



## Women's Reproductive Freedom in Indonesia: Perspectives of Human Rights and Social Norms

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### Abstract

Reproductive rights can be defined as personal freedoms recognized under human rights, particularly for women. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) emphasizes that women have the right to make decisions regarding reproduction, including the right to choose whether or not to have children, as well as the right to access reproductive health services. Issues related to women's reproductive rights are part of the broader concept of freedom, which encompasses the right to self-determination over one's body and life. In Indonesian society, perspectives on reproduction often reflect cultural norms and religious beliefs that view childbearing as a woman's duty after marriage. From these viewpoints, reproduction is considered an obligation for a wife to continue the lineage. A woman is often not regarded as a "complete" wife unless she can bear children. Frequently, neighbors, extended family members, and even husbands pressure women to conceive and give birth, perceiving it as an intrinsic duty of a wife after marriage. This perspective also leads women to feel that having children is an obligation they must fulfill. If they do not have children-either yet or at all-they often see themselves as having failed to meet their perceived responsibilities.

**Keywords:** Human Rights, Women's Rights, Reproductive Rights

## 1. INTRODUCTION

Marriage will form an ideal family picture containing father, mother and children when all family members can play their roles properly as they should. This household life will be achieved if the husband and wife can carry out their rights and obligations properly. In general, one of the purposes of marriage is to have offspring, where a child is an important component in improving the quality of life in marriage (Muhammadiyah Central Leadership, 2024: 12).

Nowadays, human culture and social development are increasingly advanced and there is a growing awareness of the difference between rights and obligations. One of the phenomena that is now in the spotlight is reproduction. Often times, the word reproduction is associated with the word obligation owned by a woman (Komnas Perempuan, 2023: 15).

In Indonesia itself, various factors such as culture, customs and religion have a tendency that reproduction is the duty of a woman. A woman will be considered a perfect woman if she has produced offspring to perpetuate her partner's family blood.

Reproductive rights are generally associated with women's freedom to carry out biological reproductive functions in a safe manner, both physically, mentally and socially,

more broadly, reproductive rights can be interpreted as power and resources. That is the power to be able to decide everything related to fertility pregnancy child care kineakological health sexual activity and resources to implement decisions safely and effectively (*Komnas Perempuan*, 2023: 15).

The issue of women's reproductive rights is part of the concept of human rights. The development of human rights has an impact on the concept of human rights itself, which is divided into two basic ideas. First, a view based on the belief that every human being is born with individual rights that are not separated from him, and second, a view that emphasizes the obligation of society and the state to guarantee not only freedom and opportunity for citizens, but also to ensure that citizens are able to obtain, exercise freedom, and what is their right (*Rahmawati*, 2023: 25).

Human rights are basic rights inherently possessed by every individual, regardless of race, gender, nationality, religion or social status. Human rights cover various aspects, such as the right to life, freedom of speech, and legal protection. *The Universal Declaration of Human Rights* (UDHR), adopted by the United Nations in 1948, is a fundamental document that affirms these principles. In the modern context, human rights are recognized as an important instrument to protect human dignity and ensure the freedom of every individual. (*United Nations*, 1948: Article 12). Personal freedom is one of the most important aspects of human rights. It includes the right of individuals to make decisions about their lives without excessive interference from the state, society or other parties. The right to personal freedom encompasses a wide range of choices, such as freedom of opinion, freedom of religion, and freedom to determine one's own path in life, including choices regarding marriage, employment, and education. In UDHR Article 12, it is emphasized that every individual has the right to protection from interference with their privacy (*Komnas HAM*, 2020: 25).

Reproductive rights are a form of personal freedom recognized in human rights, especially for women. *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW) affirms that women have the right to make decisions related to reproduction, including the right to choose whether or not to have children, as well as the right to access reproductive health services. This freedom is part of the broader right to determine the fate of one's body and life (*Komnas Perempuan*, 2021: 47).

There are several 3 categories of women's reproductive rights as bearers of reproductive functions, the first is the right to health and health insurance. This is often considering the enormous risks that can occur to mothers in carrying out reproductive functions ranging from menstruation to having sex to giving birth and filling. Second, the

right to guarantee health and welfare not only during vital reproductive processes but also outside these times in her status as a wife and mother of children. Third is the right to participate in decisions that concern women's interests, especially those related to reproductive processes (UNFPA, 2018: 72).

It should be understood that human rights include the right to choose a desired life path including the right to decisions related to the reproductive system. Understanding and protecting the rights of individuals who choose not to have children is essential in ensuring that they do not face discrimination, social pressure, or limitations on their rights to live the life of their choice. However, there will be challenges faced by everyone who chooses not to have children in achieving their rights, these challenges can be in the form of social stigma, cultural pressure, incomprehension of their life choices, and lack of support from various parties, including public policy (Komnas HAM, 2021: 63).

Therefore, based on the above problems, it is important to highlight and analyze the freedom of a woman to reproduce, in the context of human rights and crocodiles that develop in Indonesian society. Factors such as religion, crocodiles, norms shackle a person to carry out the obligation to produce offspring. The protection and fulfillment of their rights in making the decision not to have children is an integral part of achieving social justice and also the recognition of the freedom of each individual in choosing their life choices needs to be studied more deeply so that women understand their rights in households (UIN KH Abdurrahman Wahid, 2023: 25).

## **2. RESEARCH METHODS**

The purpose of this research is to find out about women's reproductive freedom in the context of human rights, including socio-cultural influences and women's rights in making decisions. This research is a *literature research in* which researchers examine various written sources in the form of books and articles that support this research. The main sources used are the Law on Human Rights, scientific journals, as well as books that discuss human rights and other social issues that can extend the theme of this research.

The approach that the author uses in this research is a normative and sociological approach. The normative aspect is studied through the values and norms that apply. While the sociological aspect is studied to find out the reality of the community's views on women's reproductive health. The analysis technique used by the author is descriptive qualitative, where the author conducts a comprehensive reading of existing reading sources, then collects them and compiles them into an understandable research, which is focused on describing the

rights of women in determining reproductive choices, the view of human rights (HAM) on reproductive issues for women, protection and fulfillment of women's rights in making decisions not to have children.

### 3. RESEARCH RESULTS

#### Women's Reproductive Rights in the Context of Human Rights

Whether or not to have children is one of the most important decisions women are increasingly making in the modern era. Some women decide not to have children for personal freedom, career development, or other individualized reasons. However, this decision often faces challenges, especially in societies that view having children as an obligation or cultural norm (UIN KH Abdurrahman Wahid, 2023: 25).

Human rights are inherent in every human being from birth. By nature, humans have the right to freedom. Roosevelt argued that in society and the state, humans have *four freedoms*, namely: 1) Freedom to speak and express opinions; 2) *Freedom of religion*; 3) *Freedom from fear*; 4) *Freedom from want*

Human rights are rights that people have simply because they are human. Human beings have them not because they are given to them by society or by positive law, but because of their dignity as human beings. In this sense, even though each person is born with a different skin color, gender, language, culture, and nationality, they still have these rights. This is the universal nature of these rights. In addition to being universal, they are also inalienable (Knut, 2008: 11).

In the context of human rights, the freedom to decide whether or not to have children is a basic right inherent in every woman. Human rights are rights that every human being is born with, including the right to personal freedom. This freedom includes various aspects, such as freedom of opinion, freedom of religion, freedom from fear, and freedom from poverty (Muni, 2020: 74). Women's right to make decisions regarding their reproduction, including whether or not to have children, is part of the freedom that must be respected.

Reproductive rights are one aspect of human rights that give women the freedom to make choices regarding their reproduction. This right includes several things, namely:

1. Individual freedom to determine the number of children and timing of birth freely and responsibly
2. Right to information and services that support reproductive health
3. Freedom from pressure and discrimination, and violence in making reproductive decisions (Komnas Perempuan, 2021: 48).

In Indonesia, reproductive rights have been recognized through various national and international regulations including Law No. 39 Year 1999 on Human Rights. Nonetheless, women's decision not to have children is still considered taboo and faces the pressure of social rejection from society. Discrimination against women who decide not to have children is a violation of human rights, because every individual has the right to determine their own life path without pressure from society (Law of the Republic of Indonesia No. 39 Th. 1999: Article 28).

Women actually play a very important role in terms of the reproductive process, from pregnancy to the care of a child. Therefore, women's right to decide whether or not to have children must be recognized and protected by an applicable regulation. Women's reproductive rights that need to be guaranteed by a regulation include:

1. The right to life, which is protection so that women do not face the risk of death due to pregnancy
2. The right to liberty and security, including the freedom not to be forced into pregnancy, undergo sterilization, or have an abortion without consent.
3. The right to equality and protection from frequent gender-based discrimination
4. Right to privacy in obtaining reproductive information and services
5. Freedom of thought, which guarantees access to education and information related to sexual and reproductive health without the influence of certain religions or beliefs that exist in society (WHO, 2020: 81).

A woman's decision to have or not to have children is not only a personal right but also part of the recognition of gender equality. As part of reproductive rights, this freedom includes not only the right to decide to have children but also the right not to have children. Therefore, respecting women's reproductive decisions is an important step in ensuring that women's human rights are equally respected and protected in society.

## **Women's Reproductive Rights in the Context of Indonesian Social Norms**

### **1. Patriarchal Culture in Indonesia**

Patriarchal culture in Indonesia is a social phenomenon that has been deeply rooted in the fabric of society, affecting various aspects of life, including economic, political and social. Patriarchy, derived from the term "patriarchate," refers to a system in which men occupy a dominant position and have control over women. In this context, men are often perceived as the main power holders in the family and society, while women are placed in a subordinate position. Research shows that patriarchal culture not only has an impact on inter-gender relations, but also contributes to various social problems such as domestic

violence, discrimination, and marginalization of women (Mutya, 2024: 3227).

One important aspect of patriarchal culture is the rigid division of gender roles. In many Indonesian families, domestic responsibilities are often assigned to women, while men are considered the primary breadwinners. This creates inequity in the division of household labor and reinforces traditional stereotypes of gender roles. Research in Buluh Cawang Village shows that patriarchal norms shape the division of labor in the household, with women often trapped in domestic tasks without equal recognition. In addition, high social expectations for women to fulfill their roles as wives and mothers can hinder their opportunities to participate in education and careers.

A patriarchal culture also contributes to the lack of gender equality in Indonesia. While there has been progress in terms of women's rights, such as increased participation of women in education and politics, there are still many challenges to be faced. Research shows that the stronger the patriarchal culture in a society, the lower the attitude towards gender equality. This can be seen in the high rates of violence against women and the discrimination that still occurs in various sectors of life. For example, decisions related to reproductive health are often dominated by husbands, ignoring women's voices and choices. (Mutya, 2024: 3227).

In the legal and policy context, while Indonesia has laws that support gender equality, their implementation is often ineffective. Many women still face barriers in accessing health services, education, and employment on an equal footing with men. Weak law enforcement against cases of gender-based violence also exacerbates this situation. Therefore, concerted efforts from the government, civil society and individuals are needed to overcome patriarchal culture and promote gender equality.

The importance of public education and awareness on gender issues cannot be overlooked. Efforts to educate people about women's rights and the importance of gender equality can help change entrenched traditional views. In addition, empowering women through economic and social programs can give them the power to make better decisions in their lives. Thus, changing the patriarchal culture is a must to create a more just and equal society.

## **2. Stigma and Discrimination against Abortion and *Childfree***

Stigma and discrimination against abortion and childfree living reflect complex social pressures and cultural values. Although both issues are about reproductive rights and bodily autonomy, stigma against both remains strong in many societies, driven by patriarchal norms, restrictive legal policies, and traditional expectations about family and

gender roles (Shivi, 2024: 38).

Abortion is often a topic of intense moral and political debate. In many countries, the act of abortion is surrounded by strong social stigma, reinforcing the perception that it is a sin, a crime, or a betrayal of family values. This stigma has a serious impact on women who want or need to have an abortion. They often face social judgment, discrimination in health care, and legal threats (Shivi, 2024: 38). In countries with highly restrictive abortion policies, women experiencing unwanted pregnancies are often forced to seek unsafe abortion procedures, which increase the risk of death or serious health complications.

Amnesty International and WHO reports reveal that almost all deaths from unsafe abortion could have been prevented through better access to safe and legal reproductive health services. However, laws that criminalize abortion make doctors hesitant to provide necessary care for fear of legal consequences, leaving many women without adequate services (Alda, 2023: 125). In social contexts, abortion stigma is often used as a tool to control women's bodies, create guilt, and reinforce unequal gender norms.

In addition to physical health impacts, the stigma attached to abortion also affects mental well-being. Women who have abortions often report shame, anxiety, or depression due to the social pressure and judgment they face. Even in societies where abortion is legal, access to these services is often limited by cost, the moral bias of health workers, or additional policies such as mandatory waiting periods that slow down the process.

The choice to live childfree is often not accepted by society at large, especially as it goes against the expectation that having children is a natural part of adult life, especially for women. In cultures that revere the traditional concept of family, the decision not to have children is often perceived as a selfish act or a denial of biological nature. Discrimination against childfree individuals, both verbal and systemic, creates psychological distress and social marginalization.

Research shows that the decision to go childfree is not a new phenomenon, but its prevalence has increased in recent decades. In the United States, surveys show that 23% of adults choose not to have children for a variety of reasons, including personal preference, economic reasons, or concerns about environmental impact. Although many childfree individuals report equal or higher levels of life satisfaction compared to parents, the social pressure to fulfill reproductive roles remains their main challenge (Shivy, 2024: 42).

Both of these issues have a direct impact on individual well-being. Opposition to safe and legal abortion increases maternal mortality from complications of pregnancy

and childbirth, while pressure on childfree individuals can decrease their sense of social connectedness and create isolation. In studies on the well-being of parents versus non-parents, it has been found that life satisfaction often depends not on parenthood, but rather on factors such as social support, economic stability and mental health.

The stigma against abortion and childfree is also rooted in rigid gender constructs, where women are often judged on their ability to be mothers. This view overrides women's personal preferences and rights over their own bodies. In highly patriarchal societies, reproductive decision-making often falls under the scrutiny of society, limiting the freedom of individuals to determine their life paths (Vivi, 2024:1348).

Reducing stigma and discrimination against abortion and childfree decisions requires a holistic approach, which includes public education, policy reform, and empowering individuals to make informed decisions about their own bodies and lives. Comprehensive sexual education, access to modern contraception, and normalization of the childfree option in public discourse are measures that can reduce the burden of stigma.

Progressive policies in some countries have shown positive results. The legality of abortion in Ireland, for example, marks a major victory against traditional norms that inhibit women's reproductive rights. In addition, research shows that societies that provide better access to contraception and reproductive information tend to have lower abortion rates, as well as more inclusive attitudes towards childfree decisions (Holan, 2020: 45).

The phenomenon of going childfree, or the decision not to have children, is often viewed negatively in society, especially in countries with strong traditional values. However, there are a number of positive economic impacts of this choice that are often overlooked in public discussions. Understanding these impacts is important for changing the existing stigma and creating a more supportive environment for individuals who choose to live childfree (Vlasblom, 2021: 78).

One of the positive economic impacts of going childfree is increased labor productivity. When women choose not to have children, they tend to have more time and energy to invest in their careers. This not only benefits the individual, but also the company they work for. Companies benefit from more focused and productive employees without having to take maternity leave or deal with childcare-related issues. In this context, childfree women can contribute more to economic growth, as they can work longer and more consistently without the distraction of family responsibilities. Research shows that companies with childfree female employees often experience improvements in efficiency and innovation.

Another significant impact is the reduction of financial burden on the family. Having children brings with it huge financial responsibilities, from education costs to health and daily needs. By choosing not to have children, couples can allocate their financial resources to other investments, such as self-education, retirement savings, or even travel and other life experiences. This not only improves their quality of life but also contributes to the economy as a whole, as money that would have otherwise been spent on raising children can be used for more productive consumption and investment.

In addition, the childfree phenomenon can contribute to the reduction of excessive population growth rates. In the context of a world increasingly stressed by environmental issues and limited natural resources, the decision not to have children can help reduce the rate of consumption of these resources. With a reduced population, pressure on the environment can be minimized, allowing for more sustainable management of natural resources. Decreasing population density can also reduce social problems such as traffic congestion, air pollution, and the need for greater public infrastructure.

From a macroeconomic perspective, the childfree phenomenon can also help balance the dependency ratio between the productive and non-productive age population. In many developed countries that have experienced a drastic decline in birth rates, this has led to an increase in the proportion of the old-age population compared to the productive age. Although Indonesia is currently enjoying a demographic dividend with a high proportion of productive-age population, the childfree trend among the younger generation could be an early signal to prepare proactive policies to address the potential demographic crisis in the future (Bappenas: 2023).

However, it is important to note that the impact of childfree is not only positive or negative in absolute terms; each individual's social and economic context as well as government policies also play an important role in determining the outcome of this phenomenon. Therefore, instead of negatively stigmatizing childfree life choices, society needs to open a dialogue about these choices and understand that every individual has the right to determine their own life path without social pressure.

As such, the positive economic impact of the childfree phenomenon should be taken into account in discussions on social issues and public policy. Respecting individual choices while considering the long-term economic implications can help create a more inclusive and sustainable society. Society needs to recognize that the decision not to have children may be a strategic move for both the individual and the economy as a whole.

Stigma and discrimination against abortion and childfree are the result of a combination of cultural values, politics and social norms that affect reproductive freedom. Addressing these challenges requires a fundamental shift in how we understand gender roles, human rights and individual life choices. By raising awareness and policy reforms, society can create a more just and inclusive environment for all. Overall, stigma and discrimination against abortion and childfree choices are serious issues affecting the mental and physical health of women in Indonesia. It is important for people to educate themselves about reproductive rights and understand that every individual has the right to make decisions about their own body without fear of stigma or discrimination. Legal reforms and improved access to reproductive health services are also needed to create a more supportive environment for women to make decisions regarding their reproduction. Society must move towards a more inclusive and empathetic understanding in order to respect each individual's life choices without prejudice.

### **3. The Role of Religion and Traditional Interpretation**

Religion plays an important role in shaping people's attitudes towards moral issues, including the decision to live childfree or to have an abortion. Traditional religious interpretations often inform the formation of laws, social norms and stigmatization of these issues. However, religious approaches to childfree and abortion vary widely across countries and religious traditions, reflecting the diversity of interpretations of sacred texts and responses to social contexts.

In Catholic Christianity, the Vatican Church has consistently opposed abortion, arguing that life begins at conception. In countries with Catholic majorities, such as the Philippines and Ireland, this stance has strongly influenced legal policy. Until 2018, Ireland banned abortion almost completely, but pressure from feminist groups and social change eventually led to a referendum that legalized abortion under certain conditions (Dita et al., 2024: 369). This shows that traditional interpretations of religion can be challenged by modern values.

In contrast, in the Islamic tradition, views on abortion are more diverse. Some schools of thought allow abortion before the fetus is 120 days old, under certain conditions, such as a threat to the mother's health. In countries such as Tunisia and Turkey, modern Islamic law supports abortion up to the first trimester, which is much more liberal than other Muslim-majority countries, such as Pakistan or Saudi Arabia, which have a more restrictive approach (Dita et al., 2024: 369).

In Hinduism, the attitude towards abortion is rooted in the concept of "ahimsa"

(non-harming). Abortion is often considered a negative act, but in cases where the mother's life is in danger, it is acceptable. In India, although abortion has been legal since 1971, cultural pressures and religious values often create a stigma for women who choose abortion, especially if the decision relates to the sex of the fetus.

The choice to live childfree also receives different responses in different religions. In the Christian tradition, children are considered a "gift of God," and living childfree is often seen as a selfish act. However, in some liberal Protestant denominations, such as the United Church of Christ in the United States, the decision to live childfree is beginning to be accepted as part of individual autonomy (Johnson, 2020: 45).

In Islam, the choice to live without children is rarely explicitly discussed in religious texts. However, cultural norms in many Muslim communities often view children as a sign of blessing and family continuity. Therefore, couples who choose to live childfree often face great social pressure, even though there is no religious doctrine that directly prohibits such a decision (Ahmed, 2021: 78).

In Buddhism, the approach to childfree is more flexible. Given the Buddhist focus on detachment from desire and spiritual fulfillment, childfree living is acceptable, especially if it helps individuals achieve inner peace. In countries like Japan, where the influence of the Buddhist tradition is strong, the decision not to have children is more accepted than in other more religious societies.

The influence of religion on reproductive policy is evident in many countries. In the United States, the abortion debate has been heavily influenced by conservative Christians who oppose abortion on the basis of religious beliefs. The Supreme Court's decision in *Roe v. Wade* (1973) to legalize abortion has been a point of conflict that continues to this day, especially in states with evangelical Christian majorities.

Meanwhile, in Scandinavia, which has largely adopted secularized values, religion has much less influence on reproductive decisions. Sweden, for example, has one of the most progressive abortion laws in the world, where abortion is available up to the 18th week without the need for a specific reason. The childfree option is also widely accepted, reflecting society's more tolerant attitude towards individual choice (Larsson, 2021: 90).

In some religious traditions, progressive interpretations have emerged that support reproductive rights. In South Africa, progressive Christian groups such as the Anglican Church have advocated for women's right to make their own decisions about their bodies, including in the context of abortion. This approach reflects the need to adapt religious

teachings to changing social realities, such as the high mortality rate from unsafe abortion.

Something similar occurs in Reform Jewish communities, where abortion and childfree decisions are often seen as part of personal autonomy. Rabbis in this tradition emphasize the importance of supporting individual decisions based on their physical and emotional well-being (Weiner, 2020: 85).

Comparative studies of the role of religion and traditional interpretations in the contexts of childfree and abortion show major differences in views and practices. Although most religions maintain conservative views on these two issues, there is a growing effort to support approaches that are more inclusive and respectful of individual autonomy. This transformation shows that religion, although often considered static, has the ability to adapt to modern values and societal needs.

More in-depth dialogue between religions and society is needed to bridge differences in views and create policies that respect diversity of beliefs without compromising individual rights.

### **Legal Overview of Reproductive Rights**

Reproductive health protection in Indonesia is an integral part of human rights that must be guaranteed by the state. However, regulations on women's reproductive health rights are scattered in various laws and regulations and legal products, which often contain vague, inconsistent, gender-biased, and non-human rights-based provisions.

The protection of women's reproductive rights is regulated in both international and national law. CEDAW (Convention on the Elimination of All Forms of Discrimination against Women) affirms that women have the right to health and safety protection, including reproductive health. Meanwhile, the ICPD (International Conference on Population and Development) in Cairo further detailed these rights, including the right to choose reproductive health services, determine the number and spacing of children, and plan their families according to their wishes.

In Indonesia, reproductive health is part of the implementation of health efforts as stipulated in Article 48 paragraph (1) of Law Number 36 Year 2009 on Health. Therefore, reproductive health is also an integral part of the guarantee of the right to health by the state. However, the regulation of the Right to Reproductive Health (HAKR) in Indonesia is scattered in various laws and regulations and legal products, in other words, it is not regulated separately in one and legal product. These arrangements include Law No. 13 of 2003 concerning Manpower, Government Regulation No. 61 of 2014, Government Regulation No. 87 of , Government Regulation No. 11 of 2017, Permenkes No. 97 of 2014, Pemenkes

No. 3 of 2016, and Permenkes No. 4 of 2014 (Nabila, 2022: 15).

The main problem lies in the laws and regulations governing women's reproductive health rights (HAKR), which still contain vagueness or ambiguity in their norms. In addition, there are inconsistencies between one regulation and another, which hinders the guarantee of women's HAKR in Indonesia. One of the contributing factors is the lack of firmness in laws and regulations that guarantee women's rights, as well as the absence of adequate monitoring mechanisms. Existing legal products also do not regulate women's rights specifically and thoroughly. In addition, based on existing provisions regarding the formation of regulations, legal products related to women's rights, which are mostly in the form of Government Regulations (*PP*) and Minister of Health Regulations (*Permenkes*), do not provide clear sanctions or accountability mechanisms for parties who violate women's rights.

The 1945 Constitution of the Republic of Indonesia and various legal provisions related to human rights, both at the international and national levels, explicitly state that health is a right of every individual that must be guaranteed by the state through the provision of health services and insurance. This health also includes reproductive health. Reproductive health guarantees and services have been emphasized in the existing regulatory framework, taking into account the special needs of women, given issues such as maternal mortality rate (MMR) and other gender injustices that are often experienced by women. However, although various regulations and legal products have regulated this matter, there are still obstacles in the discussion of reproductive health in Indonesia. Some provisions in the laws and regulations are still accompanied by restrictions, such as the need to pay attention to religious norms and cultural values, the use of the phrase 'legal spouse', as well as the potential involvement of religious leaders in assisting rape victims, which indicates the taboo on discussing this issue openly.

In addition, the problem of the scope of women's reproductive health is inseparable from the patriarchal culture that exists in Indonesia. Patriarchy creates certain standards that must be met and this enters the realm of sexuality, reproductive and sexual health which is then formulated in regulations. These standards believe that women are viewed in terms of their biological capacities, namely pregnancy and childbearing. This contributes to what Bennett calls '*state health ideology*' where women's health is equated with 'maternal health' which is then equated with 'reproductive health'. As a result, access to maternal health services is determined by the woman's maternal status, whose legitimacy (legally and socially) is determined by her marital status (Linda Rae, 2014: 83).

Technical Standards for Fulfillment of Basic Service Quality in Minimum Service

Standards in the Health sector stipulated in the Minister of Health Regulation (Permenkes) Number 4 of 2019, although it provides guidelines for the implementation of health services, is not effective enough to ensure the fulfillment of reproductive rights properly. This is due to the absence of clauses in the regulation that give special attention to reproductive health as a whole or holistically. In the PMK, the focus is only limited to health services for pregnant women and maternity mothers, as stipulated in Article 2 Paragraph (3), but does not cover various other reproductive health services that are also very important. For example, health services related to miscarriage, abortion with certain medical indications, and various antenatal services, all of which require more complete and standardized minimum service standards.

Furthermore, the standards set out in the PMK tend to focus only on three main aspects: the quantity and quality of goods or services provided, the health human resources (HRH) involved in the service, and the technical instructions or procedures for meeting these standards. However, these three aspects have not fully addressed the urgent need to have adequate technical standards regarding the quality and quantity of health infrastructure or facilities, which are essential to support the delivery of adequate health services. The lack of attention to this aspect of infrastructure will have an impact on the lack of availability of facilities needed to properly implement reproductive health services, which in turn will affect the quality of services received by patients, especially women who need comprehensive reproductive health services.

Problems with the qualifications and credibility of health workers are also important to highlight. One example is the qualifications of counselors in abortion services. This provision in the Health Law is problematic because there is no emphasis that only credible counselors (who have received academic education and training to conduct counseling), who can do the counseling. The elucidation of this article actually provides opportunities for other parties who are not necessarily competent as counselors, namely community leaders, religious leaders and *anyone who has an interest and has the skills to do so*. This will be very dangerous for the woman if it turns out that this provision is not practiced wisely and does not really prioritize the interests of the woman (Nabila, 2022: 23).

One of the government's efforts to protect women from pregnancy-related deaths is through Minister of Health Regulation No. 2562/Menkes/Per/XII/2011 on Childbirth Insurance. However, this policy raises questions about the protection of women's reproductive rights in making family planning decisions, especially for those who want to use the maternity insurance but do not want to have family planning.

Law Number 36 Year 2009 on Health is the main legal basis in guaranteeing the right to reproductive health. In Article 72, this law stipulates that every individual has the right to safe, affordable, and quality reproductive health services. This right includes access to information, education, and health services related to reproductive function. In addition, this law also regulates protection for women during pregnancy, childbirth, and postpartum (Law No. 36/2009 on Health: Article 72).

Law No. 39/1999 on Human Rights also emphasizes the importance of reproductive health protection, especially for women. Article 49 states that every woman has the right to protection from all forms of discrimination, including those related to reproductive health. This protection not only includes aspects of physical health, but also the right to be free from coercion, pressure, or violence in making decisions related to reproduction (Law No. 39/1999 on Human Rights: Article 49).

Meanwhile, Minister of Health Regulation No. 97/2014 provides more specific guidelines on reproductive health services. This regulation covers health services during pre-pregnancy, pregnancy, childbirth, and after childbirth. The aim is to ensure the health of mothers and babies, and to reduce maternal and infant mortality rates, which are still high in Indonesia (Minister of Health Regulation No. 97/2014 on Reproductive Health Services: Chapter II).

Women's reproductive rights are fundamental rights recognized not only in national law but also in international law, which give women the freedom to determine whether or not they want to have children. This right includes the freedom to choose the number of children, the timing of birth, and access to safe reproductive health services. In International Law, one of the legal bases that recognize women's reproductive rights is the *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*, which affirms that every woman has the right to make decisions about her reproductive life without coercion from any party (Gita, 2020: 102).

In addition, *The Universal Declaration of Human Rights (UDHR)* provides a legal basis that protects the rights of every individual, including women, to have an adequate standard of living, which includes health and well-being. International law also recognizes that women's reproductive rights are not only about the right to have children, but also the right not to have children, which must be respected as part of personal freedom and gender equality.

### **Recommended Solution**

To ensure that the protection of reproductive rights is maximized, the following steps are

required:

1. Establish a Special Law on Reproductive Health

Currently, regulations on reproductive health are still scattered in various laws and regulations. There is a need for a special law that regulates reproductive health comprehensively, covering individual rights, services that must be provided by the state, as well as protection for vulnerable groups.

2. Improved Health Infrastructure in 3T Areas

The government needs to focus on building health facilities such as health centers, hospitals, and reproductive clinics in the outermost, underdeveloped, and remote (3T) areas. This aims to bring health services closer to people who find it difficult to reach these facilities. Implementation Example: Procurement of mobile health centers or village-based health posts equipped with medical personnel and basic equipment. In addition, the government should ensure a more equitable distribution of health workers, such as obstetricians and midwives, especially in remote areas. Incentive programs for medical personnel serving in hard-to-reach areas can encourage this distribution. Implementation Example: Provide special subsidies, allowances, or official housing facilities for medical personnel in 3T areas. Technology such as telemedicine can also be used to provide consultation and reproductive health education to people in remote areas (Fitriana, 2019: 120).

3. Raising Awareness that Reproduction is Not Only a Woman's Responsibility To change the paradigm of society that reproduction is not only the responsibility of women, a comprehensive effort is needed from various parties, including the government, civil society, and the private sector. Implementations that can be done include increasing access and education about contraception for men, including breaking the stigma about vasectomy as a safe and effective contraceptive method, encouraging men's involvement in decision-making about the number and spacing of children, the importance of male participation in family planning, including the use of male contraceptive methods such as condoms and vasectomy, and an understanding of the pregnancy, childbirth, and postpartum process, so that men can support their partners physically and emotionally.

4. Strengthening the Health Budget and Adding Health Workers

The government needs to allocate more funds to support reproductive health programs, including subsidies for the poor. Examples of implementation that can be done are by increasing the budget for free family planning programs and maternal and child health services, establishing a monitoring mechanism that involves the community to

ensure the implementation of reproductive health policies runs according to standards, forming an independent monitoring team consisting of academics, health practitioners, and NGOs, conducting continuous training for medical personnel on reproductive health service standards, providing workshops to improve midwives' understanding of reproductive rights-based services (Simanjuntak, 2018: 89).

#### **4. CONCLUSION**

Women's reproductive rights are part of human rights that guarantee women's freedom to make reproductive-related decisions and access adequate health services. Although recognized in national and international law, its implementation in Indonesia is still constrained by patriarchal culture, social stigma, religious norms, and regulations that are not comprehensive and firm.

To realize gender equality in reproductive health, special regulations based on human rights, improved health infrastructure, education that involves men, as well as budget support and training of health workers are needed. With these steps, women can exercise their reproductive rights without discrimination, pressure, or violence.

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