

Indonesian Women's Right to Gender Equality and Sexual Reproductive Health; A Human Right Perspective

Obi Pratama

Institution

Department of Political Science,
College of Humanities, Graduate
School, Dong-A University

Email

obipratama@naver.com

Correspondence Author

Obi Pratama,
The Graduate School of Dong-A
University, 37 Nakdong-Daero
550beon-gil Saha-gu, Busan,
South Korea
obipratama@naver.com

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Abstract:

In a legal and social context, the reproduction right is a problem of power relations and society, particularly laws. Women usually remain silent since they lack power. Not because of their personalities, but due to the influence of politics, economics, and society. Their interactions with men, their families, their friends, and society are all crucial. Gender-based laws are the result of communal attitudes toward women, gender, and sex. This results in a variety of forms of violence during implementation. The study adopts a description-based approach, and the analysis of how norms are applied to positive laws is the main research objective. Normative juridical research is well-versed in this approach. In order to develop the idea of gender equity, the study examines how human rights are applied and whether they are acceptable for women's reproductive rights based on gender. Additionally, the statutory approach, conceptual approach, and comparative technique are used in this type of research. These methods are used to identify problems and possible solutions. The results of the study indicate that when it comes to the safety or health of their reproductive systems, women have a special right to protection at work and in their professions. Gender inequality is a cause of violations of women's human rights. Gender discrimination and violence against women in Indonesia are still pervasive.

Keywords: Gender Equity; Normative Juridical Research; Indonesia.

I. INTRODUCTION

In Indonesia, one of the most crucial issues for women is their sexual and reproductive health. The World Health Organization defines reproductive health as a state of total physical, mental, and social well-being that is not accompanied by any disease or disability that is related to the reproductive system, functions, or operations. It is impossible to separate sexuality and bodily issues affecting women's biological health from reproductive issues (Organization, 2017). The Kementrian Kesehatan Indonesia estimates that 50,282 HIV cases will be diagnosed in Indonesia between 2009 and 2019 by 2020. A rise in the number of HIV-positive women, up to 203 cases, was also noted in the Komnas Perempuan Annual Records for 2020 compared to the prior year (Ratu Matahari S. K. M, 2018).

Human rights are currently a hotly debated subject in the international academic community. According to David P. Forsythe, human rights are the fundamental moral rights that an individual has in order to live with humanity. In other words, human rights are the moral requirements for a life with human dignity (Forsythe, 2017). Human rights are also defined in the Universal Declaration of Human Rights as the inalienable rights of every human being to ensure that their existence is appropriately carried out, regardless of sex, race, color, language, religion, politics, citizenship, wealth, or any other inherent identity. Due to advancements related to their conception, human rights become the fundamental foundation of human life. They are applied to the legal principles outlined in numerous declarations and conventions worldwide. One of the ways that these rights were put into practice was through the creation of the Universal Declaration of Human Rights on December 10, 1948, which was later decided by the United Nations and established that human rights are universal and have been mutually agreed upon (Ferstman & Gray, 2018).

Health, sexual, and reproductive rights are a couple of issues that are important enough to be addressed by human rights. The Cairo Conference adopted a Program of Action and the Assertion of Sexual and Reproductive Rights as a Basis for Sexual and Reproductive Health (SRHR), which recognizes SRHR as a human right that contributes to advancing and respecting the human rights of all individuals. As a result, this SRHR is based on common sense, emphasizing individual empowerment and the social reality that people face discrimination because of their sexual orientation (Eriksson, 2021).

The four main pillars of SRHR are as follows: The principle of sexual health holds that sexuality develops in humans to enhance the quality of life associated with the reproductive process; An approach known as “sexual rights” focuses specifically on fundamental human rights, ensuring that people are free from pressure, discrimination, violence, and information about their sexuality; Reproductive health, which includes but is not limited to aspects of diseases of the reproductive system and its process functions, is a component of rights that guarantees a prosperous condition explicitly physically, mentally, and socially as a whole; Reproductive rights, including legal protections against discrimination, coercion, and violence, as well as the freedom to choose the number of children one wishes to have (Eriksson, 2021).

Gender issues, such as women's inability to make reproductive decisions and attitudes and behavior in a male-dominated environment, are closely related to women's reproductive health—the stigma associated with female reproductive illnesses in Indonesian society. Different social effects of the same illness that affects both men and women include physical and sexual discrimination—highlighting the

significance of reproductive health, especially for women, since it ensures their survival. Therefore, this study aims to increase awareness of women's reproductive health and the understanding of their reproductive rights among men and women.

It is important to understand the distinction between gender and sex before continuing to discuss gender and gender equality. The general public frequently conflates these two concepts. Sex is a division of gender between men and women, or, to put it another way, sex is something natural. Men and women are distinguished from one another based on their biological or physical anatomy using the concept of sex or gender division, as opposed to gender, which is a term used to describe the social distinctions between men and women. A set of characteristics and behaviors known as gender are then culturally constructed within people (both male and female). Social and cultural constructions of gender are evident in the feminine traits that are frequently found in women, while men are typically viewed as being more masculine or powerful (Forti, 2020).

The relationship between sex and gender is not an absolute correlation, despite the fact that there is a division of roles in gender related to men with masculinity and women with femininity. Due to socio-cultural constructions, men and women play different roles in society. Thus, the gender role is the end result of a dynamic (evolving) formation process. This does not preclude the possibility of mixing and matching the roles played by men and women. People's gender roles are indirectly influenced by their social interactions, which begin in childhood. Additionally, a person's behavior is influenced by local cultural factors based on his gender. With this in mind, gender roles in society are significantly influenced by heteronormativity and certain aspects of patriarchy. In essence, the idea of "heteronormativity" emphasizes the necessity of being "heterosexual" (Forti, 2020). This happens as a result of the suppression of sexual orientation (preferences) that are not oriented towards reproduction due to the need to conform to sexual and gender identities. So, if someone identifies as male, they must be masculine, and if they identify as female, they must be feminine.

Gender Role is a perspective on how the role relationship between sex—as we know it—between men and women should be related to culture. Sandra Bem finds it difficult to accept the traditional view of men and women's primary roles. He is a psychologist who, in 1974, was the first to use the term "androgyny." Look at the 1974 Pasal he wrote titled "Masculine or Feminine or both?" Bem attempted to analyze and provide explanations related to the development of the dimensions of the concept of gender, which he examined through psychological approaches and later led to the

development of Bem's theory of Sex-Role. Bem makes the assumption that masculinity and femininity can coexist in one person (Grabe, 2018).

Wetboek Strafrecht (WvS), a Dutch colonial legacy known as the Kitab Undang-Undang Hukum Pidana, will be referred to as the Kitab Undang-Undang Hukum Pidana from here on. Following Indonesia's independence, Law No. 1 of 1946 concerning Criminal Law Regulations allowed the Kitab Undang-Undang Hukum Pidana to go into effect. In addition to stating that Wetboek Strafrecht is valid, this regulation also renames Wetboek Strafrecht voor Nederlands-Indie to Wetboek Strafrecht (WvS), also known as the Kitab Undang-Undang Hukum Pidana. The government modified the Kitab Undang-Undang Hukum Pidana's core provisions to reflect the country's colonial heritage while maintaining its dignity as a sovereign and independent state. The Kitab Undang-Undang Hukum Pidana does not include acts of sexual violence or crimes against women's reproductive rights; it only mentions them when defining crimes against decency. Book II, Chapter XIV on Crimes Against Decency, contains the arrangement. This makes sense because, first of all, decency is a rule of decency, which is the same as morality and establishes the standard of good and bad. Assaults or violations of women's reproductive rights fall under this category. 10 Secondly, morality is the foundation of all law, including criminal law. This is in line with Hart's emphasis that while (criminal) law satisfies certain moral requirements, it must also be legal in accordance with the principles that it is based on (Prof. Moeljatno, 2021).

The Kitab Undang-Undang Hukum Pidana's Book II, Chapter XIV contains the following Pasals that address the issue of crimes against decency (Prof. Moeljatno, 2021), which are defined as the denial or violation of women's reproductive rights:

1. Pasal 284 addresses the issue of adultery when a man and a woman are either already married or about to get married. Additionally, a man who participates in adultery is governed by this Pasal.
2. Pasal 285 governs the rape issue. According to this Pasal, sexual activity is considered rape if it is done outside of marriage and involves violence or threats of violence.
3. Pasal 286 regulates extramarital relations, but only if the woman is conscious or incapable of consenting.
4. Pasal 287, which deals with extramarital relations with a girl under the age of fifteen.
5. Pasal 288 is the opposite of Pasal 287 in that it permits marital relations but not when the woman is of legal age. The weighting of criminal sanctions against

offenders, if their actions result in serious injury or death, is also regulated in the Ayat after this one.

6. Obscene acts that involve violence or threats of violence are governed by Pasal 289, which addresses this issue.
7. Pasals 290 and 294 Ayat 1 are special Pasals concerning obscenity acts, the specificity of which is seen from the victim's perspective, namely that the obscene act was committed against (1) a helpless or unconscious person; (2) a stepson; (3) adopted children; or (4) children under their supervision who are not yet adults.
8. Pasal 292 governs adults who commit obscene acts with the same sex.
9. There is also a special Pasal, Pasal 294, for obscenity, which is defined as obscenity committed by (1) an official against his subordinates; (2) people in his care; or (3) administrators, doctors, teachers, or janitors in prisons, state-run facilities for education, orphanages, hospitals, mental hospitals, or social institutions who engage in obscene acts with the inmates.
10. Pasal 295 also regulates obscene acts, but it does so from the perspective of actions that "enable" the commission of obscene acts. The author claims that the goal is to offer a means of making the deed simple to perform. the act of allowing it to be (given) to his children, stepchildren, adopted children, or children under his supervision who are not yet fully grown, or by minors entrusted to his care, education, or supervision, or by his underage servants or subordinates.
11. Both Pasal 206 and Ayat 2 of Pasal 295 prohibit obscene acts that are performed for financial gain. The opportunity to commit obscene acts is given to people with whom there is a special relationship under Pasal 295 Ayat 2, whereas under Pasal 295, other people are given the opportunity to do so.
12. Pasal 297 governs the trafficking of men and women who are not yet of legal age. In addition, Pasal 324 governs the issue of human trafficking with a specific predicate, namely the use of people as slaves.
13. Pasal 299 governs whether or not certain individuals (physicians/doctors, midwives, or pharmacists) may perform abortions on pregnant women.

Based on the aforementioned Pasals, it can be said that the following are crimes under the Kitab Undang-Undang Hukum Pidana that can be classified as assaults on women's reproductive rights: (a) adultery; (b) rape; (c) obscene; (d) human trafficking; and (e) abortion. In its early stages, such a system was unable to take into account the rise of crimes against women's reproductive rights (Prof. Moeljatno, 2021).

II. RESEARCH METHODS

Normative legal research, also known as normative juridical research, was used to conduct this research. It was conducted to obtain materials in the form of theories, concepts, legal principles, and legal regulations related to the subject matter. The normative juridical research method is library law research, which is carried out by examining library materials or simply secondary data. Legal principles, which are based on both written and unwritten positive laws, will be used to guide the scope of the research (Ballin, 2020).

As previously mentioned, normative juridical research analyzes research issues using a legal perspective, making reference to legal norms found in current laws and regulations in Indonesia, and using data types from library materials, which are typically referred to as secondary data. The information used comes from publications that contain the concepts being studied, including law books, textbooks, journals, scientific Pasals, and literature reviews. Journals, books, Pasals, and other sources pertaining to women's reproductive health served as secondary data sources for this study. The collected information are then examined using a qualitative analytical approach, which involves relating each data point to the rules and guidelines of law related to the issues investigated through inductive reasoning (Ballin, 2020).

III. RESULTS AND DISCUSSION

When compared to conditions in other ASEAN nations, Indonesia's current state of women's reproductive health is still below expectations. It can be said that Indonesia is still lagging behind in a number of areas pertaining to women's reproductive health. When compared to other developing nations in Southeast Asia, Indonesia's maternal mortality rate (MMR), which is still high, demonstrates how backward the country is when it comes to women's reproductive health. For instance, Indonesia's MMR in 1994 was 390 per 100,000 live births. The MMR in 1997 was 334 per 100,000 live births, while the MMR in 2020 was 189 maternal deaths per 100,000 live births. This graph demonstrates how slowly maternal mortality is declining (Rahmi Dian Agustino, 2023).

The problem of the HIV/AIDS epidemic is another issue. Women and girls are frequently the worst affected by HIV/AIDS within the family. Since they are responsible for raising their children, they are more likely to be forced to quit their jobs or drop out of school, get engaged young, or become victims of trafficking as a result of their poverty. Similarly, women are twice as likely as men to contract HIV from an infected partner in unprotected heterosexual relationships. Women are more

susceptible to HIV due to gender inequality in addition to their higher biological susceptibility. Women's ability to negotiate safe sexual practices is frequently limited by their economic and social dependence on men. There were 635 patients seeking treatment at the Pokdisus Polyclinic¹, with 82 (12.9%) of them being female. Drug users who inject their drugs are to blame in about 85% of these cases. However, among the 82 infected women, sexual transmission accounted for the majority of risk factors (81.7%). During their marriage, 73.1% of women only had sex with their husbands. It's unclear what proportion of HIV is spread from HIV-positive husbands to their wives overall. 80% of the husband's test results for HIV are positive, 16% are negative, and 4% are undetermined. Although the number of infected women in Pokdisus is minor, sexual violence has been reported. Despite the fact that the risk of transmission due to sexual violence is relatively low (1%). Based on the facts presented above, the management of women's reproductive health should receive special attention and be a development priority at all levels of government, from the national to the provincial to the district/city to the rural (Dalimoenthe, 2011).

1. Indonesian Women's Reproductive Health

Human rights are elements that are protected and inalienable to the human soul from conception. As a result, restricting reproductive rights also restricts human rights. The status of men and women is connected to the realization of women's reproductive rights. Healthy reproduction is challenging to achieve because of differences and injustices affecting women. The International Conference on Population and Development (ICPD), which was held in Cairo in 1994, defined reproductive health as “a state of physical, mental, and social health and well-being, not due to the absence of disease and disability related to the functions, systems, and processes” ((UN), 2014). Indonesia is one of the countries represented at the International Conference on Population and Development. The International Conference on Population and Development Declaration recognizes four reproductive rights for women, such as:

- i. The importance of reproductive health to overall public health for both men and women.
- ii. The freedom to decide how many children to have, whether to marry, how to start a family, when and how often to have children, and the right to have access to the data and resources required to make those decisions.
- iii. Justice and equality must be provided to both women and men so that everyone can make free decisions that are not influenced by their gender.

¹ Pokdisus (Kelompok Studi Khusus) AIDS or now known as the HIV Integrated Service Unit of RSUPN Cipto Mangunkusumo

- iv. Everyone has the right to privacy as well as the right to sexual and reproductive security, which includes being free from all forms of sexual violence and coercion.

Regardless of the fact that there are numerous legal restrictions governing women's reproductive health rights, these restrictions should have a significant impact on the number of people who contract HIV, develop cervical cancer, or die from maternal complications. This is due to the fact that women still do not fully understand their rights.

Reproductive health goes beyond simply offering advice and services on sexually transmitted diseases and reproductive processes to enhancing people's quality of life and interpersonal relationships. Every nation must ensure that reproductive health is achieved because women's reproductive health is crucial to maintaining human life from generation to generation. Medical reproductive health issues and gender-related issues, such as unintended pregnancies (*Kehamilan Tidak Diinginkan/KTD*), violence against women, and sexually transmitted diseases, cannot be separated from problems with women's reproductive health. One of the genital-related illnesses that can be spread through sexual activity is HIV/AIDS. According to the 2020 Annual Records data, Komnas Perempuan reported that there were 203 more cases of HIV/AIDS in women than there were the year before (Perempuan & Tahunan, 2020). Maternal mortality (MMR) which is closely related to reproductive health and includes underage pregnancies, pregnancies spaced closely apart, abortions, and postpartum complications, is another effect of reproductive diseases experienced by women.

The four factors that can affect reproductive health are as follows, as listed by the Kementerian Kesehatan Indonesia (Ardiansyah, 2022):

- i. Demographic Factors - Economic Economic factors, such as poverty rates, low levels of education, and lack of knowledge about sexual development and reproductive processes, have an impact on reproductive health. The percentage of adolescents who have dropped out of school, remote living areas, and access to healthcare are among the demographic factors that have an impact on reproductive health.
- ii. Environmental and cultural factors The status of women, gender inequality, the environment in which they live and how they interact with others, and the public's perception of an individual's reproductive function, rights, and responsibilities are all cultural and environmental factors that have an impact on reproductive health.

- iii. Psychology-related aspects psychological elements like depression, domestic violence, and women's feelings of worthlessness toward men who purchase material freedom.
- iv. Natural elements Biological factors include defects in the reproductive system and reproductive organs following sexually transmitted diseases.

2. Gender Perspective on Reproductive Health

Men and women have different roles and responsibilities as a result of social construction, and these roles and responsibilities can change or be altered in accordance with the changing times and one's role. or conditions brought about by culture and society as a result of a baby's gender. As opposed to sex, which is the inability to conceive as a result of the biological distinction between men and women that has existed since conception. Men producing sperm, women giving birth, and menstruation are just a few bodily functions that are connected to sex between men and women. In every aspect of life, men and women have different roles to play. Every society has socio-cultural values that differ for men and women based on local norms and are subject to change due to cultural developments. Because of this, gender roles may change over time (Forti, 2020).

Social injustice is a factor in one of the issues with gender equality that society is currently dealing with. Gender plays a role because it has an impact on women's rights, especially when it comes to discrimination and the government's failure to create a society that upholds women's sexual and reproductive freedoms. Additionally, gender affects one's health. The best healthcare facilities have historically been difficult for women to use, share, and access due to discrimination. Additional information about gender inequality in Indonesia can be found in the increased risk of HIV infection, early marriages that can lead to reproductive illnesses, and sexual violence against young women. Due to societal stereotypes of gender norms, men are more sexually active and women are more submissive (Eriksson, 2021). On the one hand, women must also practice responsibility and caution to prevent getting pregnant. When discussing sexually transmitted diseases that affect women, whether they are brought on by themselves or the environment in which they live, many Indonesians have unfavorable and discriminatory attitudes. Gender has a big impact on reproductive health. Men and women are both equally affected by their respective gender stereotypes. One of the four gender issues in various life cycles is gender-sensitive (*Peka Gender*) reproductive health (Syafuruddin et al., 2021). Gender-sensitive reproductive health services include:

- i. Providing high-quality services and having a variety of service options that can be tailored to the needs, apply fairly, regardless of gender and social standing.
- ii. When providing health services, it is important to consider how different men and women's needs are based on their respective physiologies.
- iii. A positive attitude toward disease and society must be understood in the context of attitudes between men and women.
- iv. Recognize the differences between the diseases that affect men and women.
- v. Tailor services in order to remove obstacles brought on by differences that affect both men and women.

3. Relationship between Sexuality and Human Rights (HAM)

Talking of sexuality and human sexual behavior frequently elicits a wide range of nuanced reactions and discussions. This occurs particularly when women have no control over their sexuality. Women's experiences with sexuality are influenced by a variety of permissions and restrictions that do not also apply to men, despite the fact that sexual interaction is supposed to be a fundamental reality of social relations. In addition to dictating how women express their sexuality, these permissions and limitations also have an impact on every aspect of women's lives. Since of the worldwide support for the movement to prevent the recognition of women's rights as human rights, the issue of sexuality has received a lot of attention. Unsurprisingly, violent fights are common during this process. This attention is distinguished by the existence of the ICPD program in Cairo, which has sparked debate and raised concerns. The program's findings are widely regarded as the most progressive in defining sexual activity as a healthy aspect of human life (Eriksson, 2021).

Its ability to connect issues of population, religion, and reproductive health in public discourse is the ICPD's area of expertise. The meeting became heated over moral and religious disagreements regarding family planning (KB), abortion, sexual freedom, and other issues relating to reproductive health. Muslims are the majority in many nations that are struggling with issues like rapid population growth, social change, and illnesses like the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), just like Catholics do. They tend to support their traditional values more. Similar to the Vatican state, some Muslim nations find it challenging to acknowledge women's rights to deal with sexuality and reproduction as health issues outside of marriage and to make individual reproductive decisions as opposed to relying on family judgments.

Reproductive rights are considered fulfilled only when the perpetrator is physically, mentally, and socially at ease during the function and process of reproduction. As a result, reproductive health can be attained. To be in good

reproductive health, a person must have the right to engage in safe sex. They must also be able to control how their reproductive processes and functions are carried out. Sexual rights, according to the definition provided in the findings of the fourth women's conference in Beijing, refer to a person's freedom from coercion, discrimination, and violence to control and make decisions about all aspects of their sexuality. On top of that, they have the right to make decisions about their sexuality, the right to information about their sexual health, and the right to a high standard of sexual health (Forti, 2020).

The above understanding liberally reflects a person's freedom in all matters concerning sexual conditions and sexual habits. Sexual orientation (homosexual, bisexual, or heterosexual) is also recognized as a right and a choice when it comes to one's own body. No one, not even religion, is permitted to infringe on these rights. However, women's sexual rights are not as liberated as the definition above suggests. Women's freedom to obtain these rights as individuals and as members of society is frequently questioned in society. Policies affecting women's sexual rights are frequently under the control of the family, society, and the state.

There are times when societal labels for men's and women's sexual behaviors inspire inferior behaviors. Women who actively enjoy sex are called nymphomaniacs while men are called virile. Women who do not want to engage in sexual activity with men are called frigid while men in the same circumstance are considered to be feeling shy. Women who have many male friends are frequently labeled as prostitutes. Men who have more than one female friend are only referred to as "ladie's men." Due to the effects of the aforementioned labels, marriage is the only way to preserve women's dignity.

4. Indonesian issues relating to women's right to sexual and reproductive health

Eliminating discrimination based on gender differences has become one of the missions inherent in achieving gender equality and is enshrined in numerous international agreements, conventions, and declarations regarding human rights. The CEDAW Convention is one of the international agreements that specifically addresses the human rights of women using the tenets of substantive equality, non-discrimination, and state obligations. The CEDAW's substantive equality provisions are found in Pasals 6 to 16, and they are as follows: Elimination of trafficking in persons and exploitation of women (Pasal 6); Equality in public and political life (Pasal 7); Representation of women in the international sphere (Pasal 8); Citizenship (Pasal 9); Education (Pasal 10); Employment (Pasal 11); Health (Pasal 12); Economic and

social life (Pasal 13); Rural women's rights (Pasal 14); Equality before the law (Pasal 15); Equality in marriage and family (Pasal 16) (Farida, 2011).

The CEDAW Convention is based on three main principles to fight for women's rights and gender equality: the Substantive Equality Principle, the Principle of Non-Discrimination, and the Principle of State Obligations. Within these three principles is the “prism of women's human rights,” which serves as the lens through which all forms of gender discrimination are examined, corrected, and eliminated. Women's groups, whether they be housewives, children, laborers, IDPs (refugees), the disabled, the elderly, or minority groups, very infrequently discuss reproductive organs or the right to sexual and reproductive health in an open manner. In fact, women who must carry the burden and perform the function of reproduction place a high value on understanding their bodies (particularly their reproductive organs) and their right to sexual and reproductive health. Since the state is responsible for ensuring and protecting its citizens as well as the larger community socially, it is especially important to socialize children about their right to sexual and reproductive health from a young age through formal and informal education channels (De Vido et al., 2020).

The mapping of the scope of rights to sexual and reproductive health issues completed by Komnas HAM for the aforementioned group revealed that gender inequality—defined as relations between men and women in which men hold a superior position to women—is the primary driver of a number of issues regarding the sexual and reproductive health of women. Examples of how this manifests in behavior include issues with sexual activity, pregnancy, childbirth, and breastfeeding, all of which are related to women's reproductive systems. Women have very limited access to decision-making (body autonomy) when it comes to matters of reproductive health (Setiawan, 2017). As an example, a woman's decision to become pregnant or not may not be based on what is agreed upon with her as the owner of the womb. Many wives are unable to reject their partners who have sexually transmitted diseases, either because they are ignorant of their partners' conditions or because the majority of cultural constructions and religious interpretations in society are still biased towards patriarchal values, which forbid a wife from rejecting her partner even if doing so puts their lives in danger wife.

Women are clearly the most disadvantaged party in the examples above. The state bears the responsibility for resolving it, because women's sexual and reproductive health is one of the fundamental rights of women that the state must fulfill and guarantee. As stated in Law No. 7 of 1984, it is committed to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), specifically

Pasals 11, 12, 14, and 16, which relate to health and reproductive rights. Furthermore, the state's commitment in the 1994 Conference on Population and Development regarding the obligation of the state to participate in carrying out the conference's recommendations in this regard is the protection of women's reproductive rights and health, particularly health and sexual and reproductive health rights of women (Setiawan, 2017).

5. The government's role in ensuring women's rights and gender justice

The term "discrimination against women" is defined as any distinction, exclusion, or restriction made on the basis of sex with the effect or purpose of reducing or eliminating the recognition, enjoyment, or use of human rights and fundamental freedoms for women in the political, economic, social, cultural, civil, or any other field, regardless of their marital status, in Pasal 1 of the convention on the elimination of discrimination against women that has been agreed upon (Farida, 2011). Discrimination is not limited to differences in treatment based solely on gender, but also discrimination based on negative socio-cultural assumptions attached to circumstances because one is a "woman," or the so-called "gender ideology." Women's access to various opportunities is influenced by the ideological construction of their roles and abilities at multiple levels: individual, institutional, and system (Akmal, 2023).

In one case, the ideological presumption that women are only suitable for particular jobs accounts for the fact that the majority of the work performed by women is limited to a few jobs, and on the other hand, explains why women are absent from other types of work. Women perform more care work, service work, and other low-level jobs than men do because of the opportunities and choices that are provided to them within the realm of work, not because they are unable or uninterested in doing other jobs. Such presumptions about gender have restricted the opportunities that women have for equal employment. In addition to being based on gender-based presumptions, a variety of differential treatment, exclusion, or restriction of rights actions are referred to as discriminatory when they have the effect of reducing or eliminating the recognition, enjoyment, and application of women's fundamental freedoms and human rights. When restrictions or conditions are affixed to rights, the recognition of those rights and the capacity to assert them is reduced or lost.

Elimination is the denial of women's rights and freedoms, as well as the absence of an environment and mechanism that allows women to assert or claim their rights. Gender injustice manifests itself in violence against women. Physical violence (such as beatings), psychological violence (such as demeaning or harassing words), sexual violence (such as rape), and other forms of violence are common. These types of

violence can occur to anyone and anywhere, whether in the private (household) or public (environment) (De Vido et al., 2020).

Protection of women's rights and gender justice are officially mandated by the government, as stated in Undang-Undang Dasar 1945 Pasal 27: "All citizens have the same position before law and government and are obliged to uphold law and government without exception." This clause serves as the cornerstone for granting both women and men access to, and control over, the economic, social, and political spheres (LAKSANA, n.d.). Additionally, Indonesia ratified a number of international agreements aimed at eradicating discrimination and advancing the status of women as a result. These laws and policies are still not being implemented well, though.

Laws should ideally be written to protect the entire community and maintain order. It is well known that knowledge of women's struggles for equality with men is very important. Women are aware that they fall short of men in many facets of life. The idea of emancipation (equality) between women and men was developed in the 1950s and 1960s and is still being developed and fought for today to catch up with this backwardness. The instance of acceptance of government policies that merits praise is the passage of Law No. 7 of 1984 concerning CEDAW, which was inspired by this law and came into effect just over three years after it did on September 3, 1981. This demonstrates how seriously the government takes the fate and future of women (Farida, 2011).

This law explicitly states that all citizens hold the same position in law and government and that all forms of discrimination against women must be eliminated because they are against Pancasila and the Republic of Indonesia's 1945 Constitution. Women's rights are among the constitutionally guaranteed human rights listed in Chapter XA on Human Rights, Pasals 28 A to 28 J, of the 1945 Constitution of the Republic of Indonesia. This provides normative juridical certainty that in the sentence "everyone has the right..." this sentence is increasingly strengthened to mean that women and men have the same constitutional rights. The phrase implies that all human rights, including women's rights, are respected and safeguarded. The government has continued to work to uphold women's rights and gender equity (LAKSANA, n.d.). In 2000, it issued Presidential Instruction No. 9 of 2000 regarding gender mainstreaming in national development, which encourages the actualization of women's interests in the context of development policies at the national and regional levels (Indonesia, 2000).

IV. PENUTUP

International laws, as well as national laws, contain provisions governing the exercise of reproductive health rights. This suggests that everyone recognizes the right to reproductive health. As a result, the state is required to implement and protect the rights to reproductive health. As a follow-up to the global declaration on human rights proclaimed on December 10, 1948, the protection of women's rights in the perfection of gender justice has been fought for since the 1960s last year. The Indonesian government's efforts to follow up on the convention's results were passed Internationally by creating regulations as a legal umbrella for carrying out actions to fulfill human rights, including women's rights and gender justice.

Consider reproductive health when considering the many factors that arise from injustice and gender inequality. Despite numerous legal regulations and efforts to regulate women's reproductive health rights, this has had little impact on reproductive issues such as the number of cervical cancer patients, HIV, or maternal mortality rates. Reproductive diseases are linked to negative issues and discrimination, which can arise from within oneself or the community environment. Gender and the reproductive health of men and women are closely related, so it is essential to be self-aware and to support those close to us in our efforts to end the stigma associated with reproductive diseases and raise awareness of reproductive health through gender-sensitive reproductive health services.

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