EXPLORING REPRODUCTIVE HEALTH RIGHTS: UNDERSTANDING OF HIGHLY EDUCATED WOMEN PARTICIPATING IN THE FAMILY PLANNING PROGRAM IN INDONESIA

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Abstract

The family planning program, originally established to address the high birth rate in Indonesia, introduced additional challenges by requiring women to participate as family planning acceptors. The imposition of this condition ultimately leads to gender inequity in society due to the reproductive responsibility borne by women. This study seeks to elucidate the understanding and satisfaction of reproductive health rights among highly educated women who have chosen family planning. The research employed a qualitative methodology, utilizing exploratory in-depth interviews as the primary means of data gathering. The findings of this study indicate a deficiency in the informants' understanding of reproductive health and their rights pertaining to reproductive health. The realization of informants' reproductive health rights has not been fully achieved. The findings of this study suggest that gender inequality persists as women continue to bear the whole burden of reproductive responsibilities within the family, mostly owing to limited access to education and the perpetuation of societal prejudices.
***Keywords**: Reproductive health rights; Family planning initiative; Stereotype of women; Gender inequality*

Abstrak

Program KB (Keluarga Berencana) yang sejatinya muncul sebagai respon atas tingginya angka kelahiran di Indonesia justru menimbulkan permasalahan baru dengan ditetapkannya perempuan sebagai akseptor KB. Penetapan ini akhirnya menciptakan ketidakadilan gender dalam masyarakat karena beban reproduksi yang diemban oleh perempuan. Penelitian ini bertujuan untuk mendeskripsikan bagaimana pengetahuan dan pemenuhan hak kesehatan reproduksi perempuan akseptor KB yang berpendidikan tinggi. Metode yang digunakan dalam penelitian ini adalah kualitatif dengan teknik pengumpulan data berupa wawancara mendalam yang bersifat eksploratif. Hasil dari penelitian ini adalah pengetahuan tentang kesehatan reproduksi dan hak kesehatan reproduksi informan masih kurang. Pemenuhan hak kesehatan reproduksi informan juga belum terpenuhi secara maksimal. Dari hasil penelitian ini mengindikasikan bahwa ketidakadilan gender masih terjadi karena peran reproduksi dalam keluarga sepenuhnya masih dipegang oleh perempuan yang disebabkan kurangnya edukasi dan stereotipe yang berkembang dalam masyarakat.
***Kata Kunci**: Hak kesehatan reproduksi; Program KB; Stereotype perempuan; Ketidakadilan gender*

A. INTRODUCTION

The high birth rate in Indonesia is one of the causes of population density problems, especially in big cities. Overcoming the high birth rate requires serious and consistent efforts from the government and the community itself. The Family Planning (KB) program emerged as a solution from the government which was finally realized in the 70s.

Basically, the family planning program in Indonesia already has its own legal basis. The family planning program is listed in Law No. 52 of 2009 concerning Population Development and Family Development which is a government policy as a driving force for family planning program services to local governments to health services (Nurhayati & Widanti 2013). Fertility control, which is one of the objectives of the family planning program, also refers to international conferences. The 1994 Cairo Conference and the book of essays on changes in occupational policies in fertility control are included in sexual and reproductive policies, empowerment, and human rights, and are included in sexual and reproductive rights (Germain et al. 2015). Until now, family planning programs have been seen as an effective way to control population growth rates. The purpose of the family planning program itself is to control fertility by using quality contraceptives in order to improve reproductive health and sexual health (Handayani et al. 2012). Another goal of the family planning program is to improve welfare to create a happy and prosperous small family (Nurhayati & Widanti 2013).

Although it has been realized since the 70s and is considered effective, the reality is that this impact is not felt by the community evenly. Socialization and counseling of family planning programs in rural areas is still lacking, and even the distribution of contraceptives has been stopped due to the lack of population in rural and border areas (Bawing et al. 2017). In addition, limited

human resources have also made efforts to increase family planning acceptors in rural areas not optimal (Baladika 2012).

The problems caused are also felt by permanent acceptors, namely women. The designation of women as family planning acceptors in the family planning program has been implemented since the birth of the family planning program (Udasmoro 2004). The family planning program requires women to be positioned as users, but men still control decision-making due to the low level of reproductive protection for women (Hardiyanti & Irwansyah 2021). This is also due to the assumption that women are responsible for pregnancy. Women's willingness to be family planning acceptors due to the consequences of the number of children they have is mostly borne by women due to the lack of communication between couples (Nida 2013).

The burden of family planning acceptors placed on women raises questions in the community about the role of men or husbands in the family planning program. The low participation of men in the family planning program is because from the beginning of its emergence, it was intended for women so it became a habit where women became permanent acceptors of contraceptives (Bunyamin 2014). Basically, although from the beginning the family planning program targeted women, men can also have a role in the program. Directly, husbands can play a role by participating in using contraceptives or indirectly with a positive attitude in making decisions about the use of contraceptives in the family (Muhatiah 2012).

The lack of male participation in the family planning program as family planning acceptors seems to further deprive women of their reproductive health rights. Law No. 36 of 2009 Article 72 on Health and Medicine states that everyone has the right to live a healthy and safe reproductive life, free to determine for themselves when and how often to produce medically healthy,

obtain education and counseling regarding correct reproductive health (Eldawaty & Fristikawati 2018).

The reproductive burden experienced by women is actually also inseparable from the lack of knowledge of the community and women themselves about reproductive rights. The community considers the family planning program to be only a program from the government without knowing reproductive rights such as refusing pregnancy due to lack of knowledge (Syaifudin 2020). Reproductive health rights that are ignored by the community also increase the mortality rate during childbirth. Maternal mortality during childbirth is still high due to the patriarchal system which makes women have a double burden in taking care of domestic work and reproductive roles (Darmawati 2014). Based on data from the Ministry of Health in 2019 there were 4,197 maternal deaths during childbirth, which increased in 2021 to 6,856 maternal deaths during childbirth (KemenPPPA 2022). Until now, the reduction in maternal mortality during childbirth has not yet reached the reduction target set for 2024 at 183 per 100,000 live births, but in reality, the current maternal mortality rate is still far from the reduction target of 305 per 100,00 live births (Rokom 2023).

Factors that affect the fulfillment of reproductive health rights are also obtained by women from outside the family environment. The absence of laws, regulations, and strict supervision from the government to protect and fulfill the rights and reproductive health of female workers is a gap for employers who often ignore the rights of female workers to seek profit (Djakaria 2018). In addition, society's interpretation of women's bodies is still conservative. Societal meanings related to women's bodies, sexuality, and women's health are influenced by social, economic, cultural, and political factors (Saptandari 2013). This interpretation is often associated with "female nature" so that

matters related to the body, sexuality, and reproductive health are only the responsibility of women.

Stereotypes that develop in society seem to position women as responsible for reproductive life. The existence of this stereotype shows that gender injustice has occurred in the implementation of the family planning program so far. Gender injustice occurs because of the mixing of biological meaning and social roles. The mixing of biological meaning and social roles has been constructed through social or culture from religious teachings and state regulations. This of course violates human rights that should be obtained by anyone without exception. The involvement of law and human rights is used to assess laws affecting sexuality that are considered to promote sexual rights and health (Kismödi et al. 2015). Human rights demand that laws do not differentiate people based on gender stereotypes between men and women and stereotypes that hinder gender expression and sexual orientation decisions (Miller et al. 2015).

Gender is also often interpreted as nature, which actually means nature is inherent in a person and cannot be changed. There are several forms of injustice in the concept of gender injustice, namely stereotypes or negative labeling, violence, marginalization, subordination, and double burden (Rokhimah 2014). The family planning program was realized as a response to the high birth rate problem, which caused various new problems, namely gender injustice. Because in the end, the family planning program has quite an alarming impact on acceptors who are still aimed at and charged to women.

Based on some of the descriptions above, knowledge and fulfillment of reproductive health rights in women in the family planning program are the main problems in this study. The purpose of this study is to reveal the knowledge and fulfillment of reproductive health rights of highly educated female family

planning acceptors in the implementation of family planning programs.

Similar research on knowledge of reproductive health and rights and the fulfillment of reproductive health rights has been done quite a lot before. Such as research on knowledge of reproductive rights conducted by Ulya (2022) and Aswan (2019) focuses on knowledge of reproductive rights with research subjects of adolescent girls. The results of these studies both show that knowledge of reproductive rights in adolescent girls is still lacking. Research on knowledge of reproductive health has been conducted by Ernawati (2018) and Kartikasari (2019) with adolescent research subjects. The results showed that adolescents' knowledge of reproductive health was quite good. Research on the fulfillment of reproductive health rights has also been conducted by Petronela (2021) which focuses on the fulfillment of the right to information and reproductive health rights of women with disabilities. The fulfillment of reproductive health rights was also carried out by Djakaria (2018) which focuses on the fulfillment of reproductive health rights of female workers seen from a legal perspective to analyze it. Meanwhile, this study also discusses knowledge of reproductive health and rights, as well as the fulfillment of reproductive health rights in women. The difference of this study is in the research subject which is focused on highly educated female family planning acceptors in Semarang City, Central Java. The sociological review used in this study is also a differentiator by using the theory of the concept of gender injustice, namely, the theory of radical feminism. Gender injustice in the view of radical feminism theory states that gender injustice experienced by women is part of the patriarchal system that develops in society which causes women to experience oppression in various fields, namely the body, reproductive rights, sexuality, sexism, power relations, and the private-public dichotomy (Kurnianto 2017; Nurjannah

2022). This then becomes interesting in looking at the knowledge and fulfillment of reproductive health rights in women's family planning acceptors using a sociological perspective based on the theory of radical feminism in the midst of a strong patriarchal culture that still exists in society which positions men as the dominant party in decision making.

This research is important because reproductive health is part of human rights, including reproductive rights owned by women and men (Sari & Hanifah 2020). Knowledge about reproductive health basically also needs to be owned by adolescents in the hope that it can foster awareness and understanding of the functions and problems of sexuality so that they can avoid sexuality problems (Hasanah 2016). This proves that knowledge and fulfillment of reproductive health rights is something that every human being should have regardless of their characteristics, roles, functions, and status. In line with similar studies, the knowledge and fulfillment of reproductive health rights in highly educated women in Semarang City have never been studied, so it is important to study it to find out how far the knowledge and fulfillment of reproductive health rights are obtained.

The assumption of the selection of subjects is that highly educated women are considered to be more educated about reproductive health and rights. The level of education is considered to be able to influence the extent of women's knowledge of reproductive health and rights. In addition, highly educated women are considered to have independent and globally oriented characteristics, have a better mentality, understand their rights, have a healthy lifestyle, and have an understanding of the fair treatment they should get (Krisnawati et al. 2016; Tasia & Nurhasanah 2019). This factor is of interest to researchers in

revealing the knowledge and fulfillment of reproductive health rights of highly educated female family planning acceptors.

B. METHODOLOGY

This research is an exploratory case study research. The approach used is a qualitative approach by exploring and understanding the meaning of a number of individuals or groups of people who come from social or humanitarian problems (Creswell 2014). This research was conducted in Semarang City, Central Java. The classification of subjects in this study is highly educated female family planning acceptors in Semarang City with at least a bachelor's degree.

Determination of informants using the *snowball* technique starting from the first informant to the next. Observations were made by looking at the living environment, work environment, and educational background of the informants. The data obtained from this research came from direct interviews with informants. The number of informants taken in this study amounted to 6 (six) people, with details of 5 (five) highly educated female family planning acceptors, and 1 (one) highly educated female family planning non-acceptor. Informants are female family planning acceptors with an age range of 29 to 44 years who work as housewives and workers. The age range of these informants also refers to the productive age of women, which is 19 to 49 years old. The latest education of the family planning acceptor informants is a bachelor's degree with different educational backgrounds, namely, public administration, economics, and accounting. Meanwhile, there are 3 (three) supporting informants in this study, namely; female family planning non-acceptors, midwives, and the husband of the main informant. The female family planning non-acceptor informant is 30 years old and a worker with a bachelor's

degree. The educational background of this non-acceptor of family planning informant is a pharmacist.

The interview instrument used is an interview guide in the form of a list of questions asked to informants. The data validity technique used is data triangulation which is carried out until there are no differences that must be tested again by the informant. The data analysis techniques used are *coding*, data interpretation, and conclusion drawing.

C. RESULT AND DISCUSSION

The results and discussion of this study contain; 1) Knowledge about reproductive health and reproductive health rights in highly educated women; 2) Fulfillment of reproductive health rights in highly educated women. The results and discussion in this study are the results that have been taken from interviews with several informants from the data that has been collected.

1. Knowledge of Reproductive Health and Reproductive Health Rights among Highly Educated Women

The knowledge of informants seen in this study is knowledge about reproductive health and knowledge about reproductive health rights in women. The first thing seen in this study is knowledge about reproductive health. Reproductive health actually consists of physical health, mental health, and social health.

Knowledge about reproductive health in informants is expressed as follows:

> *"...For reproductive health, as far as I know, it only concerns the reproductive system. For example, free from all diseases..." (W; 40 years old; Bachelor of Economics; Housewife)*

> *"...Like that, yes, uterine checks so the fluid is taken to find out whether there is uterine cancer or not, that's the extent of it. I'm a bit concerned about the cervical vaccine too..." (FO; 33 years old; Bachelor of Economics; Housewife)*

Based on the results of the interview above, it can be seen that the informants' knowledge about reproductive health is still limited. The informants' knowledge of reproductive health is limited to the physical health aspect as indicated by their knowledge of sexually transmitted diseases and reproductive organ health checks. However, all informants did not show that they knew things related to the mental and social aspects of reproductive health. Informants only know things related to reproductive organ health. This shows that knowledge about reproductive health among informants is limited to the physical aspect, not the mental health and social health aspects.

In contrast to the limited knowledge of reproductive health, informants' knowledge of reproductive health rights is quite good, although there are still reproductive health rights that are not yet known. The reproductive health rights studied in this study are the right to determine pregnancy, the right to determine how to give birth, the right to determine the number of children, the right to use or not use contraceptives, and the right to education as expressed by informants as follows; (from the most known).

> *"...Reproductive rights to me is the right for individuals to be able to make decisions about sexual activity without coercion or even violence. Like the right to decide whether or not to get pregnant and give birth, and whether or not to use birth control..." (W; 40 years old; Bachelor of Economics; Housewife).*

Based on the results of the interviews, it shows that of the 5 (five) informants involved in the research, 3 (three) informants already know what reproductive health rights they have and the other 2 (two) informants do not know what reproductive health rights they have. The most common knowledge of reproductive health rights possessed by informants is the right to determine pregnancy and the number of children. Informants felt that these two rights need to be known to avoid coercion and violence that may be felt by women from husband-wife relationships. Informants

felt that as women, they should have the control to determine pregnancy and the number of children. This is closely related to the strong patriarchal culture in society, which positions men as the main decision-makers, pushing women's roles aside. The culture also often makes family decisions related to pregnancy and the number of children is influenced by the decisions of outsiders such as parents and in-laws, making women even more neglected. With these two pieces of knowledge, women can have an equally strong share in determining pregnancy and the number of children so that they can avoid coercion and violence in the family.

Knowledge about health rights that informants know is the right to determine how to give birth. Informants felt that the right to determine how to give birth needed to be known to be safe when giving birth. The informant's awareness was motivated by the maternal mortality rate during childbirth in Indonesia which is quite alarming. Data from the Ministry of Health shows that in 2022 the maternal mortality rate reached 183 per 100 thousand births (Zahra 2023). The high maternal mortality rate during childbirth finally made informants feel that women must have knowledge of the right to determine how to give birth. Comfort during childbirth is also a consideration for informants in determining how to give birth because in the end, the informants themselves feel the comfort and impact after giving birth.

Another reproductive health right is the right to use or not use family planning, which is also known by informants. Although informants are family planning acceptors, they still have this knowledge so the decision to use family planning is not a compulsion but the informants' own awareness. Awareness here is also part of the informants' knowledge to determine pregnancy and the number of children. Informants' knowledge of deciding to use family planning is an important factor in regulating the number of children and pregnancy spacing. By having this knowledge,

informants have control in deciding to use family planning so that there is no coercion from anyone in making decisions despite the husband's role as a discussion partner.

However, there is knowledge about reproductive health rights that has not been known by informants, namely, the right to education. All informants did not know that the right to education is part of reproductive health rights. From the results of the interviews that have been conducted, the reproductive health rights known are only rights related to reproductive activities. This ultimately makes the right to education not considered to be one of the reproductive rights that informants should know.

Some knowledge of reproductive health rights known by the informants above is also known by non-acceptor family planning informants as follows;

> *"...What I know is that I have the right to reproduce, for example, to decide whether or not to get pregnant, whether or not to have children, whether or not to have more children. I don't get pressure or coercion to do sexual activities with my partner. As for health, it affects our sexual health..." (DH; 30 years old; Pharmacist; Worker).*

Based on the explanation of the results above, it can be seen that knowledge of reproductive health and reproductive health rights in informants is not fully known. In reproductive health knowledge, informants only know the physical health aspect as indicated by knowledge of sexually transmitted diseases and awareness to maintain and check the health of reproductive organs. Other aspects of reproductive health knowledge, namely mental health and social health, are not yet known. While in the knowledge of reproductive health rights, not all informants know and there is one right that is not yet known. The reproductive health rights that informants knew were the right to determine pregnancy, the right to determine the number of children, the right to determine how to give birth, and the right to use or not use

contraceptives. Meanwhile, the reproductive health right that is unknown to informants is the right to education.

2. Fulfillment of Reproductive Health Rights in Highly Educated Women

a. Right to determine pregnancy and number of children

Pregnancy planning and the number of children in the family have been planned since the beginning of the marriage. This planning is actually the result of a discussion between husband and wife, thus making informants also have the right to determine the number of children they want and the spacing of pregnancies. Based on the interview results, shows that there is no one party who has a more vocal role in planning as expressed by one informant as follows;

> *"...I wanted just one because it's a hassle if there are many in terms of cost and energy too. But in the end, now there is one child, and my husband doesn't keep insisting that I want three. If, for example, my husband wants to increase the number to three, I still don't want to because the age consideration is also not possible. Yes, at most if you want to increase it to two..." (FO; 33 years old; Bachelor of Economics; Housewife)*

Informants have the same rights as their husbands in determining the number of children, so they do not feel pressured or forced to space their pregnancies. Some of the factors behind planning the number of children and pregnancies expressed above were also expressed by other informants. Age and economic considerations are important factors in determining the number of children to have. This is because they are related to the cost of education and health, which will affect the welfare of the children. These various factors also show that the consideration of the number of children and the spacing of pregnancies is not only considered from the husband and wife's side but also on the welfare of children in the future.

The fulfillment of the right to determine pregnancy and the number of children is also felt by informants who previously did not know about reproductive health rights. Despite not having knowledge about the right to determine pregnancy and the number of children, in the end, this right has also been fulfilled unconsciously, which is expressed as follows;

> *"...My husband and I originally wanted two. Because the considerations are clearly economic and labor. The economy is obviously the cost of education is expensive..." (TM; 44 years old; Bachelor of Public Administration; Worker).*

Based on these results, it can be interpreted that the right to determine pregnancy and the number of children has been fulfilled, both for informants who already know and informants who do not know this right. The fulfillment of this right is shown by informants who do not get pressure and coercion from other parties in determining pregnancy and the number of children so that informants can enjoy and regulate their own reproductive life.

b. Right to choose how to give birth

In determining how to give birth, informants actually get advice and input from other parties, namely husbands and doctors. The husband's role in determining how to give birth is only limited to a discussion partner, while the doctor acts as a party who provides advice on how to give birth that is best for the mother and baby. However, the final decision on how to give birth to be used is ultimately the decision of the informant expressed as follows;

> *"...I happened to be alone with the help of a doctor, of course. The doctor suggested a cesarean section..." (FF; 29 years old; Bachelor of Economics; Worker)*
> *"...I decided that I wanted to be normal and then consulted with my husband and the doctor. There was no coercion from my husband or doctor..." (SA; 27 years old; Bachelor of Accounting; Housewife).*

Based on the results of the interview above, it can be seen that in determining how to give birth, the informant did not get coercion from other parties. As previously said, the husband's role is only limited to a discussion partner and the doctor as a provider of advice on how to give birth safely depending on the situation and condition of the informant. With this, the informant still has the right to determine how to give birth that is safe and comfortable for herself and the prospective child.

By not getting pressure from other parties and advice from doctors about determining a safe way to give birth, informants also get the right to safety when giving birth. The safety factor of mothers during childbirth is important considering that the maternal mortality rate during childbirth in Indonesia is still high. Safety assurance during childbirth was also expressed by informants as follows;

> *"...Yes, it was my doctor who knew what condition I could deliver in, so he automatically protected me as much as possible..." (SA; 27 years old; Bachelor of Accounting; Housewife).*

The right to safety during childbirth was obtained by the informant by determining a safe way to give birth according to her condition. This right is important and is also part of the right to determine how to give birth because of the risk of death that can occur to mothers and children after childbirth. By getting a guarantee of safety during childbirth, informants feel safe so that the risk of death can also be avoided so that the maternal mortality rate during childbirth in Indonesia can also decrease.

Based on the results above, it can be seen that informants have the right to determine how to give birth. Despite discussions and getting advice from the doctor, in the end, the informant still has the right to determine how to give birth. By having this right and getting advice from doctors, informants also get safety

guarantees when giving birth so that the risk of death during childbirth can be avoided

c. Right to use or not use family planning

The users of contraceptives in Indonesia have been aimed at women as regular consumers since the beginning of the family planning program. Socialization and information provided to the community are also mostly given to women as users, while socialization about contraceptives that can be used for men is still lacking as expressed by one health worker as follows;

> *"...I also convey contraceptives for men, but because most of them are directly used by the wife, I don't convey too much. Because most acceptors in Indonesia are women, couples ask directly for women..." (LY; 43 years old; Midwife)*

The lack of socialization and information on contraceptives makes family planning acceptors for men still lacking, which makes men feel unfamiliar and afraid to decide to become family planning acceptors so that family planning users in the family go directly to women. This was also felt by informants during discussions before using family planning as follows;

> *"...What is it, because it's still common, not many people know, including me, that men can use birth control and there are contraceptives. So I don't even think about my husband using it..." (FF; 29 years old; Bachelor of Economics; Worker)*

Not having good knowledge about contraceptives for men makes the discussion of family planning use in the informant's family focused on what family planning the informant will use. Based on the results obtained, it shows that informants are willing to become family planning acceptors in the family but they have the right to determine the type of family planning used themselves. This shows that the fulfillment of the right to use or not use family planning in informants has not been fully fulfilled because the knowledge of family planning for men is still lacking so the discussion of family planning use between informants and

husbands is directly focused on informants as family planning acceptors. In addition, the lack of men's role as family planning acceptors is also influenced by myths and culture circulating in the community as expressed by health workers as follows;

> *"...It's usually influenced by myths. Because there are many myths that say that if men use birth control such as vasectomy, for example, it can reduce arousal and performance during intercourse. So most people buy into that myth. In addition, the culture in the community considers women who feel pregnant and give birth also affects..." (LY; 43 years old; Midwife)*

Myths and cultural norms have led to fears about men's role as family planning acceptors in Indonesia. Although these myths have not been proven to be true, they have influenced society's view of women being responsible for being family planning acceptors. In the end, this view also seems to be supported by the decision of the family planning program to make women permanent family planning acceptors in Indonesia.

However, the fulfillment of this right can be seen in the informants' freedom to determine the type of family planning used. As experienced by one of the informants, FF, before deciding to use family planning, the informant received advice from the doctor and husband to use an IUD but the informant refused and preferred to use injectable family planning. The informant's choice of injectable family planning was based on the pain of using it and the fewer risks compared to other forms of family planning. These reasons show that although the right to use or not use family planning is not fulfilled, at least informants are not forced to use certain types of family planning. This allows informants to regulate and enjoy their reproductive health rights so that they still get comfort even though they do not have the option to refuse to use family planning. Awareness of deciding on the type of family planning used is very important to have because it involves the comfort and health of the acceptor even though the informant has not received

the right to refuse to use family planning due to a lack of knowledge of family planning for men.

d. Educational rights

Previously, we discussed informants' knowledge of the right to education, which is part of reproductive rights. The results showed that none of the informants knew about the right to education. The absence of informants' knowledge ultimately makes the fulfillment of the right to education not optimal.

In the current digital era, informants rely more on information from social media than direct health care providers. The role of social media is very important for obtaining information on matters related to informants' reproductive health rights. Meanwhile, health workers who should also have a role in providing education to the community seem to be lacking as expressed by the following informants;

> *"...Yes, it's just from Google or Instagram and also from articles. I never get any information from doctors, midwives, or health workers..." (FO; 33 years old; Bachelor of Economics; Housewife)*

> *"...I know more from reading, and then after that what influences my mind the most is social media or Google..." (SA; 27 years old; Bachelor of Accounting; Housewife)*

Based on the confessions of the two informants above, it can be seen that there is no visible role of health workers in conducting education. Social media is the main source in fulfilling the right to education for informants. However, even though informants get information or education through social media, it does not mean that the informants' right to education has been fulfilled. This is related to the absence of the role of health workers who should also provide the right to education to informants as part of reproductive health rights.

e. Reproductive health

Based on the results of research on knowledge about reproductive health, it shows that informants' knowledge is still lacking. Reproductive health known to informants is only in the aspect of physical health, which is shown by knowledge of infectious diseases and reproductive organ health checks. From this knowledge, the informants' physical health is maintained by avoiding sexually transmitted diseases conducting routine reproductive health checks, and getting the right to cervical vaccine.

Meanwhile, the informants' mental and social health has also been fulfilled unconsciously despite not having knowledge of these two rights. The informant's mental health has been fulfilled as shown in the following interview results;

> *"...It's not overwhelming, especially since my husband supports me so I can get through it. Because it's hard in the early phase of having a child..." (FO; 33 years old; Bachelor of Economics; Housewife)*

Based on FO's confession, it shows that informants as women do not have a mental burden if they get strong support from their husbands. The role of the closest person, especially the husband, is very important for the informant's mental health. The phenomenon of baby blues is often experienced by women, which is a form of sadness or depression after giving birth, but with the support of the closest person, this phenomenon can be avoided as expressed by the informant above so that the informant's mental health is fulfilled.

The social health of informants in this study is also fulfilled as expressed by the informants as follows;

> *"...My social life is really liberated by my husband. For example, now I can still work and at home also chat with neighbors..." (TM; 44 years old; Worker; Bachelor of Public Administration)*

By not getting coercion or constraints to work and social interaction with the outside world, the informant's social health has been fulfilled. As a woman, informants who have received the nature of being pregnant to breastfeeding children and added to their role as KB acceptors certainly do not want to get constraints to stay at home and take care of domestic work. Although informants decide to work to meet economic needs, they also play an important role in fulfilling social health by still having the opportunity to interact with other people. This social health can also actually affect the informant's mental health because if the informant is restrained from staying at home and taking care of domestic work, the informant's mental health may also be affected because he feels bored.

Based on the results above, it can be said that the reproductive health of informants has been fulfilled. The physical health of informants is fulfilled by avoiding sexually transmitted diseases and getting the right to conduct reproductive health checks. Mental health is fulfilled by informants not feeling pressure and getting support from the closest people such as husbands. The informants' social health is also fulfilled by having the freedom to work and social interaction with others so that they are not forced to only do domestic work at home.

The family planning program issued by the government still shows the gender injustice felt by informants. Gender injustice is experienced in the form of community stereotypes about who is responsible for pregnancy. Women are considered to be the party responsible for the occurrence of pregnancy because they are the ones who feel pregnant, give birth, and breastfeed. This stereotype eventually extended to the family planning program established by the government as a solution to control fertility, which made women permanent acceptors of contraceptives in Indonesia. This stereotype then leads to marginalization and subordination of

women because women are considered responsible for their reproductive life in the family due to their existing social status.

The gender injustice felt by informants is also inseparable from the meaning of the female body which is associated with nature. Nature is actually a gift that is naturally obtained by women and cannot be changed, one of which is childbirth. This then creates a view in society that matters related to reproduction are the responsibility of women only. The results of the study show that the phenomenon that occurs is in line with the views of radical feminism theory. According to the radical feminist view, in addition to the patriarchal culture that prioritizes men over women, women's reproductive functions make women the main target as consumers or permanent acceptors of family planning so that various family planning tools that often interfere with health and make discomfort must be borne by women, not men. However, although gender injustice is still evident from the family planning program that determines women as permanent family planning acceptors, women's reproductive health rights can still be fulfilled, although not optimally. The fulfillment of reproductive health rights in informants can be seen by their control in making decisions to enjoy and manage their own reproductive lives.

The determination of women as permanent consumers of contraceptives also makes informants have a double burden in the family. The double burden felt by informants is in the form of domestic work in taking care of the household and also being responsible for reproductive life and using family planning. Although informants do not object to using family planning, in the end, gender injustice in the family planning program is still visible. The informants' reasons for using contraceptives for their own comfort and the comfort of their husband and wife's relationship make gender injustice in the family planning program a bias in the family.

D. CONCLUDING REMARKS

Informants still lack knowledge about reproductive health rights. The lack of knowledge is indicated by not all informants having this knowledge and not all reproductive health and reproductive health rights are known by informants. Informants' knowledge of reproductive health and reproductive health rights only concerns matters related to reproductive organs. While the rights to education, mental health, and social health are not yet known.

The fulfillment of reproductive health rights has also not been fully fulfilled because informants have not received the right to education and the right to refuse to use family planning. These two rights are ultimately related because education affects the decision to use family planning in the informant's family. The lack of knowledge about family planning for men ultimately makes informants unable to refuse to use family planning.

The lack of knowledge and fulfillment of informants' reproductive rights is ultimately influenced by the lack of education, resulting in gender injustice in the family planning program. The lack of education coupled with community stereotypes about women being responsible for pregnancy further reinforces the gender injustice felt by informants. In addition, the determination of women as permanent acceptors of the family planning program also causes gender injustice. This seems to support the community stereotype that women are responsible for pregnancy so that the burden of reproduction is only placed on women. When viewed using the theory of radical feminism, the burden of reproduction that is fully delegated to women ultimately makes women experience injustice because the meaning of their reproductive function is created as a result of a system that is still strong and firmly held by society to this day.

Based on the above conclusions, the researcher provides suggestions for informants to better understand their reproductive health rights in order to be able to maintain the reproductive health rights that have been obtained, and continue to demand their reproductive health rights in order to be able to enjoy and regulate reproductive life without violence and coercion, and not ignore the educational rights that should be obtained.

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