baru atas ayat tersebut.

Dengan diperoleh pemahaman baru atas suatu ayat, peserta akan dapat menerima berbagai bentuk pembaharuan pemikiran, khususnya menyangkut hak-hak reproduksi; misalnya mengatur jumlah kelahiran, efek-efek negatif dari reproduksi yang tidak sehat atau penggunaan alat-alat kontrasepsi untuk menjaga kesehatan perempuan. Lebih dari sekedar transformasi pemahaman atas suatu ayat, perlu ditumbuhkan kesadaran hak-hak yang dimiliki perempuan berkaitan dengan reproduksi tadi. Dengan demikian, metode penyadaran akan hak-hak reproduksi ini dapat menjembatani ketegangan antara agama dan pelbagai isu kependudukan yang dihadapi negara-negara Islam dewasa ini.

دروس اسلامية من المعهد (التراثي): دفاع عن حق التناسل

ملخص: أثبتت التجارب المختلفة التي عاشتها بعض الدول فى العالم الاسلامى بأن الانفجار السكانى كان احد الصعوبات التى تواجهه الحكومات فى القيام بالمشاريع الاصلاحية، وأخذ المنهج الذى تسيير على منواله الحكومات المعنية فى سياستها للتحكم فى الزيادة السكانية طابعا دينيا واخلاقيا لمواجهة القضايا السكانية مثل تحديد النسل، والاجهاض، والحقوق الجنسية، اذ غالبا ما يبنى المجتمع رفضه للسياسة التى تطبقها الحكومات (فى ذلك) لأنها تتعارض مع الاحكام الشرعية.

وهذه المقالة التى كتبت نتيجة تجربة عملية اثناء التدريب تقدم اطروحة حول منهج التوعية الذى يساعد على الكشف عن العلاقة بين الشريعة وحق التناسل، وفيها وردت موضوعات عقدت للتحقيق فى النصوص الدينية المتعلقة بحقوق المرأة والنظريات التى فسرت بها تلك النصوص وكذلك الكشف عن منهج للتوعية حول الحقوق الجنسية.

وطبقا للمشاركين فى اعداد المقالة يجب الالتزام بالمنهج التحليلى المشارك تقوم فيه المرأة بالمشاركة فى تفسير مختلف الآيات القرآنية

والاحاديث النبوية الخاصة بحقوق المرأة، لأنه لا يبعد ان يكون المنهج الذائع فى تفسير تلك النصوص متأثراً بنظريات خاضعة لثقافة معينة مما ادى الى صدور احكام غير منصفة لمكانة المرأة، (ثم ان الفكر الاسلامى شاهد على ان مهمة تفسير القرآن وشرح الاحاديث النبوية (الشريفة) كان يسيطر عليها الرجال وكانت النتيجة ان ينزع تفسير تلك النصوص المتعلقة بقضايا المرأة منزعا بعيدا عن الموضوعية بل هناك ميل الى الافراط بحقوق المرأة، فتفسير قول الله تعالى على سبيل المثال ((..نساءؤكم حرث لكم فأتوا حرثكم أنى شئتم..)) سورة البقرة: ٢٢٣ أنه قد يراد منها الإخبار عن طبيعة الخصوبة لدى المرأة وليس من الضروري ان تدل الآية على الاتصال الجنسى (بين المرء وزوجه)؛ ومع ذلك فإن المفسرين جعلوا الآية مصدر حكم شرعى على وجوب ان تخضع الزوجة للمطالب الجنسية للزوج خضوعا مطلقا مهما كانت الظروف، وقد كان هذا هو الحكم السائد والمتبع فى معالجة القضايا الخاصة بالمرأة لدى المجتمع الاندونيسى، والنتيجة ان أهملت الحقوق التى يقرها الاسلام للمرأة ولم تأخذ مكانتها فى الأدلة الشرعية (الفقهية) التى بنيت عليها الاحكام.

ويتبنى المعهد (الترائى) Pesantren - الذى كان له دوره فى المحافظة على التراث الفكرى والدينى - ذلك الاتجاه الى الافراط بحقوق التناسل للمرأة وذلك بتفسير الآيات القرآنية وشرح السنة النبوية بمنهج يضع المرأة فى موقف على هامش الرجل وأصبحت هذه التفسير والشروح قضايا مسلمة بها وقد تبلغ من الحقيقة درجة تفوق حقائق التعاليم الاسلامية نفسها.

وهنا تكمن أهمية التوعية عن حقوق التناسل بمنهج ديني يتم من خلال "برنامج دفاعي" يتجه الى إثبات عدم جدوى التفاسير والشروح (السابقة)؛ وفيه يتم التحقيق فى النصوص بمنهج تحليلي تاريخي طبقا للظروف المحيطة، وبالتالي يكون من المستطاع التحقق عما اذا كانت التفاسير الموجودة صحيحة أم لا؟ وهل تحمل فى طيها مصالح معينة (شخصية) ام لا؟ (اي غير موضوعية)؛ ثم يأتي بعد ذلك اتخاذ نماذج من الواقع الملموس والوقائع التى عاشتها المشاركات (فى القيام بالتفسير والتحليل) فى بيوتهن وفى بيئتهن ويتم نشر هذه الوقائع فيما بينهن، وتكون النتيجة ان يكون هناك تعارض بين التفاسير الموجودة والواقع الملموس فى المجتمع الاسلامى، وهذا يفضى بهن (بطبيعة الحال) الى حقيقة هي ان حكما معينا قد يعاد النظر فيه وفقا لمطالب المجتمع الاسلامى الآخذ فى التطور والاستمرار فيه؛ وبصفة جوهرية تكون الحاجة الى تفسير النصوص -على أية حال- متجددة.

وبالحصول على المفهوم الجديد يكون من السهل على المشاركات ان يستجبن لمقتضيات التجديد الفكرى خاصة فيما يتعلق بحق التناسل، وذلك مثل تنظيم مدد الولادة والآثار السلبية الناجمة عن عدم الاهتمام بالجانب الصحى فى حق التناسل وعن سوء استخدام وسائل منع الحمل حفاظا على صحة المرأة، فالامر ليس مجرد الحصول على فهم سليم للنصوص الدينية وانما يجب -طبقا للكاتب- ان يتعدى ذلك الى ان تكون المرأة واعية تمام الوعي بحقوقها فيما يتعلق بحق التناسل. وبذلك يستطيع (مثل) هذا المنهج ان يجد صلة بين الأحكام الشرعية والقضايا السكانية التى تواجهها الدول الاسلامية اليوم.

A prominent feature of the International Conference on Population and Development (ICPD) held in Cairo in 1994 was the interweaving of religion with population and reproductive health issues in the public debate. Moral and religious controversies over family planning, abortion, sexual rights and other aspects of reproductive health heated the nine-day gathering. Muslim as well as Catholic-dominated countries struggled to address both rapid demographic and social changes and problems such as HIV and AIDS in ways compatible with their interpretations of traditional moral values. Like the Vatican, several Islamic states found it difficult to acknowledge the woman's right to make individual choices in matters of reproduction, rather than it being a family responsibility or to deal with sexuality and reproduction as health issues outside the boundaries of marriage.¹

The tension between progressive and conservative religious groups remained high at the Fourth United Nations World Conference on Women held in Beijing in 1995. A contentious issue, both at the official Conference and at the NGO Forum, was the theological debate on the role of women in society, as demonstrated by the great number of workshops devoted to this topic and the high exposure it received in the media. During the preparatory process and at the Conference, conservative groups lobbied tirelessly for a definition of women in terms of their reproductive and mothering capacities, and their subordination to men.² Other religious groups, however, viewed these efforts as being antithetical to women's well-being (a value no religion would disregard) and demanded equality for men and women as inherent within the egalitarian core of all main religions.³

This theological debate on gender, sexuality and reproduction has not ceased since the Conference, but continues within national borders. It remains to be seen how individual states will translate the consensus reached at Cairo and Beijing into specific follow-up activities, and which view of reproductive health and rights will ultimately be sanctioned by predominant religious groups. This paper examines the work of the Indonesian Society for Pesantren and Community Development (Perhimpunan Pengembangan Pesantren dan Masyarakat, P3M) to articulate an alternative theological discourse on women's role and reproduction within the pluralistic context of Indonesian Islam. In the most populous Moslem country of the world, religious discussion of reproductive health is currently very complex, in that conflicting positions with respect to reproductive health and

rights are creating inherent tensions between progressive and conservative religious groups. After describing the environment wherein P3M acts, we will show how this Moslem NGO promotes dialogue on reproductive rights among women in Islamic boarding schools or *pesantren*⁴ in rural Java and Madura, focusing on the methodology employed in reinterpreting tradition and sacred texts. In this way we hope to provide a concrete model of intervention, which enlists religion on the side of women's rights and advancement rather than on the side of their subjugation, thus contributing to a progressive theology of reproductive health.

The arena of the debate

In Indonesia, where almost ninety percent of the country's 189 million inhabitants adheres to Islam, ideas of the Muslim community and its leaders strongly influence the planning and implementation of reproductive health policy and services. These ideas however are not monolithic, but encompass a variety of beliefs. In Islam there are five major Schools of Law (Hanafi, Maliki, Shafi'i, Hanbali and Ja'fari) which differ to the degree in which they follow *Sunnah* (tradition of the Prophet), *Hadith* (oral sayings attributed to the Prophet), *qiyas* (analogy), and *ijma'* (consensus of the community of believers) in deriving Islamic law and jurisprudence (respectively *shari'ah* and *fiqh*). Although the Shafi'i School is prominent in Indonesia, the interpretation and authenticity accorded to the various sources vary. While basic practices such as prayer and fasting are common to the entire Muslim population, there are distinct versions of rituals and beliefs among both religious organisations and individuals.

Which among the many theological perspectives ultimately becomes dominant in national thought greatly depends on its compatibility with government policy and programs and on the influence of the groups upholding it. Because the Shafi'i School, similar to other Islamic schools, denies a hierarchical clergy, the three principal sources of leadership of the Indonesian Muslim community are religious leaders (*ulama'* or *kyai*),⁵ working for the Ministry of Religious Affairs and other government departments, independent charismatic religious leaders and scholars who have an individual following, and major Islamic organizations.

For the purpose of this paper, it is important to mention three of the most influential organizations, namely the Majelis Ulama Indonesia (Indonesian Council of Ulama, MUI), the Muhammadiyah, and

the Nahdlatul Ulama (NU). The MUI is a consultative body to the government whose role is to issue religious opinion or decision (*fatwâ'*) on relevant social issues, and whose membership includes prominent 'ulamâ' as well as government officials from the Ministry of Religious Affairs. The NU is arguably the largest Muslim organization in Indonesia and the world, with 30 million members. Although a traditionalist organization, the NU often takes a progressive stance on controversial issues, including on reproductive health. Their outspoken leader, Abdurrahman Wahid, has protected and stimulated critical thought and the search for alternative interpretations of sacred texts. NU members are mostly concentrated in the rural areas of Java and Madura, and clustered around the more than 7,000 *pesantren*. Finally, the Muhammadiyah is an independent modernist organization, whose aim is to restore the purity of Islamic teaching according to the two most important sources of Islamic tradition, the Qur'ân and the hadîth, discarding Hindu and animist influences arising from Indonesia's past. Its membership is probably smaller than the NU, but it is equally influential in Indonesia because of its national network of schools and hospitals and its access to mass media.⁶

The attitude of these three organizations has been particularly crucial in influencing and changing attitudes towards the national family planning programme in Indonesia. In the 1950s, in line with the pro-natalist policy of the then Indonesian government, all three organisations rejected the provision of contraceptive services, on the grounds that, according to Islam, marriage was for producing offspring. Only later did some Islamic leaders begin to support family planning services for married couples, when government policy had shifted to the anti-natalist position. Still, their degree of support varied.

The NU actively promoted family planning, as a voluntary and responsible decision of families depending on their health and socio-economic conditions, and referred to the principles of *hâjah shar'iyah* (secondary need which if not fulfilled may cause difficulties) and *darûrah shar'iyah* (emergency) to justify contraceptive use. Gradually the Muhammadiyah shifted from passive opposition to passive acceptance, although it continued to consider the avoidance of pregnancy as against the teaching of Islam. The use of modern contraception was only condoned in emergency conditions defined as: first, if pregnancy or giving birth will cause danger to the mother; second if religion is threatened because of the very low economic condition of

the community, which may cause the community to act unlawfully; third if the health and education of the existing family are likely to suffer because of the excessively short period between births.⁷

Whereas these two organisations regarded contraception as a private matter within the family and were initially hesitant to endorse a large-scale, public family planning programme, the MUI and Islamic leaders at the Ministry of Religious Affairs fully endorsed the launching of the national family planning programme in the 1970s. Their support was also decisive when, in October 1983, they approved the use of intrauterine devices, in spite of the fact that they were foreign objects inserted in the body and that a woman had to undress to get one. They made one condition, that the device had to be inserted by a woman doctor or nurse, or by a male doctor in the presence of the woman's husband.⁸ More recently, MUI has supported the campaign of the National Family Planning Coordination Board (BKKBN) to promote surgical sterilization. Although other Muslim organizations do not agree with this, on the ground that the irreversibility of the method is an interference with divine will, MUI has accepted sterilization as a legitimate form of birth control, by arguing that the availability of new techniques to reverse it, has made it consistent with Islam.⁹

The relatively progressive views of nationally prominent 'ulamâ' are not always shared by influential religious leaders and their followers at the local level, who oppose the use of modern contraceptives. Some only sanction coitus interruptus ('*azl*') because it is tacitly approved by the Prophet.¹⁰ Others are entirely opposed to family planning and regard it as infanticide. In their view, children are gifts from God and should always be welcomed. Some go so far as insinuating that 'ulamâ' who advocate family planning have sold their beliefs ('*aqidah*') in exchange for government approval and donor funds.¹¹ Whether or not there is any truth to such claims, it cannot be denied that any opposition to the family planning program has been marginalized by the government's firm resolution to reduce population growth.¹²

The government's commitment to contraceptive services does not, however, include abortion.¹³ With the increasing politicization of Islam, the government has been hesitant to become involved in such a contentious issue or respond to public concern over the widespread practice of unsafe abortion and consequent high maternal mortality rate. Instead, they have preferred to accept the dominant Muslim

view (derived from the thought of Imâm al-Ghazâlî), which forbids abortion, and the argument of the Muhammadiyah and other influential and politically well-connected 'ulamâ' that abortion is unacceptable because it destroys valued life. In line with this perspective, MUI in 1983 and again in 1992 declared that abortion was absolutely prohibited (*harâm*).¹⁴

Nonetheless, more permissive religious views also exist which can be found in Islamic doctrine. Within NU, for example, some 'ulamâ' reluctantly condone abortion as a 'just cause', when pregnancy endangers a woman's health, as in the verse 'do not take life, which God has made sacred, except for a just cause'. Other 'ulamâ' accept abortion as long as it occurs before 'ensoulment', that is, before 120 days of pregnancy.¹⁵

The Indonesian Muslim community is also divided on the issue of sexuality. The presence of HIV/AIDS in the Archipelago has cast light on the fact that the actual sexual behaviour of the population does not always conform to religious norms. The increase in the numbers of people with HIV has compelled religious leaders to take a stand on sexual practices they consider 'deviant', from prostitution to homosexuality and extra-marital sex. Caught between religious and public health perspectives, 'ulamâ' are uncertain whether to acknowledge the existence of such practices, and are reluctant to admit the promotion of condoms or any form of safer sex outside of marriage.

In *Republika*, a Muhammadiyah-aligned daily newspaper, Muslim leaders and scholars have expressed judgmental and discriminatory views, such as that AIDS is a warning from God not to indulge in illicit sex and that people who do so are sinners who deserve God's punishment, whereas people who become infected in other ways are innocent victims undergoing a divine trial.¹⁶ They encourage compliance with 'traditional family values' and the enhancement of faith and devotion and strongly oppose condoms and sex education, which they perceive to promote promiscuity and defiance of divine law. Even the use of condoms by married couples, when one of them has HIV, was controversial at the first national MUI meeting on AIDS in December 1995.¹⁷

Deviating from these views, the head of NU believes that AIDS must be dealt with through an unconventional moral approach, taking into account existing patterns of sexual behaviour rather than ideal ones. Condom use for AIDS prevention is justified by referring to the Islamic instruction to avoid danger in all possible ways (*al-darârû-yuzâlû*), even if this implies having to choose the lesser of two evils (*al-mâl bi akhaffi al-darârayn*).¹⁸

These differences in views and the fact that positions have not fully crystallized, permit a more open exchange and the tempering of confrontation. It is in this context that P3M is defining and disseminating its interpretation of Islamic texts in relation to reproductive and sexual health and rights.

P3M advocacy program: Debating and interpreting Islamic texts

The Indonesian Society for Pesantren and Community Development was established in 1983 as an independent group by individual members of NU and others, to coordinate *pesantren*-based community development. Its eight staff and more than 20 associates are relatively young Muslim intellectuals who were educated in *pesantren* and who wish to argue for socially and politically relevant Islamic thought, critical study of classical texts rather than passive assimilation, and a radical and creative interpretation of tradition. Their ideas are disseminated through the informal network of *pesantren* and study circles of young and senior 'ulamâ'.

P3M members have been concerned from the group's beginning with social injustice and the improper use of religion to legitimate the views of the dominant socio-economic classes. As women joined the all-male staff, their analysis of injustice began to take into account gender inequality and the role of religion in maintaining this inequality in Islamic Indonesian society.

As a natural extension of this interest, P3M began to devote attention to the development of a coherent theological framework to address reproductive health, starting an advocacy program to promote awareness of women's reproductive health issues in rural *pesantren* in Java and Madura.¹⁹ Starting in 1995, P3M collected existing views on reproductive and sexual health within the Muslim community both in Indonesia and abroad. A study of existing literature on women and reproductive health in Islam was undertaken,²⁰ and meetings of national and local 'ulamâ', Muslim women's rights advocates, and other concerned experts, including Muslim organizations, were held to gather both conventional and alternative interpretations of Islamic texts.

These views were then elaborated in a framework document, from which a training module for intensive workshops was produced. These workshops last for five days, for up to 12 hours a day, and participants have included women preachers (*mubalighât*),²¹ women religious teachers and female heads of women's *pesantren*. To date, five workshops have been held in selected *pesantren*, using participa-

tory methods to promote discussion on reproductive and sexual health from a Muslim perspective.

During the workshops, lectures by experts and group discussions alternate with role plays, ice breakers and simulation games. For instance, to offer an alternative to the normative religious teaching that defines childrearing as exclusively women's duty,²² posters have been developed that portray Indonesian men taking care of their children. To make it easy to visualize the interwoven influences of social, religious and political factors on women's reproductive health, the game 'Spider Web' is employed, in which the participants are asked to identify the factors that have led to the death of a woman following a clandestine abortion. These gradually become entangled with each other through a string held by each of the women, who together weave a spider's web.

The first workshop began by looking at the theory and concepts of gender and reproductive health, in line with the recommendations of the ICPD, and then addressed the reality of Indonesian Muslim women and the teachings of Islam. However, the participants perceived these concepts as 'foreign' to their religious and daily experience. Some were concerned that P3M was trying to enforce Western feminist paradigms on Islam.

To avoid such misunderstanding, in successive workshops, language and idioms derived from the religion and the daily experience of participants have been adopted and medical and theological information has been integrated in a consistent whole. In its new pedagogic approach, P3M focuses on 'Islamic jurisprudence on women' (*Fiqh an Nisâ'*), and instead of talking about 'women's rights' in secular terms (*hak perempuan*) addresses them as *Huqûq al-Ummahât*. Furthermore, to assure the theological legitimacy of the debate on gender and reproductive health, P3M encourages a participatory analysis of relevant Qur'anic verses and hadîth. For example, an analysis of two verses in the Qur'ân about the hardship of pregnancy and labour promotes discussion on the burden and risks of reproduction for women and fosters respect for women who carry and nurture life.²³ A film is then shown on the process of childbirth, which leads to a discussion of the high rates of maternal mortality in Indonesia,²⁴ unsafe abortion, and the many religious and cultural beliefs that are detrimental to the health of pregnant and nursing women. Case studies of gender injustice such as early marriage of girls, marriages arranged against young women's will and rape are also presented for discussion and debate.

Through these workshops, the participants themselves derive new understandings of gender and reproductive rights, based in their own religious and cultural environment. In addition to becoming more aware of responsibilities and rights, they also develop a commitment to sharing their newly acquired knowledge with their female pupils and with the women in their prayer groups.

Based on what has taken place in these workshops, P3M has compiled a book on the meanings of reproductive rights in Islam for use during the workshops and afterwards, which addresses women's right to reproductive health, to choose a partner, to enjoy sexual relationships, to have children, and to decide about pregnancy. The book is written in simple language so that complex issues are accessible to women from all socio-economic strata.²⁵

The program's most recent phase aims at disseminating these ideas to a wider public. P3M's monthly newsletter *Sehat* (Health), which is distributed to *pesantren*, Moslem scholars and institutions, and women's groups, focuses on reproductive health from an Islamic perspective. A bi-monthly forum entitled *Rahîm* ('womb' or 'merciful' in Arabic) explores alternative interpretations of Islamic texts on gender and reproductive health. Participants include religious scholars (both men and women), medical professionals and health activists, whose debates are publicized by P3M in the media. The group also plans to invite renowned international and Indonesian Islamic leaders and scholars to present their views on reproductive health and rights, according to Islam, at a national seminar in March 1997 in which P3M will also share its advocacy program. In anticipation, a glimpse of P3M's multi-dimensional approach is provided below by describing the awareness raising process that occurs at the workshops.

Linking social justice, reproductive health and Islamic thought

When setting the tone of discussion in the workshops, P3M addresses the different levels of interpretability of Qur'anic verses, and differentiates between fundamental and instrumental ones. In its view, while verses that address fundamental core principles (*muhkamât* or *qat'î*) may not be interpreted, verses that address technical or instrumental issues (*mutashâbihât* or *zannî*), such as rules for carrying out rituals, may and can be interpreted using certain recognized methodologies.²⁶ P3M also argues that the origin of each of Prophet's sayings (*hadîth*)—and thus its authenticity—must be critically examined, and its contents analyzed, according to the core principles of the Qur'ân,

the occasion and purpose of the pronouncement, and the historical and socio-cultural context in which it originated. By emphasizing the interpretability of religious sources, an environment is created which is conducive to an open discussion of Islamic texts, stimulating participants to analyze dominant interpretations, while seeking for alternative explanations.

In these constructive surroundings, reproductive health topics are raised. Before addressing them from a theological perspective, socio-medical information is provided in lay terms, covering how the reproductive system works, the sexual organs, the reproductive cycle, contraception, abortion, STDs and AIDS. Understanding the risks to women of fulfilling their sexual and reproductive functions, the participants become aware of the need to protect themselves, and start to wonder about the role of their religion in this.

An analysis of relevant texts related to the role of men and women in the family and beyond is then initiated in response to their inquiry, employing verses and interpretations common to the pesantren culture.²⁷ As a first step, P3M stresses the equality of men and women and rejects women's subordination to men, viewing equality in gender relationships as a precondition for respect of reproductive rights. P3M has strong arguments to show that the Qur'ân does not support discrimination against women. Women, they argue, are equal to men in the sight of God, since they have the same spiritual nature and are both recipients of the Divine breath.²⁸ As Riffat Hassan notes: God can never be guilty of unfairness, tyranny, oppression, or wrongdoing (*zulm*); hence, any injustice to which women have been subjected cannot be regarded as derived from God.²⁹ Women and men are seen as complementary to each other, and neither are held to be superior to the other in the family or beyond, as stated in the verses:

The Believers, men and women, are protectors, one of another 'Your wives are your garments, and ye are their garments.'³⁰

Applying the core principle of justice (*al-'adâlah*), which in Islamic law is defined through a process of egalitarian deliberation (*mushâwarah*), in relation to reproductive health, women's reproductive rights can be seen in counter-balance to men's rights as the main providers of basic necessities in the marriage. Thus, the Qur'ân says:

'and women shall have rights similar to the rights against them [meaning men's rights] according to what is equitable.'³¹

P3M argues that if Islam in the Prophet's time attributed to men the burden of production and to women the burden of reproduction, according to prevailing gender relations, it was also said that such burdens should be balanced. Thus, if a woman is breastfeeding, her husband should compensate her according to her wishes.³² Similarly, her husband should pay a maid to carry out domestic tasks so that she can perform tasks outside the home as well as her reproductive tasks.³³ It is only within such a pattern of rights and responsibilities that justice can be fully guaranteed within marriage as well as in society. Considering the double burden of earning a living and bearing and rearing children carried by so many women, participants are invited to reflect on the meaning of just compensation and gender roles in Indonesian society today.

In relation to their reproductive roles, according to P3M, women have three types of rights. Firstly, the right to safety and health, which is grounded in one of the five fundamental rights guaranteed under Islamic law, namely the right to physical well-being and respect for life (*hifz al-nafs*).³⁴ Secondly, as previously mentioned, the right to social welfare (economic), under which compensation should be provided to women for their reproductive role. Thirdly, there is the right to make decisions, which is the most controversial, since dominant Islamic interpretations see men as the absolute decision-makers. In P3M's view, however, that women also have this right is inherent in Islam and in its cardinal belief that each person—man or woman—is responsible and accountable for his or her own individual actions.³⁵

P3M is of the opinion that this right of women has been disregarded because of male domination of the religious community and of the interpretation of sacred texts. They assert that the combination of the core principles of equality (*al-musâwâh*), justice (*al-'adâlah*), and mutual kindness (*mu'âsharah bi al-ma'rûf*) rather point to women's right to make decisions with their husbands. This is especially important in such diverse matters as the selection of a spouse, the use of contraception, and deciding whether to have sexual intercourse and whether and when to have children.

Another approach used by P3M focuses on the socio-cultural and historical influences that help to shape women's position in Islamic thought. Thus, according to Islamic law a woman should obtain her husband's permission before going out and should always be escorted by a *mabram* (unmarriageable companion). Yet in Indonesia Muslim women do not follow this rule but go out of the house freely on their

own. Similarly, the majority of Indonesian Muslim women do not wear a veil, but on ritual and official occasions use a long shawl (*kerudung*) to cover their heads. By showing that a certain religious teaching is applied differently in different historical and socio-cultural contexts, P3M once more illustrates the necessity of critical study of religious texts.

By combining theological, medical and socio-historical arguments, P3M systematically addresses the entire spectrum of reproductive health topics. As the example below presenting one of the sessions on sexual health, illustrates.

Workshop session on sexual relations, HIV and AIDS

The right of women to request sex from their husbands is clearly stated by Islam, and in the Indonesian Muslim community it is widely understood that a wife is entitled to sexual relations with her husband at least once in four days. If she is not sexually fulfilled for more than four months, according to 'Umar, she has the right to divorce her husband.³⁶ However, the question of whether a woman can refuse requests for sex from her husband is an unresolved subject of discussion in *pesantren*. In P3M's workshops, this issue is addressed by quoting the verse saying:

'Your women are a field for you (to cultivate) so go to your field whenever you want to.'³⁷

This verse, which is probably about fertility rather than sex, is often used to argue that women must always fulfil their husbands' sexual demands, along with another verse which is misused to condone a man beating his wife if she refuses to satisfy him sexually (*nushûz*),³⁸ and by the weak—but very popular in *pesantren*—hadîth saying that any woman who refuses her husband's sexual demands will be forsaken (*laknat*) by the Angels until the dawn comes.³⁹ P3M uses small handouts where these verses are written in Arab and Indonesian and illustrated by cartoons to initiate discussion about whether these interpretations of the texts are fair to women, and whether they fulfil the Islamic core principles of equality, justice and mutual kindness.

Each verse is carefully analyzed and deconstructed. P3M argues that the reference to women as 'a field' should be seen as a symbolic idiom referring to fertility in an agrarian society such as Arab culture was at the time of the Prophet, which is not necessarily valid today. Understanding the original context, it can also be established that it

was meant as a warning to the husbands not to perform anal sex with their wives, and not, as dominant interpretations claim, to compel women to obey their husbands in sexual matters.

With reference to the supposed condoning of violence in response to a wife's refusal to have sex, P3M demonstrates that under no circumstances does the Qur'ân encourage, allow or condone domestic violence or physical abuse, or marital rape, as expressed by the verse:

O ye who believe! Ye are forbidden to inherit women against their will.⁴⁰

After reminding the participants that the 'beating' mentioned in the verse consists of 'a gentle pat' with a handkerchief that causes no physical harm nor leaves signs on the body, P3M proceed to argue that the permissibility of such symbolic expression of authority should be also challenged as an act of unjustified violence. Finally, attention is given to the translation of *laknat* as 'forsaken' which may not be necessarily correct. In fact, it could be interpreted as 'disharmony', meaning that refusal to have sex can provoke tension within the family.⁴¹

From another angle, using *fiqh* logic, it can be derived from the principles of mutual kindness and well being, that a wife can refuse sexual intercourse if it might make her suffer, or if she is very tired or has a lot of work.⁴² And what about times when a woman simply does not want to have sex? P3M argues that in some cases, the husband might also ask himself if he has failed to arouse her desire, as prescribed by the hadîth:

If you desire to make love with your wife, do not behave like a couple of camels or donkeys. Start with seductive words and kisses.⁴³

To seal its argument, P3M reiterate that men's arbitrariness in sexual decisions cannot be tolerated since besides contradicting core Islamic principles it goes against the ideal of egalitarian deliberation in human, including family, relationships.

The right of women to safe sexual relationships is also relevant in relation to the recent discussion in the Indonesian Muslim community on the desirability of condom use for AIDS prevention. As a preamble to this issue, P3M emphasizes the seriousness of the AIDS epidemic in Indonesia, where the number of documented HIV and AIDS cases is rising.⁴⁴ P3M argues that Muslim cannot refuse to confront AIDS, even if this implies recognition of a reality about sexual behaviour that they would prefer to ignore. It is important that people start to adopt preven-

tive measures and do not take solace in the belief that Islamic values on their own lead to the faithfulness that provides protection against HIV.

To illustrate this point, P3M invites workshop participants to play a simulation game called 'Wild Fire'. This game allows people to gain a more realistic view about the spread of HIV, and makes them realize that everyone is potentially at risk, including married women and infants. Furthermore, participants become aware that lifelong, monogamous marriages are not always possible, and that partner change also frequently occurs through polygamy and serial monogamy, all of which are common in their own, their parents' lives, or in the lives of people in their communities. Thus, they come to understand that even without deviance from religious norms, risk of transmission may be present.

P3M also tries to show how gender-biased the dominant view of AIDS is in the Indonesian Muslim community. When women are found to have HIV they are accused of licentious sexual behaviour and disobedience to religious teachings. Yet, ironically, they are also blamed if their husbands get HIV on the grounds that their husbands seek sex elsewhere if their wives fail to fulfil their sexual needs.

Using concrete examples to deconstruct this and many other stereotypes surrounding AIDS, P3M advocates the use of condoms as an effective prevention measure. To justify this position, P3M refers to the fundamental right in Islamic law to physical well-being and safety, and to the teaching to avoid danger in all possible ways, even when it requires the choice of the lesser of two evils. The urgency of the situation, they say, may even permit doing forbidden things (*al-darûrât tubîh al-mahdûrât*), which according to some 'ulamâ', includes the use of condoms.⁴⁵

While acknowledging that adultery and promiscuity cannot and should not be sanctioned by religion, P3M provocatively argues that consistent condom use should be justified in order to comply with the fundamental principle of protection of human life (*hifz al-nafs*). People who cannot avoid having more than one partner, whether married or unmarried, should always use condoms—because it would be an even greater sin not to protect their partners.

P3M also reflects on the lack of theological consistency of those who accept the use of condoms for family planning but not for AIDS prevention. Taking into account the principle of emergency, it argues that condom use for AIDS prevention is even more urgent than for family planning since it directly protects people from death. Moreover, while the condom is the only effective method to prevent sexual transmission

of HIV, in family planning other methods are also available.

At the end of this session, P3M stresses the great tolerance of Islam and why it must include people with HIV and AIDS. They call on people not to blame others for their immoral behaviour, since so few are without sin. If indeed there are people who have never sinned in their lives, surely they will not show off their purity by blaming others for their sins.

Looking Ahead

P3M's activities have encouraged many women in *pesantren* to participate enthusiastically in the search for alternative interpretations of Islamic texts to understand women's rights. Still, P3M's work is far from concluded. Its staff has many more issues to address from a positive, theological framework within Islam, including homosexuality and freedom of sexual orientation, which are still condemned and seen as not falling within the inclusionary framework of a merciful and beneficent God who embraces the whole of humanity.⁴⁶ Similarly, P3M needs to grapple with mainstream views on single parenthood, sex outside marriage, and adolescent sexuality.

P3M also struggles with the necessity of involving men in its activities. The women who have followed the workshops feel that they have become aware of theological interpretations that strengthen their position in the family and in the Muslim community, and lead to better health. Still, they fear that this new awareness alone is not enough to change their situation, if their husbands are not equally convinced that Islam respects women's rights and do not change their attitudes toward their wives.

Can a woman-oriented interpretation of Islamic texts succeed in a society where male 'ulamâ' with traditional views determine religious discourse? Can alternative views of reproductive health and rights eventually become dominant in Indonesia? These and many other questions are still unanswered, and it remains to be seen whether P3M with its evolutionary approach will indeed be able to change the perception of the majority of the Indonesian Muslim community, which could ultimately help to lead to desired institutional changes.

Nonetheless, we believe that P3M is fulfilling an emancipatory role and that their reflections on the teachings of Islam are contributing to a more balanced discussion of reproductive health and rights in Indonesia, by offering Indonesian women a much-needed theological basis for improving their place in society.

Notes

1. Jacobson J, Ibrahim, B., Obermeyer, C.M., "The Muslim Woman: Fighting for Faith and Family Planning", *Washington Post* (September 4, 1994) Outlook Section.
2. Kissling, F., "From Cairo to Beijing and Beyond", In *Five Ethics* (1995, 4 [4]), pp. 1-6.
3. See: Scovill, N.B. 1995, *The Liberation of Women: Religious Sources* (Washington D.C: The Religious Consultation on Population, Reproductive Health and Ethics).
4. The *pesantren* are Islamic boarding schools, mostly located in Java, which allegedly derive from the Hinduist tradition of the *ashram*. A *pesantren* consists of a mosque; dormitories for the pupils (*santri*) and their teachers separated according to sex; and various levels of elementary and secondary schools. In addition to formal education, the pupils study Islamic texts. In the *pesantren*, the absolute authority rests with the *kyai* and his family. Although originally only men were allowed, in recent years the number of female pupils outnumbers that of male *santri*.
5. *Kyai* is the Javanese title for 'ulamâ', and is especially used for heads of *pesantren* and Islamic teachers.
6. Hasyim Aidid, "Islamic Leaders Attitude Towards Family Planning in Indonesia (1950's-1980's)", MA thesis (ANU Canberra: 1987), pp. 25-32.
7. Quoted from Hasyim Aidid, "Islamic Leaders Attitude Towards Family Planning," p. 65.
8. This put an end to the controversy about the acceptability of IUD in Islam. Since then, the National Family Planning Board (BKKBN) has propagated the MUI's standpoint to increase women's acceptance of IUD.
9. "Senior 'ulamâ' endorses surgery for birth control" *The Jakarta Post* (November 6, 1995).
10. Reference here is to the two hadîth collections of *Sahîh HR Bukhârî* and *Sahîh Muslim*. It is interesting to note that supporters of modern family planning within the Muslim community view these sayings and their interpretation by Imam al-Ghazâlî differently, as approving all kinds of contraception.
11. See, Sampoerno D, Paxman JD, Moll B and Rashid AK, "The Development of the Family Planning Program Within Indonesian Islamic Organizations: A Fifteen Year History" (Paper presented at the American Public Health Association, 11th Annual Meeting, 1988), Boston MA.
12. As a matter of fact, there has been scant significant opposition to the family planning program from political parties, social organizations or activist groups in Indonesia.
13. Indonesia has one of the most conservative laws on abortion. In the Criminal Law, article 346 states that a woman who aborts, kills her fetus or orders other people to do so, can be imprisoned for a maximum of five years. A newer, rather unclear law issued in 1992 and as yet still without implementing regulations, states that certain medical procedures (meaning abortion) can only be admitted in 'order to save the life of a pregnant women or that of her baby' (Djohan E. *et. al.*, 1993), "The attitudes of health providers towards abortion in Indonesia" (*Reproductive Health Matters*, 2:32-40).
14. Huzaemah Tahido, 1994, "Pandangan Islam tentang Aborsi" (Paper presented at the workshop on Islam and Reproductive Rights, P3M).

15. Only a minority of 'ulamâ' from the Maliki School allow a shorter period, namely 40 days.
16. *Republika*, 1995, "Peranan Keluarga dalam Pencegahan dan Penanggulangan HIV/AIDS": 9 (17 September). See, Dadang Hawari, 1995, "The Islamic Concept in Fighting against AIDS," paper presented at the AIDS Seminar FKM-UI (14 September).
17. MUI, *Mimbar Ulama* (November-December, 1995), pp. 38-45.
18. K.H. Abdurrahman Wahid, 1995, "Kendala-kendala di Bidang Agama dalam Penanganan Hak-hak dan Kesehatan Reproduksi," paper presented at the Seminar on the Implication of Chapter VII of the Cairo Document for Indonesia. Yogyakarta: UGM.
19. P3M's advocacy program is supported by the Ford Foundation.
20. Inspiring references have been in this context. Engineer Asgar Ali, *The Rights of Women in Islam* (London: 1992) C. Hurst; Mernissi, F, *Women and Islam: An Historical and Theological Enquiry* (Oxford: Basil Blackwell Ltd., 1991); Hassan, R., *Women's Rights and Islam: From the ICPD to Beijing* (Draft, 1996); Ahmed, L., 1996, *Women and Gender in Islam* (New Haven & London: Yale University Press, 1996); *Sisters in Islam* (1993); *Islam, Gender and Women's Rights: An Alternative View* (Kuala Lumpur: Sisters in Islam).
21. *Mubalighât* are a common feature in Malaysia and Indonesia, but not so in the Middle East, showing the greater autonomy of Muslim women in the Malay world. For more information see Marcoes, L., "The Female Preacher as a Mediator in Religion", in Van Benmelen *et. al.*, *Women and Mediation in Indonesia* (Leiden: KITLV, 1992), pp. 203-228.
22. *Al-Bâqarah*: 233
23. *Luqmân*: 14 and *Al-Ahqâf*: 15. In these verses God defines pregnancy as *wahnan 'ala wahnin* or 'hardship upon all hardships'.
24. Recent MMR estimates vary from 390 to 650 per 100,000 live births.
25. A difficulty in its production has been the scarcity of international references and the total lack of Indonesian references providing a progressive interpretation of reproductive health and rights in Islam.
26. In differentiating between a minority of fundamental, core principle verses (*qat'î*) and a majority of instrumental, technical ones (*zannî*), transformative Islamic scholars—P3M intellectuals among others—differ from conventional scholars who make a more semantic differentiation according to whether the verses are explicit (*qat'î*) or contain ambiguities (*zannî*). Transformative Islamic scholars aim to transform social structures in such a way that reflect justice and equality through a process of reinterpretation of religious texts, freeing theological discourse from gender and class biases. See: Mas'udi MF, *The Basic Concept of Understanding Women: Reinterpreting Islamic Teachings on Women* (Jakarta: The Forum for Islam and the Advancement of Women, 1994).
27. It should be stressed here that such verses and related interpretations are not necessarily known among other Muslim groups either in Indonesia or abroad.
28. *Al-Sajdah*: 7-9. Cf. Badawi, J., *Gender Equity in Islam* (Plainfield: American Trust Publications, 1995).
29. Riffat Hassan, "Women's Rights and Islam: from the ICPD to Beijing", Draft (1996), p. 12.
30. Respectively *al-Tawbah*: 71 and *al-Bâqarah*: 137
31. *Al-Bâqarah*: 228, as translated by Abdullah Yusuf Ali, 1989, *The Holy Qur'ân* (Mary-

- land: Brentwood).
32. *Al-Bâqarah*: 233
 33. Wabbah az-Zuhailiy, *Al-Fiqh al-Islâmî wa-'Adillatuhû*, (Beirut: Dar-el-ikr, 1989), pp. 7; 734. This text ought to be seen within its historical context, reflecting a feudal society in its reference only to non-slave women, who were honored in society and therefore considered unsuitable for work (*sharifah*).
 34. The other four fundamental rights are: *hifz al-dîn* (right to religion); *hifz al-'aql* (right to knowledge and opinion); *hifz al-mâl* (right to social welfare) and *hifz al-nasl* (right to descendants). Imâm al-Ghazâlî, *Al-Mustashfâ* (Beirut: Dar el-Fikr, nd.), vol I, p. 287.
 35. Cf. Riffat Hassan, "Women's Rights and Islam: from the ICPD to Beijing", Draft, (1996), p. 26.
 36. Najib Muthi'iy, y.u., *Takmilah al-Majmû'*, (Jeddah: Maktabah Al-Irshâd, nd.), XV, p. 260. The present divorce legislation for Indonesian Muslims is grounded on this view—although slightly different—allowing a Moslem woman to request a divorce if her husband does not fulfil her psychological and physical needs for six months.
 37. *Al-Bâqarah*: 233.
 38. *Al-Nisâ'*: 34.
 39. As prescribed by H.R. Bukhârî
 40. *Al-Nisâ'*: 19.
 41. This view is shared by the hadîth expert al-Shan'ani, *Subûl al-Salâm* (Beirut: Dar al-Fikr, nd.), p. 3; 165).
 42. Wabbah Az-Zuhaili, *Al-Fiqh al-Islâm wa 'Adillatuhu* (Beirut: Dar-el-Fikr, 1984).
 43. As prescribed by Ibn Majah
 44. During the last year, the number of documented HIV and AIDS cases in Indonesia has multiplied almost four times from 120 to 463. According to official figures, on October 31, 1996 persons testing positive for HIV numbered 331, while 110 others have either succumbed to or have developed full-blown AIDS. However, the World Health Organizations estimates that 50,000 people in Indonesia may already be infected with the disease.
 45. Zainuddin Ibn Najim, *Al-Ashbah wa al-Nazâ'ir* (Beirut: Dar al-Kutub al-Ilmiyah, 1993), p. 85.
 46. Sheba Ali & Omar Muhammad, *The Dilemma of Muslim Lesbians, Gays and Bisexuals* (Source and year of publication unknown to the authors).

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