

Explanation of women's reproductive health rights in PIK-R group Talagening Village, Purbalingga Regenc

Evicenna Naftuchah Riani ^{a,1,*}, Wilis Dwi Pangesti ^{a,2}, Ika Ariani Kartini ^{b,3}

^a Midwifery Undergraduate Program, Faculty of Health Sciences, Muhammadiyah University of Purwokerto, Central Java, Indonesia

^b Legal Studies Program, Faculty of Law, Muhammadiyah University of Purwokerto, Central Java, Indonesia

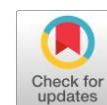
¹ evicenna@gmail.com; ² wilisdwi@gmail.com; ³ ikarian.kartini@gmail.com

* Corresponding Author

Received 27 June 2022; accepted 29 December 2024; published 29 December 2024

ABSTRACT

The high number of cases of violence against women and children must be a common concern. Women and children are very vulnerable to violence, therefore all parties must make a joint movement to prevent all acts of violence. Women must be literate or aware of their reproductive health rights in order to avoid various types of violence. The types of violence experienced by female victims, both adults and children, are physical, psychological, sexual, neglect, trafficking, exploitation and others. This service focuses on counseling women's reproductive health rights as a preventive effort so that people are able to be literate/aware of women's reproductive health rights. The number of women in Purbalingga Regency over the age of 18 who became victims of violence in 2019 was 23 cases, in 2020 there were 17 cases and in 2021 there were 3 cases. Meanwhile, the number of girls aged 0-18 years who experienced violence in 2016 was 31 cases, in 2017 there were 18 cases and in 2018 there were 23 cases. This service activity focuses on educating women's reproductive health rights as an effort to increase public knowledge, especially women so that they are able to improve women's health and lives. The method used is lecture, discussion and question and answer. Participants actively participate in discussions and ask questions about things that are not understood. The discussion process discussed issues related to women's reproductive health rights. Based on the results of monitoring and evaluation activities, there is an increase in knowledge about women's reproductive health rights.



KEYWORDS

Education
Reproductive health rights
women



This is an open-access article under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license

1. Introduction

Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in the Pancasila and the Preamble to the 1945 Constitution of the Republic of Indonesia [1], [2]. One of the most important parts of health is reproductive health [3].

The scope of reproductive health services according to the International Conference Population and Development (ICPD) 1994 consists of maternal and child health, family planning, prevention and treatment of sexually transmitted infections including Human Immunodeficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS), adolescent reproductive health, prevention and treatment of complications of abortion, prevention and treatment of infertility, reproductive health of the elderly, early detection of reproductive tract cancer and other reproductive health such as sexual violence, female circumcision and so on.

Central Java Province in 2020 victims who experienced violence as many as 2,110 cases and January-March 2021 as many as 434 cases. Based on data from Central Java province, women were more vulnerable to violence as many as 1,674 cases, consisting of 809 adult women and 865 girls. Meanwhile, in January – March 2021, there were 182 cases of violence against adult women and 174 cases of girls.

The types of violence experienced by female victims, both adults and children, are physical, psychological, sexual, neglect, trafficking, exploitation and others [4], [5]. With the highest percentage in January - March 2021, namely physical violence against women by 44.86% (109 cases), psychological violence 30.04% (73 cases), neglect of 12.35% (30 cases), sexual violence 9.05% (22 cases) and violence in the form of others by 3.70% (9 cases). Meanwhile, the highest percentage of violence against girls in January-March 2021 is sexual violence which is 56.12% (156 cases), psychological violence 21.94% (61 cases), physical violence 13.67% (38 cases), neglect 3.60% (10 cases), exploitation and trafficking respectively 0.72% (2 cases) and other violence by 3.24% (9 cases).

The number of women in Purbalingga Regency over the age of 18 who became victims of violence in 2019 was 23 cases, in 2020 there were 17 cases and in 2021 there were 3 cases. Meanwhile, the number of girls aged 0-18 years who experienced violence in 2016 was 31 cases, in 2017 there were 18 cases and in 2018 there were 23 cases.

The idea of women's reproductive rights is a development of the concept of human rights [6], [7]. Reproductive issues cannot be separated from sexuality and the human body. Sexuality is not merely an instinctual drive, or a biological need (especially the genitals), but is a form of social interaction or is relational [8]. Many women do not know their rights, because in women's lives the issue of rights is very rarely discussed.

The high number of cases of violence against women and children must be a common concern. Women and children are very vulnerable to violence, because the contribution to this service is so that the community can carry out joint movements to prevent all acts of violence [9], [10], making women who are literate or aware of their reproductive health rights to avoid various violence.

2. Method

The activity is carried out by learning by doing, namely by conducting counseling as an effort to transfer knowledge to partners using power point and audio visual (video) media [11], [12]. The method used is lecture, discussion and question and answer. The stages of the activity began with icebreaking, pretest, delivery of material, and closed with posttest. Monitoring and evaluation of activities is carried out to measure the level of success of the programs that have been implemented [13], including evaluation of knowledge and understanding of the target understanding (knowledge) carried out by posttest to all participants. Flow of service activities implementation show in Fig. 1.

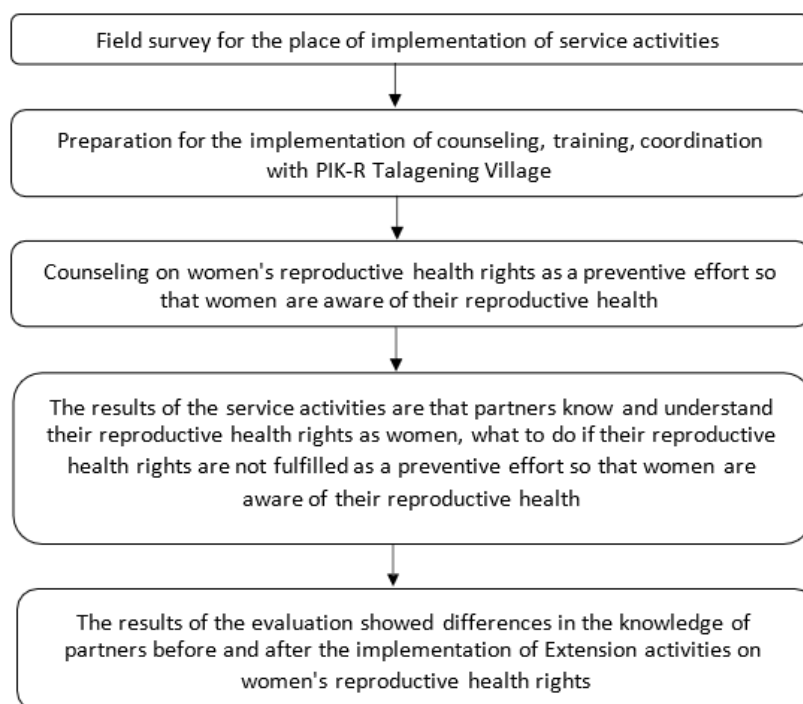


Fig. 1. Flow of Service Activities Implementation

The high number of cases of violence against women and children must be a common concern. Women and children are very vulnerable to violence, therefore all parties must make a joint movement to prevent all acts of violence [14]. Women must be literate or aware of their reproductive health rights in order to avoid various types of violence.

3. Results and Discussion

Community service activities have been carried out according to the planned stages and schedule. Community service activities consist of outreach activities on women's reproductive health rights. The activity was carried out in Talagening Village, Purbalingga Regency.

On the first day, education on reproductive health rights was held for PIK-R members. The activity was carried out by the service team, lecturers from the Muhammadiyah University of Purwokerto on Sunday, 11 June 2022 at the 'Aisyiah Kindergarten Building, Talagening Village, Purbalingga Regency. In the implementation of the activities, the participants who took part were

35 people consisting of PIK-R cadres in Talagening Village, Purbalingga Regency. This community service activity is carried out by following the health protocol where participants and the lecturer team as the executor of the activity are required to wear masks, maintain distance, wash hands and check body temperature before entering the activity area to prevent the transmission and spread of COVID-19. This activity consists of 2 event sessions, namely a counseling presentation session for approximately 60 minutes and a discussion session for approximately 30 minutes. Extension of Women's Reproductive Health Rights show in Fig. 2.



Fig. 2. Extension of Women's Reproductive Health Rights

In the counseling session, the implementation team gave lectures/socialization about the importance of knowledge about reproductive health, what are the health rights of women, how women are able to obtain these reproductive health rights. The public in general knows that one of the reproductive health rights of women is the right to life, the right to give birth and the right to choose contraceptives. In the counseling session, it was explained about women's reproductive health rights.

Reproductive rights and reproductive health are closely related to issues of gender and women's health [15], because they have the need for reproductive health services, especially in relation to their nature as women, including women in prisons [16], [17]. It is very important to recognize that prison residents have the right to health care without discrimination.

Reproductive rights are part of human rights recognized by national law, international human rights documents, and other agreement or treaty documents [18]. Indonesia is one of 178 countries that have signed and recognized adolescent reproductive rights as stated in the International Conference of Population and Development (ICPD) action plan document. This gives the state an obligation to fulfill women's reproductive rights as stated in the ICPD action plan.

Reproductive rights formulated by the International Planned Parenthood Federation (IPPF) in 1996 are:

- The right to life because every woman has the right to be free from the risk of death due to pregnancy.
- The right to liberty and security of every individual has the right to enjoy and regulate his sexual and reproductive life and no one can be forced to become pregnant, undergo sterilization and abortion.
- The right to equality and freedom from all forms of discrimination Every individual has the right to be free from all forms of discrimination, including his sexual and reproductive life.
- The right to privacy Every individual has the right to obtain sexual and reproductive health services with respect to privacy. Every woman has the right to determine her own reproductive choices.
- The right to freedom of thought for each individual is free from narrow interpretations of religious teachings, beliefs, philosophies and traditions that limit freedom of thought about sexual and reproductive health services.
- Right to Information and Education Every individual has the right to information and education related to sexual and reproductive health, including health and welfare insurance for individuals and families.
- The right to marry or not to marry and to form and plan a family
- The right to decide whether or not to have children and when to have children
- The right to health care and protection Every individual has the right to information, affordability, choice, security, confidentiality, trust, self-respect, convenience, and continuity of service.
- The right to benefit from scientific progress, every individual has the right to obtain reproductive health services with the latest technology that is safe and acceptable.
- The right to freedom of assembly and participation in politics Every individual has the right to urge the government to prioritize policies related to sexual and reproductive health rights.
- The right to be free from abuse and ill-treatment includes the right to protect children from sexual exploitation and abuse. Every individual has the right to be protected from rape, violence, torture, and sexual harassment.

Meanwhile, according to the 1994 International Conference on Population and Development (ICPD) reproductive rights include:

- Right to information and reproductive health education
- The right to receive services and protection of reproductive health
- The right to freedom of thought about reproductive health services
- Right to be protected from death due to pregnancy
- The right to determine the number and spacing of children
- The right to freedom and security in relation to their reproductive life
- The right to be free from abuse and ill-treatment including protection from rape, violence, torture and sexual harassment
- The right to benefit from progress, knowledge related to reproductive health
- The right to privacy relates to the choice of services and reproductive life
- The right to build and plan a family
- The right to be free from all forms of discrimination in family life and reproductive life
- The right to freedom of assembly and participation in politics related to their reproductive health

The meaning of women's reproductive health rights based on the above definition, means the authority of a woman to do or not, obtain or not obtain a healthy state, whether physically, mentally, spiritually or socially, in relation to her reproductive system, function and process [19]. From this definition there is no coercion in rights, because a person can use his rights or ignore the rights he has as long as it does not interfere with the rights of others, but if a person, if these rights are exercised, must receive legal protection.

People need to know and understand sexual rights and reproductive rights. Because by knowing and understanding sexual and reproductive rights, society can protect, fight for and defend sexual and reproductive rights from various acts of violence and deviations from women's sexual and reproductive rights [20].

After the counseling session, it was followed by a discussion session. From the observations made by the implementing team, it can be seen that the participants are very enthusiastic about this community service activity because it is related to women's reproductive health rights. In the discussion and question and answer session the participants gave several questions with great enthusiasm. The questions raised relate to women's reproductive health rights. With this counseling, the community seems to understand and understand the importance of women's reproductive health rights.

On the second day, activity evaluation was carried out by conducting an assessment through a posttest. The results of the posttest showed that there were differences in the knowledge of partners before and after the implementation of counseling activities on women's reproductive health rights. Partners know and understand their reproductive health rights as women, what to do if their reproductive health rights are not fulfilled as a preventive measure so that women are aware of their reproductive health. Flow of service activities implementation show in Fig. 3.

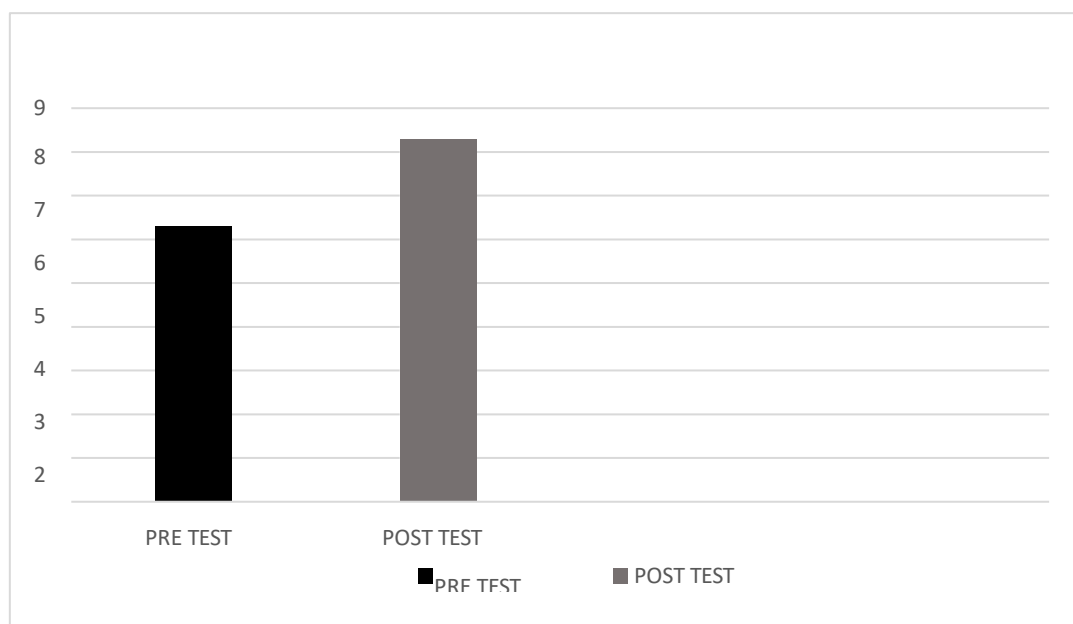


Fig. 3. Flow of Service Activities Implementation

4. Conclusion

Community service activities with the theme of education about women's reproductive health rights in Talagening Village, Bobotsari District, Purbalingga Regency went very well. The community participated very enthusiastically during the activity. With this community service activity, the community feels the benefits of counseling about reproductive health rights. Partners are very grateful and hope that outreach activities with the theme of health can be carried out regularly.

Declarations

Author contribution. All authors contributed equally to the main contributor to this paper. All authors read and approved the final paper.

Funding statement. None of the authors have received any funding or grants from any institution or funding body for the research.

Conflict of interest. The authors declare no conflict of interest.

Additional information. No additional information is available for this paper.

References

- [1] M. A. Lira, "Construction of Health Service Provider Services in Indonesia From the Perspective of Pancasila," *J. Law Sustain. Dev.*, vol. 11, no. 12, p. e2305, Dec. 2023, doi: [10.55908/sdgs.v11i12.2305](https://doi.org/10.55908/sdgs.v11i12.2305).
- [2] D. Daisahbeny, "The Construction of the Welfare State in Human Rights in Law Number 36 of 2009 concerning Health," *Law Res. Rev. Q.*, vol. 9, no. 4, pp. 419–434, Nov. 2023, doi: [10.15294/lrrq.v9i4.76266](https://doi.org/10.15294/lrrq.v9i4.76266).
- [3] S. Nanda, "Reproductive Health of Women," in *Research Anthology on Advancements in Women's Health and Reproductive Rights*, vol. 6, no. 3, IGI Global, 2022, pp. 430–445, doi: [10.4018/978-1-6684-6299-7.ch022](https://doi.org/10.4018/978-1-6684-6299-7.ch022).
- [4] L. Kiss *et al.*, "Paper: violence, abuse and exploitation among trafficked women and girls: a mixed-methods study in Nigeria and Uganda," *BMC Public Health*, vol. 22, no. 1, p. 794, Dec. 2022, doi: [10.1186/s12889-022-13021-2](https://doi.org/10.1186/s12889-022-13021-2).
- [5] A. E. Krushas and T. C. Kulig, "Exploring the Physical, Mental, and Social Health Issues of Sex Trafficking Victims by Stage of Exploitation," *Vict. Offender.*, vol. 18, no. 3, pp. 447–472, Apr. 2023, doi: [10.1080/15564886.2022.2128128](https://doi.org/10.1080/15564886.2022.2128128).
- [6] R. J. Cook, "International Human Rights and Women's Reproductive Health," in *Women, Medicine, Ethics and the Law*, Routledge, 2020, pp. 37–50, doi: [10.4324/9781003073789-3](https://doi.org/10.4324/9781003073789-3).
- [7] L. Nurlatifah, "Protection Of Women's Reproductive Health Rights Based On International Law And Regulation On Laws In Indonesia," *Lampung J. Int. Law*, vol. 2, no. 1, pp. 25–40, Aug. 2020, doi: [10.25041/lajil.v2i1.2030](https://doi.org/10.25041/lajil.v2i1.2030).
- [8] A. Higgins and G. Hynes, "Sexuality and Intimacy," in *Textbook of Palliative Care*, Cham: Springer International Publishing, 2019, pp. 757–777, doi: [10.1007/978-3-319-77740-5_40](https://doi.org/10.1007/978-3-319-77740-5_40).
- [9] A. Kapilashrami, "Transformative or Functional Justice? Examining the Role of Health Care Institutions in Responding to Violence Against Women in India," *J. Interpers. Violence*, vol. 36, no. 11–12, pp. 5471–5500, Jun. 2021, doi: [10.1177/0886260518803604](https://doi.org/10.1177/0886260518803604).
- [10] C. Montserrat, M. Garcia-Molsosa, A. Planas-Lladó, and P. Soler-Masó, "Children's understandings of gender-based violence at home: The role school can play in child disclosure," *Child. Youth Serv. Rev.*, vol. 136, p. 106431, May 2022, doi: [10.1016/j.chilyouth.2022.106431](https://doi.org/10.1016/j.chilyouth.2022.106431).
- [11] Intan Nuyulis Naeni Puspitasari, "Combination of Synchronous and Asynchronous Models in Online Learning," *J. Pendidik. Islam Indones.*, vol. 5, no. 2, pp. 198–217, Mar. 2021, doi: [10.35316/jpii.v5i2.301](https://doi.org/10.35316/jpii.v5i2.301).
- [12] M. H. Romli, C. C. Foong, W.-H. Hong, P. Subramaniam, and F. Wan Yunus, "Restructuring education activities for full online learning: findings from a qualitative study with Malaysian nursing students during Covid-19 pandemic," *BMC Med. Educ.*, vol. 22, no. 1, p. 535, Dec. 2022, doi: [10.1186/s12909-022-03587-1](https://doi.org/10.1186/s12909-022-03587-1).
- [13] E. Kissi, K. Agyekum, B. K. Baiden, R. A. Tannor, G. E. Asamoah, and E. T. Andam, "Impact of project monitoring and evaluation practices on construction project success criteria in Ghana," *Built Environ. Proj. Asset Manag.*, vol. 9, no. 3, pp. 364–382, Jul. 2019, doi: [10.1108/BEPAM-11-2018-0135](https://doi.org/10.1108/BEPAM-11-2018-0135).
- [14] C. Maternowska, R. L. Shackel, C. Carlson, and R. G. Levto, "The global politics of the age–gender divide in violence against women and children," *Glob. Public Health*, vol. 16, no. 3, pp. 354–365, Mar. 2021, doi: [10.1080/17441692.2020.1805783](https://doi.org/10.1080/17441692.2020.1805783).
- [15] Y. Wang and A. Torbica, "Investigating the relationship between health and gender equality: What role do maternal, reproductive, and sexual health services play?," *Health Policy (New York)*, vol. 149, p. 105171, Nov. 2024, doi: [10.1016/j.healthpol.2024.105171](https://doi.org/10.1016/j.healthpol.2024.105171).
- [16] M. Sudhinaraset, D. Vilda, J. D. Gipson, M. Bornstein, and M. E. Wallace, "Women's Reproductive Rights Policies and Adverse Birth Outcomes: A State-Level Analysis to Assess the Role of Race and Nativity Status," *Am. J. Prev. Med.*, vol. 59, no. 6, pp. 787–795, Dec. 2020, doi: [10.1016/j.amepre.2020.07.025](https://doi.org/10.1016/j.amepre.2020.07.025).
- [17] J. Liauw *et al.*, "Reproductive healthcare in prison: A qualitative study of women's experiences and perspectives in Ontario, Canada," *PLoS One*, vol. 16, no. 5, p. e0251853, May 2021, doi: [10.1371/journal.pone.0251853](https://doi.org/10.1371/journal.pone.0251853).

- [18] C. Beninger, "Reproductive Rights, UN Sustainable Development Goals and International Human Rights Law," in *Encyclopedia of the UN Sustainable Development Goals*, Springer, Cham, 2021, pp. 1013–1025, doi: [10.1007/978-3-319-95687-9_48](https://doi.org/10.1007/978-3-319-95687-9_48).
- [19] C. Onwuachi-Saunders, Q. P. Dang, J. Murray, B. S. Bioethics, and H. Student, "Reproductive Rights, Reproductive Justice: Redefining Challenges to Create Optimal Health for All Women," *J. Heal. Sci. Humanit.*, vol. 9, no. 1, p. 19, 2019. [Online]. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9930478/>.
- [20] A. M. Sood, "Litigating Reproductive Rights: Using Public Interest Litigation and International Law to Promote Gender Justice in India," *SSRN Electron. J.*, pp. 1–126, Sep. 2024, doi: [10.2139/ssrn.5006105](https://doi.org/10.2139/ssrn.5006105).