



## **When the Body Says No: Legal Protection for Women Survivors of Vaginismus in Marriage in Indonesia**

***\*Marzellina Hardiyanti, Aga Natalis, Tri Laksmi Indreswari***

*Faculty of Law, Universitas Diponegoro, Jalan dr. Antonius Suroyo, Tembalang, Semarang City, Central Java, Indonesia*

**\*Corresponding Author:** Email: marzellinahardiyant@lecturer.undip.ac.id

(Received 12 Jun 2025; accepted 24 Jun 2025)

### **Dear Editor-in-Chief**

Women constitute a group that often encounters discriminatory treatment, highlighting their vulnerability in various contexts. A significant health concern presently impacting women is reproductive health, especially conditions like vaginismus. This condition affects around 0.5 to 1% of women of reproductive age, although precise estimates continue to be challenging to ascertain. Vaginismus frequently presents as a persistent issue that can lead to considerable emotional turmoil (1).

Vaginismus is defined as a medical condition marked by the involuntary contraction of the muscles surrounding the vagina. The emotional factors contributing to vaginismus are complex and can be influenced by various elements such as fear, anxiety stemming from guilt, traumatic experiences, or adverse childhood events. Physiological triggers may encompass infections, inadequate foreplay, insufficient vaginal lubrication, and sexual dysfunctions impacting either partner (2).

This condition influences not only the women who experience it directly but also has various implications for their partners, especially husbands. Women experiencing vaginismus frequently face emotional challenges, such as feelings of shame, diminished self-esteem, guilt,

and emotional instability, which can intensify psychosexual interactions. From a biological perspective, forced intercourse in instances of vaginismus can result in significant pain (dyspareunia) for the wife. It may contribute to secondary sexual dysfunctions in the husband, including premature ejaculation stemming from performance anxiety and discomfort (3).

The rights of women survivors of vaginismus are recognized in Article 12(1) of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). This article asserts that “States Parties shall take all appropriate measures to eliminate discrimination against women in the healthcare field to ensure, based on equality of men and women, access to healthcare services, including those related to family planning.” Additionally, Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia establishes the right of every citizen to a good and healthy living environment. Article 54 paragraph (1) of Law No. 17 of 2023 on Health specifies that “reproductive health efforts are directed towards the maintenance and enhancement of the reproductive system, function, and processes in both men and women.”



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DOI: <https://doi.org/10.18502/ijph.v54i12.20852>

Although these legal frameworks provide both implicit and explicit guarantees for women's reproductive health rights, inconsistencies persist, especially concerning the protections afforded to married women. These health issues are occasionally cited as a rationale for men to take additional wives, a practice that is sanctioned by the principle of open monogamy.

In numerous communities, vaginismus is frequently misinterpreted and linked to supernatural explanations, whereas it is, in reality, a medically acknowledged condition resulting from tension in the vaginal muscles. Effective treatment necessitates the involvement of certified Gynecology specialists who possess vaginismus expertise.

Around 88% of individuals with vaginismus encounter total failure of vaginal penetration, whereas a smaller percentage face partial difficulties. Dr. Robbi categorizes vaginismus into five distinct severity levels. Difficulties with penetration characterize levels one and two, while levels three to five are associated with painful or impossible penetration. The prevalence in Indonesia remains unclear; however, estimates from the U.S. indicate that approximately 7% to 17% of women are impacted (4).

Untreated vaginismus has the potential to significantly impact the dynamics of a romantic relationship in a marriage. The detrimental effects become more pronounced when partners do not utilize effective dyadic coping strategies (5). As a result, women who experience vaginismus face significant internal pressures stemming from their marital relationships, as well as external societal pressures, especially in the form of intrusive inquiries like "When will you get pregnant?"

Marriage, functioning as both a social and legal framework, results in intricate implications for individuals, especially domestic violence. In Indonesia, the Law on the Protection of Women and Children functions as a significant legal framework for tackling violence, particularly in the context of marriage. A legal examination of the efficacy of these regulations in addressing violence within marriage is critically required (6). Under Law No. 16 of 2019, which amended Law

No. 1 of 1974 on Marriage, Article 1 specifies marriage as a union to create a lasting and happy family without requiring offspring.

Contradictions emerge within the Marriage Law, especially in Article 4 paragraph (2), which allows for polygamy under circumstances where the wife suffers from an incurable illness or is unable to conceive. This provision exacerbates the marginalization of women by neglecting to protect their rights. A descriptive study conducted in Brazil indicates that vaginismus has a considerable impact on daily life, leading to a decline in sexual function, self-esteem, and mental health. The research highlights the necessity for enhanced professional methodologies in diagnosis and referral alongside improved educational frameworks centered on sexual health matters (7).

Indonesia should reconsider its Marriage Law to more effectively address the interests and needs of women, who represent a vulnerable demographic. Additionally, it is essential to revise the Health Law to incorporate comprehensive protocols for medical procedures that involve vaginal examinations. Transvaginal ultrasound procedures must not be administered to vaginismus patients without the implementation of suitable accommodations and inclusive practices.

## Conflict of interest

The authors declare no conflict of interests.

## References

1. Borg C, De Jong PJ, Weijmar Schultz W (2011). Vaginismus and Dyspareunia: Relationship with General and Sex-Related Moral Standards. *J Sex Med*,8(1):223–31.
2. Makarim FR. Halodoc.com. 2024 [cited 2025 Apr 22]. Vaginismus. Available from: [https://www.halodoc.com/kesehatan/vaginismus?srsltid=AfmBOoptZKn\\_6guBg2U\\_IgwS6l81HNhDZpRrzbWydayzgZLc3PzogJD](https://www.halodoc.com/kesehatan/vaginismus?srsltid=AfmBOoptZKn_6guBg2U_IgwS6l81HNhDZpRrzbWydayzgZLc3PzogJD)
3. Zein N (2012). Vaginismus Sebagai Alasan

- Perceraian Menurut Kompilasi Hukum Islam Dan Fiqh Syafi'iyah. *Marwah J Perempuan, Agama dan Jender*,11(2):1-15.
4. Saputra Y. BBC News Indonesia. 2021 [cited 2025 Apr 23]. "Vagina saya seperti menolak" - cerita pengidap vaginismus yang menghadapi stigma dan trauma.
  5. Dewi EP, Peristianto SV. Dyadic Coping in Maintaining Romantic Relationships : A Case Study on Married Couples with Vaginismus. *Int Conf Psychol UMBY Dyadic*; :751–67.
  6. Febriansyah FI, Agiyanto U, Ikhwan A, Utami NT (2024). Legal Regulations Against Violence in Marriage. *Int J Law Soc*, 3(1):44–58.
  7. de Moraes Silva AC, Sei MB, Prado Vieira RB de A (2023). Perceptions of Living with Vaginismus: Study through Thematic Drawing and Story. *Psico-USF*, 28(2):309–20.