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Beyond Physical Injury: Child Pregnancy as Reproductive Damage in Sexual Crimes Against Children

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Abstract: Pregnancy in children who are victims of sexual assault is a serious disruption to reproductive function because the child's body is not yet biologically and physiologically mature enough to undergo the process of pregnancy. The immaturity of the reproductive organs, including the endocrine system, pelvis, and uterus, puts the child at high risk of medical complications such as pre-eclampsia, hemorrhage, obstructed labor, obstetric fistula, and even the potential for long-term infertility. From a victimological viewpoint, pregnancy is not merely a direct result of sexual violence; it also prolongs victimization due to the loss of bodily autonomy, various psychological traumas, and the risk of secondary victimization stemming from social stigma. This research investigates child pregnancy as a sign of reproductive dysfunction or disorder as defined in Article 81, Paragraph (5) of the Child Protection Law. The study employs a normative-legal approach, analyzing legal texts, court decisions, and academic literature. The findings indicate that child pregnancy is a form of reproductive disorder, which is legally classified as a disturbance or reduction in reproductive capacity, thus providing grounds for harsher penalties. A rethinking of legal understanding is essential to recognize child pregnancy not just as a biological consequence, but as a reproductive loss that jeopardizes the safety, dignity, and future of the child, in line with the child's best interests.

Keywords: Child Pregnancy; Sexual Intercourse with Children; Reproductive Function

Melampaui Cedera Fisik: Kehamilan pada Anak sebagai Bentuk Kerusakan Reproduksi dalam Kejahatan Seksual terhadap Anak

Abstrak: *Kehamilan pada anak korban tindak pidana persetubuhan merupakan bentuk gangguan serius terhadap fungsi reproduksi karena tubuh anak secara biologis dan fisiologis belum matang untuk menjalani proses kehamilan. Ketidakmatangan organ reproduksi, termasuk sistem endokrin, panggul, serta uterus, menempatkan anak pada risiko tinggi mengalami komplikasi medis seperti preeklampsia, perdarahan, persalinan macet, fistula obstetrik, hingga potensi infertilitas jangka panjang. Dari perspektif viktimologi, kehamilan ini tidak hanya merupakan dampak langsung dari kekerasan seksual, tetapi juga memperpanjang viktimisasi melalui*

hilangnya otonomi tubuh, trauma psikologis berlapis, dan risiko viktimisasi sekunder akibat stigma sosial. Penelitian ini mengkaji kehamilan pada anak sebagai indikator terganggunya atau rusaknya fungsi reproduksi sebagaimana dimaksud dalam Pasal 81 ayat (5) Undang-Undang Perlindungan Anak, dengan menggunakan pendekatan yuridis normatif melalui analisis peraturan perundang-undangan, kasus, dan literatur. Hasil kajian menunjukkan bahwa kehamilan pada anak merupakan bentuk reproductive harm yang secara yuridis layak dikualifikasikan sebagai kerusakan atau gangguan fungsi reproduksi. Reorientasi pemahaman hukum diperlukan agar kehamilan anak diakui bukan sekadar konsekuensi biologis, melainkan sebagai kerugian reproduktif yang mengancam keselamatan, martabat, serta masa depan anak dalam kerangka prinsip kepentingan terbaik bagi anak.

Kata Kunci: *Kehamilan Anak; Persetubuhan Terhadap Anak; Fungsi Reproduksi*

A. Introduction

According to Indonesian law, individuals under the age of 18, including fetuses, are recognized as children. This legal classification grants particular recognition to children and affirms their status as legal beneficiaries entitled to the fundamental rights set out in the 1959 Declaration of the Rights of the Child. The guiding principles embedded within the national legal framework include: (1) absence of discrimination; (2) the child's best interests; (3) the right to life, survival, and development; and (4) the right to freedom of expression. This protection is crucial for safeguarding children from criminal acts, especially sexual exploitation and violence against minors. According to Indonesian law, individuals under the age of 18, including fetuses, are recognized as children. [1] This legal classification grants children a special status and recognizes them as legal beneficiaries entitled to the fundamental rights set out in the 1959 Declaration of the Rights of the Child.

The Online Information System for the Protection of Women and Children (Simfoni PPA) reveals a continuous rise in cases of sexual violence against children. In 2022, 8,059 cases were recorded, followed by a significant surge to 9,872 cases in 2023. This upward trajectory continued into 2024, reaching a total of 10,559 cases, a trend that underscores the profound challenges remaining in the national effort to

[1]Republik Indonesia, *Undang-Undang Nomor 35 Tahun 2014 tentang Perubahan Atas Undang-Undang Nomor 23 Tahun 2002 tentang Perlindungan Anak*, Pasal 1 Angka 1.

eradicate sexual violence against minors. Furthermore, within the relatively brief period from January to August 2025, 7,357 cases have already been documented, signaling a critical need for robust legal interventions.[2] It is incontrovertible that among these thousands of cases, children remain highly vulnerable to pregnancy resulting from acts of sexual intercourse. Pregnancy may occur even if such intercourse transpires only once or twice; while ovulation in early adolescence is often irregular, fertilization remains physiologically possible when sexual contact coincides with the fertile window. [3]

Pregnancy in minors entails significantly higher biological and medical risks compared to their adult counterparts, as pediatric physiology has not yet reached the requisite maturity to sustain reproductive functions. This physiological immaturity of the reproductive apparatus, including the uterus, hormonal regulatory mechanisms, and limited somatic reserves, ensures that gestation occurs under conditions of profound biological strain and heightened systemic vulnerability. These factors collectively exacerbate the risks of fetal growth disorders, maternal anemia, and a systemic incapacity to adapt to the physiological exigencies of pregnancy.[4] Furthermore, pregnancies that occur during childhood are closely linked to serious clinical complications, including preeclampsia, intrauterine growth restriction (IUGR), obstetric bleeding, and a significantly higher need for blood transfusions and intensive care compared to pregnancies in young adults.[5] These findings are further corroborated by comparative research, such as studies conducted in Poland, which identify heightened incidences of Group B Streptococcus infection,

[2]Sistem Informasi Online Perlindungan Perempuan dan Anak (Simfoni PPA), *Data Jumlah Kasus Kekerasan Seksual Terhadap Anak*, https://kekerasan.kemenpppa.go.id/ringkasan, diakses pada 25 September 2025.

[3]Daniel Li, Allen J. Wilcox, David B. Dunson, "Benchmark Pregnancy Rates and The Assessment of Post-Coital Contraceptives: An Update," *Contraception* 91, no. 4 (2015): 344-349, https://doi.org/10.1016/j.contraception.2015.01.002.

[4]Laras Ayu Pramesti, dan Fadil Hidayat, "The Rate of Preeclampsia Incidence in Early Pregnancy," *Science Midwifery* 10, no. 6 (2023): 4797-4801, https://doi.org/10.35335/midwifery.v10i6.1078.

[5]Mehmet Nuri Duran et al., "Maternal and Foetal Risks Associated with Teenage Pregnancy," *Journal of Obstetrics and Gynaecology* 44, no. 1 (2024): 2364787, https://doi.org/10.1080/01443615.2024.2364787.

preterm labor, and adverse neonatal outcomes.[6] Based on extant literature, pregnancy in minors transcends mere clinical risk; it subjects the child's body to biological demands that exceed its developmental threshold. This underscores the premise that the adolescent physique is not a physiologically viable entity for gestation. Consequently, such pregnancies inherently constitute a risk of permanent reproductive damage or long-term functional impairment.

Pregnancy in minors resulting from sexual intercourse constitutes a clear indicator of reproductive immaturity, legally defined as a disruption or loss of reproductive function under Article 81(5) of Law No. 17/2016 on Child Protection. Medically, such pregnancies are marked by pelvic structural immaturity, hormonal insufficiency, impaired uteroplacental perfusion, and heightened obstetric complications, all demonstrating that the reproductive system operates below physiological standards. Within criminal law, compelling an immature reproductive system to function beyond its natural capacity, thereby risking structural or functional injury, qualifies as impairment, damage, or loss of organ function. Thus, childhood pregnancy is not merely a biological risk but a factual manifestation of pathological reproductive functioning. This condition meets the normative threshold for "disruption or loss of reproductive function," serving as the legal basis for enhanced penalties under the Child Protection Law. Accordingly, this study examines underage pregnancy as a primary indicator of reproductive disturbances, analyzing its implications from medical, victimological, and legal perspectives, all grounded in the overarching principle of the child's best interests.

This study employs normative legal research using statutory, case, and conceptual approaches. Primary legal materials consist of legislation and court decisions, while secondary materials include scholarly literature and medical studies concerning reproductive health and child protection. The analysis applies grammatical, systematic, conceptual, and comparative interpretation to assess

[6]Jakub Staniczek et al., "Adolescent Pregnancy: A Comparative Insight into the Prevalence and Risks of Obstetric Complications in a Polish Cohort," *Journal of Clinical Medicine* 13, no. 19 (2024): 5785, https://doi.org/10.3390/jcm13195785.

whether child pregnancy resulting from sexual violence may be classified as a disruption of reproductive function under Article 81 Paragraph (5) of the Child Protection Law.

The research was conducted through several stages. The first stage involved identifying legal issues concerning the classification of child pregnancy within the framework of Article 81 Paragraph (5) of the Child Protection Law. The second stage consisted of collecting and examining primary legal materials, including legislation and court decisions, as well as secondary legal materials such as scholarly literature, medical studies, and comparative legal sources. The third stage involved analyzing the relationship between child pregnancy and reproductive function through doctrinal, medical, and comparative perspectives. The fourth stage consisted of interpreting the relevant legal provisions using grammatical, systematic, conceptual, and comparative interpretation. Finally, the findings were synthesized to evaluate whether child pregnancy may be classified as a disruption or loss of reproductive function and to formulate recommendations for legal interpretation and future legal development.

This study is limited to pregnancies experienced by children as a consequence of criminal acts of sexual intercourse or sexual violence regulated under the Child Protection Law. Accordingly, the analysis does not address pregnancies occurring within lawful adult relationships, consensual relationships between adults, or other reproductive circumstances unrelated to criminal conduct. The focus of this study is the legal significance of child pregnancy as a consequence of sexual violence and its relationship to the concept of disruption or loss of reproductive function under Article 81 Paragraph (5).

Furthermore, this study does not argue that every child pregnancy automatically constitutes a loss of reproductive function. Rather, it distinguishes between impairment and loss. Child pregnancy generally constitutes an impairment of reproductive function because it compels immature reproductive organs to perform physiological functions beyond their developmental capacity. The classification may only escalate to a loss of reproductive function where objective

medical evidence demonstrates permanent and irreversible reproductive injury, such as hysterectomy, irreversible infertility, severe uterine damage, or permanent obstetric fistula. The analysis also recognizes that the severity of reproductive consequences may vary depending on the age, health condition, and individual circumstances of the child victim. Therefore, the conclusions advanced in this study should be understood within the specific context of child victims who become pregnant as a result of sexual violence.

B. Pregnancy as an Indicator of Reproductive Organ Dysfunction under Article 81 Paragraph (5) of the Child Protection Act

1. The Concept of Childhood Pregnancy from Biological and Reproductive Health Perspectives

A child pregnancy refers to a pregnancy of a female who is legally recognized as a minor, which means she is under 18 years old, and this can occur during childhood (ages 10 to 14) or early adolescence (ages 15 to 17), at a stage where the reproductive organs have not yet attained the biological and physiological maturity required for gestation.[7] Childhood pregnancy is understood as follows: 'Underage mothers are the children in the pediatric age group who become pregnant and give birth. These cases are children who have been exposed to sexual assault in adolescence.'[8] This definition encompasses children who have fallen victim to sexual violence during their adolescent years. This position is corroborated by further literature indicating that pregnancies within this age cohort are frequently categorized as 'early pregnancy' or 'adolescent pregnancy,' terms typically employed to describe pregnancies in females under the age of 20.[9] These scholarly definitions are further reinforced by the conceptualizations of childhood pregnancy established by various international organizations, as delineated in the following table 1.

[7]Esther Raya-Diez, et al.. "Risk Factors and Social Consequences of Early Pregnancy: A Systematic Review," *Sage Open* 14, no. 3 (2024), https://doi.org/10.1177/21582440241271324.

[8]Erdal Ozer, et al., "Underage Mothers in Turkey," *Medical Science Monitor* 20 (2014): 582–86. https://doi.org/10.12659/MSM.890341.

[9]Ozer, et al., "Underage Mothers in Turkey."

Table 1
Comparative Definitions of Childhood Pregnancy

No.	Source	Age Range	Terminology	Definitional Emphasis
1.	WHO (World Health Organization)	10-19 Years	Adolescent Pregnancy; ages 10–14 categorized as very young adolescents	Pregnancy at a very young age entails high medical risks; reproductive organs are immature, particularly in the 10–14 age group.[10]
2.	UNICEF (United Nations Children Fund)	13-19 Years	Child Pregnancy	Pregnancy in children constitutes a violation of children's rights; children are physically and psychosocially unprepared for reproduction.[11]
3.	UNFPA (United Nations Population Fund)	18 Years	Adolescent Pregnancy/ Child Pregnancy	Early pregnancy is linked to social structures: sexual violence, child marriage, and gender inequality; it has long-term impacts on reproductive health.[12]
4.	ACOG (American College of Obstetricians and Gynecologists)	15-19 Years (Teen Pregnancy); 15 Years (Extreme Risk)	Teen Pregnancy	Pregnancy under age 15 is highly hazardous due to suboptimal development of the pelvis, uterus, and hormonal systems.[13]

Source: Author's Analysis

Beyond the consensus on its definition, childhood pregnancy signifies a state of biological unpreparedness in the child's reproductive organs. In such cases, the child is indirectly coerced into undergoing a biological process for which they are physiologically unprepared, as their reproductive system is still in a developmental

[10]Getachew Mullu Kassa, et al. "Prevalence and Determinants of Adolescent Pregnancy in Africa: A Systematic Review and Meta-Analysis," *Reproductive Health* 15 (2018): 195, https://doi.org/10.1186/s12978-018-0640-2.

[11]Haymanot Mezmur, Nega Assefa, and Tadesse Alemayehu. "Teenage Pregnancy and Its Associated Factors in Eastern Ethiopia: A Community-Based Study," *International Journal of Women's Health* 13 (2021): 267-78, https://doi.org/10.2147/IJWH.S287715.

[12]Richard Kollodge (ed.), "Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy," *State of World Population Report* (New York: United Nations Population Fund, 2013), https://www.unfpa.org/publications/state-world-population-2013.

[13]Committee on Adolescent Health Care. Committee Opinion No 699: Adolescent Pregnancy, Contraception, and Sexual Activity. *Obstetrics & Gynecology* 129, no. 5 (2017): e142-e149, https://doi.org/10.1097/AOG.0000000000002045.

phase. This incapacity encompasses endocrine immaturity, suboptimal pelvic dimensions, and incomplete uterine development, all of which elevate the risk of severe complications for the child's reproductive health. Regarding the endocrine system responsible for hormonal release, the child's reproductive organs are still in the early stages of development and have not yet achieved the hormonal stability characteristic of adult females.[14]

At this stage, puberty has only recently begun to establish a foundational hormonal rhythm; consequently, the production of essential hormones, such as estrogen and progesterone, remains fluctuant and insufficient to optimally sustain reproductive processes.[15] This instability directly impacts the maturation of the ovaries and the endometrium, both of which are indispensable components for maintaining a viable pregnancy. As a result, this hormonal imbalance exacerbates the risks of spontaneous abortion (miscarriage), anemia, and placental insufficiency required to support fetal development. This anatomical unreadiness for individuals under the age of 18, particularly within the 10–15 age cohort, increases the incidence of obstructed labor, which may cause trauma to the pelvic bones and reproductive organs.[16] Excessive pressure from the fetal cranium against an immature pelvis also poses a significant risk of obstetric fistula, a severe complication with long-term detrimental effects on the child's reproductive health.

The pediatric uterus is anatomically and functionally underdeveloped, rendering it incapable of accommodating the biological exigencies of pregnancy. The child's uterus lacks the optimal capacity to support fetal growth, maintain gestational stability during the second and third trimesters, or generate the physiological contractions necessary for labor. This immaturity increases the risks of preterm birth, antepartum and postpartum hemorrhage, and uterine wall damage due

[14]Jessica L. Morris, and Hamid Rushwan, "Adolescent Sexual and Reproductive Health: The Global Challenges," *International Journal of Gynecology & Obstetrics* 131: S40-S42, https://doi.org/10.1016/j.ijgo.2015.02.006.

[15]Morris, and Rushwan, "Adolescent Sexual and Reproductive Health: The Global Challenges."

[16]Rachel Crooks, Carol Bedwell, and Tina Lavender, "Adolescent Experiences of Pregnancy in Low-and Middle-Income Countries: A Meta-Synthesis of Qualitative Studies," *BMC Pregnancy Childbirth* 22 (2022): 702, https://doi.org/10.1186/s12884-022-05022-1.

to overdistension. These conditions indicate that adolescent pregnancy is significantly correlated with increased obstetric complications, including stillbirth[17], and a higher necessity for operative interventions such as Cesarean sections, all of which signify that the reproductive organs, including the uterus, are not functioning at an optimal physiological standard.

Furthermore, the most frequently reported complication is preeclampsia, resulting from vascular system immaturity and placental dysfunction; this elevates the risks of prematurity and perinatal morbidity. Consequently, pregnant minors exhibit a significantly higher predisposition toward hypertensive complications compared to adult females.[18] Additionally, antepartum and postpartum hemorrhages are more prevalent in childhood pregnancies, driven by uterine unreadiness and an increased likelihood of birth trauma. Research concerning childhood pregnancy further reveals a high vulnerability to obstructed labor, which, as previously established, results from an immature pelvic size or cephalopelvic disproportion. This condition necessitates increased operative interventions and heightens the risk of obstetric trauma.[19]

Consequently, anatomical factors serve as a potent determinant of pregnancy outcomes in children. When obstructed labor persists without adequate intervention, the pressure of the fetal cranium against fragile pelvic tissue can result in obstetric fistula, a chronic complication causing the leakage of urine or feces through the vagina, which significantly impacts the victim's reproductive function and quality of life. The occurrence of obstetric fistula places very young age groups as the most vulnerable population due to the combination of pelvic unreadiness and a restricted birth canal.[20]

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[17]Anne-Sofhie Yussif, et al., "The Long-Term Effects of Adolescent Pregnancies in A Community in Northern Ghana on Subsequent Pregnancies and Births of the Young Mothers," *Reproductive Health* 14 (2017), 178, https://doi.org/10.1186/s12978-017-0443-x.

[18]Diez, et al. "Risk Factors and Social Consequences of Early Pregnancy: A Systematic Review."

[19]Yussif, et al. "The Long-Term Effects of Adolescent Pregnancies in A Community in Northern Ghana on Subsequent Pregnancies and Births of the Young Mothers."

[20]Diez, et al., "Risk Factors and Social Consequences of Early Pregnancy: A Systematic Review."

In the long term, these internal complications and reproductive organ damage may lead to infertility, stemming either from direct structural damage (e.g., uterine rupture, pelvic trauma, pelvic inflammatory disease) or from repetitive obstetric interventions required to manage acute complications. Thus, there is a clear correlation between a first pregnancy during childhood/adolescence and a heightened risk of complications in subsequent pregnancies, including potential pregnancy failure and repeated operative deliveries, which may permanently diminish long-term reproductive capacity. Accordingly, the totality of scientific evidence demonstrates that childhood pregnancy is not merely an early reproductive phenomenon, but a high-risk condition with the profound potential to cause reproductive dysfunction, both directly and through interrelated obstetric complications. This dysfunction directly correlates with the disruption of future reproductive capabilities, as the organs are forced to function before attaining physiological maturity.

The legal significance of impairment does not depend on the permanence of the injury or the continuation of pregnancy to viability. Rather, it arises from the fact that a child's reproductive system has already been compelled to perform gestational functions before reaching biological maturity. Once pregnancy is medically established, the reproductive organs undergo physiological changes necessary to support gestation, thereby constituting a disruption of normal reproductive development. Accordingly, impairment should not be determined by a specific minimum gestational age but by the medically verified existence of pregnancy itself. Only where pregnancy results in permanent and irreversible reproductive injury should the classification be elevated from impairment to loss of reproductive function.

2. Pregnancy as a Form of Disrupted or Damaged Reproductive Function: A Victimological Perspective

Reproductive harm refers to injuries that interfere with an individual's reproductive capacity, autonomy, or well-being. In contemporary criminal law, the concept extends beyond permanent infertility or anatomical injury to include reproductive impairment arising from coercive or medically hazardous conditions.

Its key characteristics include disruption of normal reproductive development, interference with reproductive functions, and increased risks of future reproductive injury. Reproductive harm may take the form of pregnancy-related complications, obstetric trauma, infertility, reproductive coercion, or other conditions affecting reproductive health. Contemporary legal and human rights discourse increasingly recognizes that reproductive injuries resulting from sexual violence affect not only physical health but also dignity, autonomy, and long-term well-being. Within this framework, child pregnancy resulting from sexual violence constitutes reproductive harm because it compels an immature reproductive system to undertake gestational functions before reaching full physiological maturity.

From a victimological perspective, child pregnancy resulting from sexual violence constitutes reproductive harm because it compels an immature reproductive system to perform gestational functions beyond its physiological capacity. The resulting pregnancy not only exposes the child to significant reproductive risks but also deprives the victim of bodily autonomy and control over reproductive decision-making. Moreover, the physical changes, psychological distress, and social consequences associated with an unwanted pregnancy may prolong victimization and contribute to secondary victimization. The following table 2 illustrates the relationship between reproductive harm and the victimization experienced by child victims of sexual violence.

Table 2
Analytical Intersection of Victimization, Childhood Pregnancy, and Reproductive Dysfunction

No.	Phase	Description	Impacts
1.	Primary Victimization	Primary victimization occurs when a child is subjected to forced or non-consensual sexual intercourse. At this stage, the child suffers a direct violation of bodily integrity, including physical injury and psychological trauma.	Genital physical trauma, acute psychological trauma, dissociation, fear, shock, and early onset stress disorders resulting from sexual violence.[21]
2.	Pregnancy as Direct Consequence	Pregnancy is a direct consequence of the assault; even a single instance of sexual intercourse carries an undeniable risk of conception. Given the	Sustained physical and emotional distress; inability to comprehend the gestational process; high risk of severe

[21]Diez, et al. "Risk Factors and Social Consequences of Early Pregnancy: A Systematic Review."

No.	Phase	Description	Impacts
	of Sexual Assault	immaturity of the child's reproductive organs, this pregnancy is not merely a medical condition but a prolonged form of victimization lasting months.	complications from the first trimester; high rates of unintended pregnancy among sexual violence survivors.[22]
3.	Reproductive Harm	Childhood pregnancy causes short- and long-term biological disruptions to the reproductive system. Organs such as the uterus, pelvis, and endocrine system are immature and incapable of sustaining the gestational burden. This serves as a concrete manifestation of reproductive damage, causing biological, anatomical, and hormonal dysfunction.	Preeclampsia, severe anemia, preterm birth, obstructed labor, pelvic damage, uterine rupture, obstetric fistula, chronic menstrual disorders, and potential infertility.[23]
4.	Secondary Victimization	Secondary victimization arises from negative responses by the environment and institutions. Pregnant children often face stigma, judgment, familial rejection, or insensitive treatment from healthcare providers and legal authorities.	Social stigma, depression, anxiety, loss of self-esteem, self-blame, school dropout, and social exclusion.[24]
5.	Long-term Reproductive Victimization	Reproductive damage may be permanent. Early pregnancy increases the risk of infertility, complications in subsequent pregnancies, chronic menstrual issues, and long-term sexual trauma.	Infertility, chronic pelvic trauma, sexual dysfunction, high-risk subsequent pregnancies, reproductive-related PTSD, and impaired interpersonal/sexual relationships in adult life.[25]

Source: Author's Analysis

Based on an in-depth victimological analysis, childhood pregnancy constitutes a definitive manifestation of disrupted reproductive function, as it does not occur under mature biological conditions nor through a healthy or consensual reproductive process, but is instead driven by underlying coercion. Pregnancies resulting from sexual activity with minors are viewed as a form of reproductive harm, which includes, among other things, the loss of bodily autonomy, ongoing trauma,

[22]Dennis E. Reidy, et al., "Sexual Violence in Early Adolescence is Associated with Subsequent Teen Pregnancy and Parenthood," *Preventive Medicine* 171 (2023): 107517, https://doi.org/10.1016/j.ypmed.2023.107517.

[23]Annisa Lidra Maribeth, et al. "Dampak Kehamilan Usia Remaja Terhadap Kesehatan Ibu Dan Anak: Systematic Review," *Nusantara Hasana Journal* 4, no. 1 (2024): 50-59, https://nusantarahasanajournal.com/index.php/nhj/article/view/1144.

[24]Rebecca Campbell, "The Psychological Impact of Rape Victims," *American Psychologist* 63, no. 8 (2008):702-17, https://doi.org/10.1037/0003-066X.63.8.702.

[25]Yussif, et al., The Long-Term Effects of Adolescent Pregnancies in A Community In Northern Ghana on Subsequent Pregnancies and Births of the Young Mothers."

social stigma, and long-lasting psychological stress. The victim suffers from layered victimization, beginning with sexual violence as the primary victimization; followed by subsequent losses in the form of an unwanted pregnancy as continued victimization; and potentially experiencing stigma or discrimination from the social environment or the legal process as secondary victimization. The cumulative effects of physical, psychological, and social damage highlight that childhood pregnancies represent a disturbance, injury, and threat to reproductive health, with both immediate and lasting repercussions.

3. Juridical Analysis of Article 81 Paragraph (5) of Law Number 17 of 2016 concerning Child Protection

Article 81 paragraph (5) of Law Number 17 of 2016 concerning Child Protection states: "If the criminal act referred to in Article 76D results in more than one victim, severe injury, mental illness, communicable disease, dysfunction or loss of reproductive capabilities, and/or the victim's death, the perpetrator will face the death penalty, life imprisonment, or a prison sentence of no less than 10 years and no more than 20 years. This article contains provisions about aggravating circumstances in cases of sexual acts with children, which are closely related to Article 4 of the Child Protection Law regarding the safeguarding of human dignity and the right to be free from violence and discrimination. Nonetheless, the legal repercussions of pregnancies are not explicitly defined or categorized in the context of dysfunction or loss of reproductive capabilities.

The interpretation is also consistent with classical Indonesian criminal law doctrine concerning material offenses, causation, and aggravated consequences. Andi Hamzah explains that material offenses place legal significance on the consequences produced by the prohibited act, thereby requiring an assessment of the causal relationship between the offender's conduct and the harm suffered by the victim.[26] This understanding remains consistent with contemporary scholarship on result crimes, which recognizes that legally relevant consequences constitute an

[26]Andi Hamzah, *Delik-Delik Tertentu (Speciale Delicten) di Dalam KUHP*, 2nd ed. (Jakarta: Sinar Grafika, 2015), 18–24

essential component of criminal liability. Similarly, Barda Nawawi Arief emphasizes that aggravating circumstances may legitimately arise from the gravity of the consequences experienced by the victim, particularly where the offense produces serious bodily, psychological, or social harm beyond the basic elements of the crime.[27] From a victim-oriented criminal law perspective, as developed by Muladi, criminal law should not focus exclusively on the offender's conduct but must also recognize the concrete harms suffered by victims.[28] Accordingly, where sexual intercourse against a child results in pregnancy, the resulting reproductive consequences constitute a legally relevant outcome that may be considered when interpreting the aggravating circumstance of disruption of reproductive function under Article 81 Paragraph (5) of the Child Protection Law.

Grammatically, the distinction between 'disrupted' and 'lost' within the context of reproductive function is delineated in the following table 3.

Table 3
Comparative Analysis of Disruption and Loss of Reproductive Function

Category	Disruption of Reproductive Function (Impairment)	Loss of Reproductive Function (Loss)
Description	A condition of partial dysfunction that may be reversible, even if not fully (e.g., menstrual irregularities, hormonal imbalances due to childhood pregnancy, or an underdeveloped uterus).	A condition of total and permanent failure that is irreversible (e.g., primary infertility and inability to sustain pregnancy). "Loss" encompasses conditions where the victim can no longer conceive or has permanently lost the normal function of reproductive organs.
Medical Condition	Disruption may involve hormonal dysfunction, mild to moderate tissue damage, diminished reproductive capacity, or reversible complications. Conditions include severe anemia, minor cervical rupture, post-assault menstrual cycle disturbances, and minor pelvic damage that impairs subsequent labor.[29]	Permanent failure of reproductive functions that cannot be restored, such as hysterectomy (removal of the uterus), permanent uterine damage due to total rupture, permanent ovarian damage, permanent infertility caused by sexual violence, and severe pelvic

[27]Barda Nawawi Arief, *Bunga Rampai Kebijakan Hukum Pidana: Perkembangan Penyusunan Konsep KUHP Baru* (Jakarta: Kencana, 2017), 201–208.

[28]Muladi, *Hak Asasi Manusia, Politik dan Sistem Peradilan Pidana* (Semarang: Badan Penerbit Universitas Diponegoro, 2002), 108–116.

[29]Mustafa Kaplanoglu, et al., "Gynecologic Age is an Important Risk Factor for Obstetric and Perinatal Outcomes in Adolescent Pregnancies," *Women and Birth* 28, no. 4 (2015): e119-e123, https://doi.org/10.1016/j.wombi.2015.07.002.

Category	Disruption of Reproductive Function (Impairment)	Loss of Reproductive Function (Loss)
		damage that precludes future pregnancy.[30]
Legal Consequences	Categorized as serious bodily injury and recognized as a ground for criminal aggravation.	Regarded as grievous bodily harm and may serve as the basis for the maximum criminal penalty.
International Regulations	Australia (*Criminal Code Act 1995*) The category of "harm" is described as temporary or permanent, including loss of bodily function, aligning with the concept of *impairment*. The explanatory section states: *"harm means physical harm or harm to a person's mental health, whether temporary or permanent..."* Inggris (*Wales Offences Against the Person Act 1861*) The category of Grievous Bodily Harm (GBH) recognizes that serious harm can include disability, whether permanent or not, aligning with the concept of impairment. Section 18 stipulates: *"Whosoever shall unlawfully and maliciously... wound or cause any grievous bodily harm..."* Legal interpretation emphasizes "injuries requiring lengthy treatment," confirming that not all GBH must involve permanent loss.	Kanada (*Criminal Code R.S.C. 1985*) Section 268 "Aggravated Assault": Explicitly regulates the permanent loss of function as a category of aggravated assault. Section 268 (1) states: *"A person commits an aggravated assault who wounds, maims, disfigures or endangers the life of the complainant."* The term "maims" is interpreted as permanent disfigurement or permanent loss of the use of a body part.. New Zealand (*Crimes Act 1961*) *Section* 188 Interprets the loss of bodily function as an element of wounding with intent to cause grievous bodily harm. Section 188 (1) states: *"Everyone is liable... who, with intent to cause grievous bodily harm, wounds, maims, disfigures, or causes any grievous bodily harm to any person."* The term "maims" includes the permanent loss of an organ's ability to perform its normal function.

Source: Author's Analyses

The interpretation advanced in this study is further supported by comparative legal developments. As demonstrated in Table 3, jurisdictions such as Australia, Canada, England and Wales, and New Zealand recognize distinctions between temporary impairment and permanent loss of bodily function when assessing the seriousness of criminal harm. While none of these jurisdictions explicitly classify child pregnancy as a separate category of reproductive harm, their legal frameworks consistently acknowledge that significant interference with normal bodily functions may constitute a serious form of injury even in the absence of permanent loss.

[30]Anna Smędra, Rafal Kubiak, and Jaroslaw Berent, "The Notion of Grievous Bodily Harm and the Legal Obligation to Notify Law Enforcement Authorities," *Anaesthesiol Intensive Therapy* 52, no. 5 (2020): 418-424, https://doi.org/10.5114/ait.2020.101511.

Australia recognizes impairment through the concept of harm; England and Wales acknowledge grievous bodily harm that does not necessarily require permanent disability, whereas Canada and New Zealand expressly distinguish permanent loss of bodily function as a more serious category of injury. Similarly, Germany and the Netherlands do not explicitly regulate child pregnancy as a distinct category of reproductive harm in their criminal codes, but generally address its consequences through broader concepts of bodily injury, sexual violence, victim protection, and compensation.

These comparative approaches are consistent with the distinction between impairment and loss adopted in Article 81 Paragraph (5) of the Indonesian Child Protection Law. More importantly, Indonesia possesses a unique normative basis because the legislature has expressly identified "disruption or loss of reproductive function" as an aggravating circumstance in cases of sexual violence against children. Therefore, recognizing child pregnancy as an impairment of reproductive function does not create a new category of criminal liability, but rather gives substantive effect to an existing statutory provision. Such an interpretation is justified by the heightened reproductive vulnerability of child victims and ensures that the specific reproductive consequences of child pregnancy receive appropriate legal recognition within the criminal justice system.

Based on the conceptual distinction between impairment and loss, the resulting pregnancy from the crime of sexual intercourse against a child clearly qualifies as an impairment of reproductive function, rather than a loss of reproductive function. Furthermore, a child pregnancy that ends in an early miscarriage without severe obstetric complications may still be classified as an impairment of reproductive function. The legal qualification of impairment does not depend on the permanence of the injury or on the successful continuation of pregnancy to full term. Rather, it derives from the fact that the child's reproductive system has already been compelled to perform gestational functions before reaching physiological maturity. Once pregnancy is medically established through fertilization, implantation, and the associated hormonal and uterine adaptations, the reproductive organs undergo

biological changes necessary to support gestation. Consequently, an early miscarriage does not negate the existence of reproductive impairment, as the reproductive system has already been subjected to physiological demands exceeding the normal developmental capacity of a child. For this reason, no specific minimum gestational age should be required to establish impairment. The medically verified existence of pregnancy itself constitutes sufficient evidence that reproductive functions have been activated and burdened beyond their natural developmental limits.

Child pregnancy resulting from sexual violence is not characterized as an actual loss of reproductive function nor as permanent and irreversible reproductive damage. Rather, it is primarily understood as a temporary impairment, because the reproductive system is compelled to perform gestational functions before reaching physiological maturity. At the same time, child pregnancy creates a substantial risk of more serious reproductive harm, including obstetric complications, uterine trauma, fistula formation, infertility, and other long-term disorders. This study adopts a graduated approach: child pregnancy is generally classified as an impairment of reproductive function, while the classification of loss of reproductive function is reserved for cases where objective medical evidence demonstrates permanent and irreversible reproductive injury.

Accordingly, the distinction between impairment and loss of reproductive function under Article 81 Paragraph (5) of the Child Protection Law should be assessed based on the severity and permanence of the reproductive consequences suffered by the victim. Child pregnancy, including pregnancies that end in miscarriage, should generally be classified as an impairment of reproductive function because it compels immature reproductive organs to perform biological functions beyond their physiological readiness. By contrast, the classification of loss of reproductive function should be reserved for exceptional cases involving permanent and irreversible reproductive injury, such as hysterectomy, irreversible infertility, severe uterine destruction, or permanent obstetric fistula. This distinction provides a clearer normative framework for judicial assessment while remaining consistent

with the protective purpose of the Child Protection Law and the principle of the best interests of the child.

C. Recognition of Pregnancy Consequences in Child Sexual Intercourse Crimes as Disruption or Damage to Reproductive Organ Function

1. Analysis of Court Decisions Regarding Child Sexual Intercourse Crimes Resulting in Pregnancy

As a basis for further analysis, Table 4 provides a summary of five court rulings pertaining to child sexual intercourse cases that culminated in pregnancy.

Table 4.
Analysis of Court Decisions on Child Sexual Intercourse Resulting in Pregnancy

No.	Court Decision	Pregnancy Facts	Judicial Reasoning	Reproductive Impairment Analysis
1.	Rokan Hilir District Court No. 330/Pid.Sus/2023/PN Rhl	A 15-year-old victim became pregnant and subsequently suffered a miscarriage.	Strong implicit recognition; The judge accepted pregnancy and miscarriage as serious biological consequences indicating damage to the child's reproductive organs.	The decision implicitly recognizes reproductive impairment through its consideration of pregnancy, miscarriage, and medical treatment as serious consequences of the offence. While Article 81 Paragraph (5) was not expressly invoked, the court acknowledged the biological impact on the victim. This supports the view that pregnancy in childhood disrupts normal reproductive development by compelling an immature reproductive system to perform gestational functions beyond its physiological readiness.
2.	Jambi High Court No. 6/Pid.Sus-Anak/2018/Pt Jmb	A 15-year-old victim became pregnant and delivered a stillborn infant; the incident occurred under duress and trauma.	Explicitly substantive; the judge assessed pregnancy resulting from rape as a form of damage to reproductive health.	The decision supports classifying child pregnancy as reproductive impairment, as the victim carried the pregnancy to delivery despite biological immaturity. However, absent evidence of permanent infertility or irreversible reproductive injury, the consequences remain within the category of impairment rather than loss of reproductive function.
3.	Ngabang District Court No. 103/Pid.Sus/2024/PN Nba	A 14-year-old victim became pregnant and gave birth to a female infant	Substantively implicit; the judge stated that pregnancy and birth are "serious consequences"	The decision implicitly recognizes reproductive impairment by treating pregnancy and childbirth, along with their physical and psychological consequences, as serious effects of the offence.

No.	Court Decision	Pregnancy Facts	Judicial Reasoning	Reproductive Impairment Analysis
			causing physical and psychological suffering and disrupting biological development due to physiological unreadiness.	Although not expressly characterized as reproductive dysfunction, these consequences support classifying child pregnancy as an impairment of reproductive function. As no permanent reproductive injury was identified, the case does not meet the threshold for loss of reproductive function.
4.	Jombang District Court No. 19/Pid.Sus-Anak/2024/Pn Jbg	A 17-year-old female victim became pregnant.	Implicit and substantive; the judge treated pregnancy as a reproductive fact, focusing on the biological impact of coerced sexual violence.	This decision implicitly recognizes reproductive impairment by treating pregnancy as a direct consequence of sexual violence against a child. Although the court did not expressly characterize pregnancy as a disruption of reproductive function under Article 81 Paragraph (5), its reasoning acknowledged the reproductive consequences suffered by the victim. The case therefore supports classifying child pregnancy as an impairment of reproductive function because gestation occurred before full physiological maturity.
5.	Tanah Grogot District Court No. 6/Pid.Sus-Anak/2022/PN Tgt	A 15-year-old child victim became pregnant.	Implicitly, the judge firmly accepted the pregnancy as a significant alteration to the child's reproductive function.	This decision implicitly recognizes reproductive impairment by treating pregnancy as a serious consequence of sexual violence affecting the victim's health and well-being. Although the court did not expressly apply Article 81 Paragraph (5), its reasoning supports classifying child pregnancy as an impairment of reproductive function because gestation occurred before full reproductive maturity. As no permanent reproductive injury was identified, the consequences remain within the category of impairment rather than loss of reproductive function.

Source: Author's Analyses

From a child protection perspective, pregnancy in minors constitutes reproductive impairment because it places an immature reproductive system under substantial physiological strain, exposing the child to serious health risks. This condition contravenes the best interests principle, which mandates that the State and families prioritize the child's physical, mental, and social development; early

pregnancy devastates these dimensions by disrupting education, health, and socio-economic prospects. From a public health standpoint, the state bears responsibility to ensure adequate healthcare services, including reproductive health education, antenatal care, and post-pregnancy recovery, while protecting children from conditions that heighten complication risks. Pregnancies resulting from criminal sexual acts, where the child loses bodily autonomy, have lasting physical and psychological effects. Thus, the duty of protection entails not only punishing the perpetrator but also ensuring comprehensive restorative measures for the victim.

Based on the distinction between impairment and loss, child pregnancy resulting from sexual violence should generally be classified as an impairment of reproductive function because it compels immature reproductive organs to undertake gestational functions before reaching physiological maturity. This classification applies even where pregnancy ends in an early miscarriage, since reproductive functions have already been activated and subjected to physiological demands beyond normal developmental limits. By contrast, loss of reproductive function should be reserved for cases involving permanent and irreversible reproductive injury, such as hysterectomy, irreversible infertility, severe uterine destruction, or permanent obstetric fistula. This interpretation remains consistent with Article 81 Paragraph (5) and provides a clearer framework for judicial assessment.

2. Recognition of Pregnancy as a Disruption of Reproductive Function from a Child Protection Perspective

From a child protection perspective, pregnancy in minors constitutes reproductive impairment because it places an immature reproductive system under substantial physiological strain, exposing the child to serious health risks. This condition contravenes the best interests principle, which mandates that the State and families prioritize the child's physical, mental, and social development; early pregnancy devastates these dimensions by disrupting education, health, and socio-economic prospects. From a public health standpoint, the state bears responsibility to ensure adequate healthcare services, including reproductive health education, antenatal care, and post-pregnancy recovery, while protecting children from

conditions that heighten complication risks. Pregnancies resulting from criminal sexual acts, where the child loses bodily autonomy, have lasting physical and psychological effects. Thus, the duty of protection entails not only punishing the perpetrator but also ensuring comprehensive restorative measures for the victim.

From a legal standpoint, court decisions have fundamentally assessed childhood pregnancy as a form of reproductive dysfunction, even when not explicitly termed as such. Rulings from Ngabang District Court and Jambi High Court explicitly evaluate pregnancy and childbirth at a pediatric age as an impairment of reproductive function, as the immature body is forced to sustain unsupported biological processes. Even in decisions like Jombang and Tanah Grogot, which do not explicitly discuss reproductive aspects, pregnancy remains a primary consideration in proving criminal consequences. This assessment framework aligns with Article 81, paragraph (5) of the Child Protection Law, which recognizes "disruption or loss of reproductive capacity" as a serious aggravating circumstance.

Recognizing child pregnancy as a form of reproductive impairment has implications that extend beyond sentencing enhancement. It also gives rise to corresponding obligations on the part of the state to ensure comprehensive protection and recovery for child victims of sexual violence. Under Indonesian law, children who become pregnant as a result of sexual violence are entitled to restitution, medical rehabilitation, psychosocial rehabilitation, and other forms of victim assistance designed to restore their physical and psychological well-being. Such protection is particularly important given the heightened health risks associated with pregnancy in childhood, including obstetric complications, mental health consequences, educational disruption, and social exclusion.

In addition, state institutions must ensure access to child-friendly reproductive health services, including antenatal care, psychological counselling, and social support mechanisms that are responsive to the needs of child victims. Where permitted under Indonesian law, access to lawful abortion services for pregnancies resulting from rape should also be accompanied by appropriate medical and psychological assistance. Furthermore, protection measures should extend beyond

healthcare to include guarantees of continued education, protection from discrimination, and social reintegration. These obligations reflect the broader principle that child protection requires not only punishment of offenders but also meaningful restoration of the rights, dignity, and future development of child victims affected by pregnancy resulting from sexual violence.

D. Conclusion

Based on the preceding analysis, pregnancy in minor victims of sexual intercourse constitutes a clear disruption of reproductive capacity under Article 81(5) of the Child Protection Law. Medically, a child's body remains physiologically immature; reproductive organs, hormonal systems, and pelvic structures are unready to sustain gestation, exposing the victim to high-risk complications such as preeclampsia, hemorrhage, obstructed labor, obstetric fistula, and potential long-term infertility. Childhood pregnancy is therefore not a conventional biological occurrence but a significant impairment of reproductive function, which in severe cases may escalate into permanent loss or irreversible damage. This research underscores the need for legal reorientation: child pregnancy must be recognized as a form of reproductive injury that threatens the victim's safety, dignity, and future. Guided by the principles of the child's best interests, the right to health, and physical integrity, the state bears an obligation to provide maximum protection and legal recourse to children who become pregnant as a result of sexual violence.

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