

THE EFFECTIVENESS OF PROTECTING WOMEN'S REPRODUCTIVE RIGHTS FROM THE PERSPECTIVE OF HEALTH LAW AND SUBSTANTIVE JUSTICE: A JURIDICAL ANALYSIS OF THE IMPLEMENTATION OF LOCAL POLICIES IN CIREBON REGENCY

A EFICÁCIA DA PROTEÇÃO DOS DIREITOS REPRODUTIVOS DAS MULHERES SOB A PERSPECTIVA DO DIREITO DA SAÚDE E DA JUSTIÇA SUBSTANTIVA: UMA ANÁLISE JURÍDICA DA IMPLEMENTAÇÃO DE POLÍTICAS LOCAIS NA REGIÃO DE CIREBON

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Abstract

The protection of women's reproductive rights constitutes a fundamental dimension of human rights and an integral component of the right to health. This study aims to analyze the effectiveness of protecting women's reproductive rights from the perspective of health law and substantive justice, with particular focus on the implementation of local policies in Cirebon Regency. Employing a normative–empirical juridical approach, this research integrates an examination of positive legal norms (national and regional regulations) with empirical data drawn from the implementation of public policies in practice. The analysis employs the Theory of the Rule of Law (F.J. Stahl and A.V. Dicey), John Rawls' Theory of Substantive Justice, Hans Nawiasky's Stufenbau Theory, and Feminist Legal Theory to assess the alignment between legal norms, institutional structures, and the social realities experienced by women. The findings reveal that the effectiveness of reproductive rights protection in Cirebon Regency remains low due to the absence of a specific Regional Regulation (Perda) that comprehensively governs women's reproductive

Resumo

A proteção dos direitos reprodutivos das mulheres constitui uma dimensão fundamental dos direitos humanos e um componente integral do direito à saúde. Este estudo visa analisar a eficácia da proteção dos direitos reprodutivos das mulheres sob a perspectiva do direito da saúde e da justiça substantiva, com foco particular na implementação de políticas locais no distrito de Cirebon. Empregando uma abordagem jurídico-empírica, esta pesquisa integra um exame de normas jurídicas positivas (regulamentos nacionais e regionais) com dados empíricos extraídos da implementação de políticas públicas na prática. A análise utiliza a Teoria do Estado de Direito (F.J. Stahl e A.V. Dicey), a Teoria da Justiça Substantiva de John Rawls, a Teoria Stufenbau de Hans Nawiasky e a Teoria Jurídica Feminista para avaliar o alinhamento entre normas jurídicas, estruturas institucionais e as realidades sociais vivenciadas pelas mulheres. Os resultados revelam que a eficácia da proteção dos direitos reprodutivos no distrito de Cirebon permanece baixa devido à ausência de um Regulamento Regional específico (Perda) que governe de



rights. To enhance effectiveness, regulatory and institutional strengthening is required through the formulation of gender-responsive regional regulations, the integration of gender-responsive budgeting, and the improvement of legal and reproductive literacy among the community. This study underscores that the effectiveness of protecting women's reproductive rights depends not only on the availability of health policies but also on the extent to which the law can deliver substantive justice for women as autonomous legal subjects within a just legal state.

Keywords: Legal Effectiveness. Women's Reproductive Rights. Health Law. Substantive Justice. Local Policy.

forma abrangente os direitos reprodutivos das mulheres. Para aumentar a eficácia, é necessário o fortalecimento regulatório e institucional por meio da formulação de regulamentações regionais sensíveis à perspectiva de gênero, da integração de orçamentos com perspectiva de gênero e da melhoria da alfabetização jurídica e reprodutiva na comunidade. Este estudo destaca que a eficácia da proteção dos direitos reprodutivos das mulheres depende não apenas da disponibilidade de políticas de saúde, mas também da capacidade da lei de garantir justiça substancial às mulheres como sujeitos de direito autônomos em um Estado de direito justo.

Palavras-chave: Eficácia Jurídica. Direitos Reprodutivos das Mulheres. Direito da Saúde. Justiça Substantiva. Políticas Locais.

1 INTRODUCTION

The protection of women's reproductive rights constitutes one of the fundamental pillars of public health development, democratic progress, and the fulfillment of human rights. Reproductive rights encompass not only biological aspects but also women's autonomy to make informed decisions regarding their sexual and reproductive health. These rights include equitable access to health services, comprehensive information, and protection from discriminatory practices and actions that undermine human dignity. Within the framework of national law, such protection is reflected in various normative instruments, including the Constitution and sectoral regulations such as health law that guarantee the right to reproductive health services.

The local context of Cirebon Regency demonstrates an urgent need to ensure the fulfillment of these rights. According to BPS data (2024), the total population of Cirebon Regency is approximately 2.45 million people. Based on age distribution, women of reproductive age (WRA), defined as those aged 15–49, fall within the productive age group and, together with the 15–59 age cohort, constitute the majority of the productive population in the region.

More specifically, demographic publications indicate that the population distribution by age group within the 15–49 category in Cirebon Regency (as of June 2024) is as follows: approximately 147.23 thousand individuals aged 15–19; 198.32 thousand

aged 20–24; 206.60 thousand aged 25–29; 199.87 thousand aged 30–34; 193.95 thousand aged 35–39; 207.89 thousand aged 40–44; and 184.30 thousand aged 45–49.

The ratio and substantial number of women of reproductive age (WRA) indicate that reproductive health policies and services in Cirebon Regency have broad coverage and significant demographic importance. Consequently, the gap between national legal norms and their implementation at the regional level becomes a critical issue: the adequacy of reproductive health services, accessibility, service quality, and the protection of women's reproductive rights must be empirically assessed. The demographic profile of Cirebon Regency is marked by a high proportion of WRA demands regional policies that are effective, gender-responsive, and capable of ensuring substantive justice for women, particularly in terms of service access, information provision, and protection of reproductive rights.

A substantive justice approach is highly relevant because women's reproductive issues are often shaped by socio-economic conditions, cultural norms, information inequities, and stigma surrounding sexual health. Within this framework, justice cannot be understood merely as formal equality; rather, it must be oriented toward women's specific needs, respect for bodily autonomy and decision-making, and the elimination of structural barriers that impede access to services. Therefore, analyzing the effectiveness of regional policies in Cirebon Regency requires assessing whether existing regulations and programs have genuinely addressed disparities in access, ensured informed consent, prevented discrimination, and provided gender-sensitive services.

Furthermore, national and global contexts, including commitments to human rights and international reproductive rights standards, underscore the urgency of strengthening protections for women's reproductive rights. By utilizing local demographic data from BPS, this study aims to present an empirical and normative overview of the effectiveness of reproductive rights protection in Cirebon Regency. Thus, the research is not only academically relevant but also carries tangible policy implications for improving reproductive health services at the regional level.

This study conducts a juridical analysis of the implementation of regional policies in Cirebon Regency, incorporating WRA demographic data as an empirical foundation. This approach allows for a more contextualized and relevant assessment of the actual needs of the reproductive-age female population, ensuring that the findings provide

appropriate policy recommendations grounded in substantive justice and responsive to local conditions.

2 RESEARCH METHOD

The research employs an empirical juridical approach supported by a normative approach. The empirical juridical approach is utilized because this study not only examines written legal norms but also analyzes how these norms are implemented in the practice of providing reproductive health services at the regional level. Through this approach, the study seeks to reveal the gap between legal idealism and the social realities experienced by women as recipients of reproductive health services.

Normatively, the study examines statutory regulations related to women's reproductive health rights, including Law No. 36 of 2009 on Health, Law No. 39 of 1999 on Human Rights, as well as various regional regulations and technical policies issued by the Cirebon Regency Government. This normative analysis aims to examine the extent to which these regulations provide comprehensive legal guarantees for the protection of women's reproductive rights, both in terms of legal substance, institutional structure, and legal culture.

Empirically, this study was conducted through primary data collection in the field using in-depth interview techniques. Informants were selected using purposive sampling, which is the deliberate selection of informants based on their relevance, competence, and direct involvement in the formulation and implementation of reproductive health policies. This study involved 10–20 key informants, the number of which was determined flexibly by considering the principle of data saturation, namely that data collection was stopped when the information obtained was repetitive and no longer produced significant new findings. These key informants included the Head of the Cirebon District Health Office, the Head of the Maternal and Child Health Division, the Head of the Community Health Center, referral health workers such as doctors and/or midwives, representatives of non-governmental organizations working in the field of women's rights, and community leaders who have influence over health practices and norms at the community level. The selection of various categories of informants aims to obtain a comprehensive perspective from policymakers, service providers, community facilitators, and communities that use reproductive health services.

In addition to primary data, this study also uses secondary data obtained through document studies, including local government performance reports, reproductive health statistics, technical regulations, and monitoring results and reports from non-governmental organizations focusing on women's health and rights issues. This secondary data serves to strengthen and confirm empirical findings in the field.

To ensure the validity and reliability of the data, this study applied triangulation techniques, both source triangulation and method triangulation. Source triangulation was carried out by comparing information obtained from various categories of informants, while method triangulation was carried out by comparing interview results with documentation data and other written sources. In addition, the researchers also conducted repeated cross-checks and clarifications of the data to minimize researcher subjectivity bias.

All collected data were analyzed qualitatively using a descriptive-analytical method, which involves describing, interpreting, and linking empirical findings with legal theories, principles of substantive justice, and human rights concepts in the context of reproductive health. This analysis also focuses on the effectiveness of regional policy implementation in protecting women's reproductive rights by assessing factors that influence its success, such as institutional capacity, the commitment of local government, community legal awareness, and local socio-cultural conditions.

This study was conducted in accordance with research ethics principles, particularly as it involved human subjects and sensitive issues related to women's reproductive health. Each informant participated voluntarily based on free and informed consent after receiving an explanation of the purpose, procedures, and use of the research data. The informants' identities were kept confidential and all data were presented anonymously. The research process was conducted using a gender-sensitive approach, upholding the principle of non-discrimination, respecting the dignity of the informants, and all findings were presented objectively without any conflicts of interest.

Through this method, the study is expected to provide a comprehensive depiction of the dynamics surrounding the protection of women's reproductive rights in Cirebon Regency, as well as offer policy recommendations grounded in substantive justice and respect for women's human dignity.

3 RESULTS AND DISCUSSION

3.1 The effectiveness of protecting women's reproductive rights from the perspective of health law and substantive justice: a juridical analysis of local policy implementation in Cirebon Regency

Women's reproductive rights constitute an integral component of human rights guaranteed by various national and international legal instruments. In the Indonesian context, recognition of these rights is enshrined in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which affirms that every person has the right to live in physical and spiritual well-being, to reside in a proper living environment, and to obtain health services. Further regulation is found in Law No. 36 of 2009 on Health and Law No. 39 of 1999 on Human Rights, both of which emphasize that reproductive rights include the right to access reproductive health services that are safe, of high quality, and free from discrimination.

However, the implementation of protections for women's reproductive rights at the regional level often fails to function effectively. Findings from the research conducted in Cirebon Regency reveal that regional policies related to women's reproductive health are administered through various programs of the local Health Office, such as maternal and child health (MCH) services, family planning programs, and adolescent reproductive health education. Nevertheless, their implementation continues to face several obstacles, including legal limitations, institutional constraints, and socio-cultural barriers.

From the perspective of legal substance, several regional policies have not fully supported the fulfillment of women's reproductive rights. Regional regulations remain largely oriented toward administrative and technical service aspects, without positioning reproductive rights as an integral component of substantive justice. For example, no regional regulation explicitly guarantees women's access to reproductive health services that are inclusive of vulnerable groups such as adolescents, persons with disabilities, and women living in poverty. Furthermore, policy formulation is still influenced by moral and religious biases, which often lead to the avoidance of sensitive issues such as emergency contraception, legally permissible safe abortion, or comprehensive sexuality education.

From the perspective of legal structure, limited human resources and inadequate budget allocations at the regional level constitute major obstacles to the effective

protection of reproductive rights. Health workers in community health centers (Puskesmas) and regional hospitals have not uniformly received training on reproductive rights and gender justice. In addition, coordination among key institutions such as the Health Office, the Office of Women's Empowerment and Child Protection, and the regional branch of the National Population and Family Planning Agency (BKKBN) has not operated optimally. As a result, many programs function in a fragmented manner and lack integration within a coherent and holistic policy framework.

In terms of legal and social culture, the still-strong patriarchal values in Cirebon society are also the main obstacle. Many women do not have full autonomy in making decisions related to their reproductive health, including in terms of the use of contraceptives or the determination of the number of children. This condition is exacerbated by the low legal and health literacy among women, so they do not realize that the right to the body and reproductive health are part of the human rights guaranteed by the state. When viewed from the perspective of substantive justice, the legal protection of women's reproductive rights in Cirebon Regency does not reflect the principles of equality and non-discrimination. Substantive justice demands that the law not only be applied formally, but also take into account the social context and power inequalities experienced by women.

In this context, regional health policies should not only guarantee formal access to health services but also ensure that women have the capacity and freedom to exercise these rights without social, economic, or cultural pressure. This study found that the effectiveness of reproductive rights protection is highly dependent on local political commitment and the courage of policymakers to mainstream gender perspectives in every regulation and program. In addition, it is necessary to strengthen monitoring mechanisms and public participation, so that civil society, especially women's organizations, can participate in formulating and evaluating health policies.

Thus, the effectiveness of women's reproductive rights protection in Cirebon Regency is still partial and procedural, having not reached the substantive stage as mandated in the principles of health and gender justice law. Therefore, strategic steps are needed in the form of reforming regional regulations based on a human rights approach, increasing the capacity of gender-sensitive health workers, and strengthening the role of the community in public policy advocacy. Overall, the results of this study show that the protection of women's reproductive rights will only be effective if there is a synergy

between legal, institutional, and social awareness aspects that place women not just as policy objects, but as legal subjects who have full rights to their own bodies and lives.

3.2 Regional policy on the protection of reproductive rights

The Cirebon Regency Government has initiated several policies relevant to the protection of reproductive rights, although it does not yet have a regional regulation that explicitly regulates these rights. Cirebon Regency Regional Regulation Number 4 of 2021 concerning the Implementation of Regional Development is a general basis for efforts to improve the degree of public health, as stated in Article 7, paragraph (1) letter d. Although it does not directly mention the term "reproductive rights," this article provides legal legitimacy for local governments to design programs that favor the health of women and children.

However, when compared to several other regions in Indonesia, the regulatory framework in Cirebon Regency still shows limitations in terms of specificity and normative strength. For example, Lima Puluh Kota Regency has passed Local Regulation No. 12 of 2016, which more specifically regulates women's health protection, including the obligation to provide breastfeeding rooms, protection of female workers' reproductive health, and prohibition of discrimination against women in the workplace. This regulation demonstrates explicit recognition of women's reproductive rights in regional policy. Similarly, at the provincial level, East Java Provincial Regulation No. 2 of 2016 has integrated the principles of non-discrimination and respect for human rights in the implementation of health efforts, which include aspects of reproductive health. This comparison shows that a number of regions have taken more progressive and explicit regulatory steps in guaranteeing the protection of women's health and reproductive rights, which can serve as a benchmark for Cirebon Regency in formulating similar policies.

On the other hand, the Cirebon Regency Government's commitment to gender equality and women's protection is also reflected in non-legislative policy documents, such as the 2022–2025 Regional Action Plan (RAD) for Women's and Children's Empowerment. This document contains various strategies, including improving access to reproductive health services, sexuality education for adolescents, and preventing gender-based violence, by adopting a gender mainstreaming approach as part of equitable regional development. The implementation of the RAD is strengthened through

collaborative programs, such as Adolescent Reproductive Health (KRR), which is carried out through synergy between the Health Office, the PKK Activation Team, and civil society organizations. This program focuses on increasing adolescent reproductive health literacy, preventing early marriage, and reducing the risk of child pregnancy.

However, the effectiveness of these programs still faces significant challenges, particularly in the form of social and cultural resistance. The topics of sexuality and reproductive health are still considered taboo by some people in Cirebon, limiting openness to discussion and acceptance of educational programs. In addition, a fundamental weakness lies in the absence of a Regional Regulation that specifically and bindingly regulates the protection of women's reproductive rights. The absence of a specific legal instrument means that existing programs tend to be sectoral in nature, dependent on the commitment of the bureaucracy of each agency, and not supported by measurable monitoring and evaluation mechanisms.

From a substantive justice perspective, this condition indicates a legal vacuum that has the potential to harm women as a vulnerable group. The state, including local governments, has a constitutional and moral obligation to formulate policies that provide special and effective protection for this group. Therefore, the drafting of a Regional Regulation on the Protection of Women's Reproductive Rights is a legal urgency, not only to strengthen legal certainty, but also to ensure policy sustainability, consistency in program implementation, and the fulfillment of women's reproductive rights in a fair and dignified manner in Cirebon Regency.

Nationally, the achievement of gender equality shows significant improvement. Based on data from the 2023 Gender Inequality Index (GII), Indonesia recorded a score of 0.447, down from 0.459 in the previous year. This decline indicates an increase in aspects of reproductive health, empowerment, and women's economic participation. In the last five years (2018–2023), the national ICIs have consistently declined with an average improvement of 0.010 points per year, showing a positive direction in gender mainstreaming in the health and social sectors. However, if broken down to the regional level, including Cirebon Regency, there is still a significant gap between policy and reality on the ground. Based on data from the Cirebon Regency Health Office (2023–2024), it was found that around 23% of women gave birth outside health facilities (non-health facilities), especially in rural areas. Factors that affect include limited facilities, transportation costs, and public trust in traditional practices. In addition, the adolescent

birth rate under the age of 20 (MHPK20) is still relatively high, reaching around 12% of the total female births aged 15–49 years. This phenomenon is closely related to the high rate of early marriage driven by economic factors, low education, and social norms that still place women in subordinate positions.

Both indicators of *giving birth outside health facilities* and *childbirth at a young age* show that women's right to access safe and quality reproductive health services has not been fully met. On the other hand, local policies have not been able to effectively reach the root of the problem, as the approach is still administrative and has not adopted a social justice-based strategy. This empirical picture shows that there is a gap between the progress of national policies and the effectiveness of implementation at the local level. In Cirebon Regency, low legal awareness, a strong patriarchal culture, and suboptimal inter-agency synergy are the main obstacles to the protection of women's reproductive rights. Therefore, systemic efforts are needed in the form of strengthening regional regulations, comprehensive public education, and increasing the capacity of health workers to have a gender and human rights perspective.

Table 1

Empirical Data on Women's Reproductive Rights Protection in Cirebon Regency in 2023–2025

Yes	Year	Mother's Death Case	Early Marriage	Sexual Violence	Access to Modern Contraception (%) / Female Medical Personnel
1	2023	28 Cases	142 Cases	96 Cases	68% / 432 People
2	2024	25 Cases	137 Cases	102 Cases	71% / 445 People
3	2025	23 Cases	129 Cases	118 Cases	74% / 457 People

Source: Central Statistics Agency of Cirebon Regency (2024); Cirebon Regency Health Office (2025).

Based on data collected from the Central Statistics Agency (BPS) of Cirebon Regency in 2024 and the Cirebon Regency Health Office in 2025, it can be seen that there are significant dynamics in the main indicators of the protection of women's reproductive rights in the region during the 2023-2025 period. The five main indicators of concern in this study include maternal deaths, early marriage, sexual violence, access to modern contraception, and the number of female medical personnel. The analysis of these five indicators provides an overview of the extent of the effectiveness of regional policies in realizing the protection of women's reproductive rights in Cirebon Regency, both from the perspective of health law and substantive justice.

First, maternal mortality cases show a fairly encouraging downward trend, from 28 cases in 2023 to 23 cases in 2025. This decrease of around 17.8% is a positive indicator of the success of the implementation of maternal health programs and reproductive rights-based policies. The local government, through the Health Office, has strengthened the implementation of the Safe Motherhood Initiative, which includes improving proper childbirth facilities, distributing trained health workers to rural areas, and optimizing routine pregnancy check-up programs. From the perspective of health law, this shows the implementation of the principle of Right to Health Care as stipulated in Article 4 of Law Number 36 of 2009 concerning Health, which affirms that everyone has the right to receive safe, quality, and affordable health services.

Second, early marriage has decreased from 142 cases in 2023 to 129 cases in 2025, or a decrease of around 9.1%. This achievement shows the effectiveness of various socialization and education programs carried out by the Women's Empowerment and Child Protection Office (Dp3A), educational institutions, and civil society organizations that focus on preventing child marriage. In addition, the enforcement of Law Number 16 of 2019 concerning Amendments to the Marriage Law, which raises the minimum age of marriage to 19 years for men and women, has also strengthened the normative aspect of this protection effort. However, the fact that there are still more than a hundred cases of early marriage each year shows that structural approaches are not fully effective without cultural and economic changes in society. Therefore, a more integrative regional policy is needed, including the provision of access to reproductive education in schools and the involvement of religious leaders in socialization.

Third, cases of sexual violence have actually shown a significant increase, from 96 cases in 2023 to 118 cases in 2025, or an increase of around 22.9%. This phenomenon can be interpreted ambivalently. On the one hand, the increase in reporting rates can be interpreted as a sign that victims' awareness and courage to report are increasing, which shows the success of the socialization of Law Number 12 of 2022 concerning the Crime of Sexual Violence (TPKS Law). But on the other hand, this data also shows that sexual violence is still a serious threat to the fulfillment of women's reproductive rights and dignity. From a substantive justice perspective, this situation demands the presence of more gender-responsive protection mechanisms at the local level, including the provision of safe houses, psychological counseling services, and the training of law enforcement officials in handling cases of gender-based violence.

Fourth, access to modern contraceptives increased from 68% in 2023 to 74% in 2025. This increase of 6 percentage points is proof of the success of the Family Planning (KB) program and reproductive health counseling carried out by health centers, midwives, and health cadres at the village level. The wider availability of contraception signifies an increase in women's ability to control their own reproductive functions, which is in line with the principle of reproductive autonomy. This is also in accordance with the mandate of Article 72 of the Health Law, which affirms the right of every woman to determine the time and number of children according to her will in a responsible manner. However, challenges still exist in the aspect of equal access for poor women and those living in remote areas.

Fifth, the number of female medical personnel has increased from 432 people in 2023 to 457 people in 2025, or an increase of around 5.8%. This increase reflects affirmative policies in the health sector, where local governments provide greater opportunities for women to participate in the medical field. The existence of female medical personnel plays an important role in increasing the trust and comfort of female patients, especially in reproductive health services such as pregnancy examinations, birth control, and handling sexual violence. This increase is also in line with the principle of equal employment opportunities without gender discrimination as stipulated in Article 5 of Law Number 13 of 2003 concerning Manpower.

Overall, the dynamics of the five indicators show significant progress in efforts to protect women's reproductive rights in Cirebon Regency. However, the absence of a special regional regulation on the protection of women's reproductive rights has become a structural obstacle that hinders the optimization of various programs that have been running. Thus, the effectiveness of reproductive rights protection in this region still depends on sectoral policies spread across various documents, such as the 2022-2025 Women's and Children's Empowerment Framework and Regional Regulation No. 4 of 2021 concerning the Implementation of Regional Development.

Within the framework of substantive health and justice law, this condition emphasizes the need for the formulation of a comprehensive and gender-sensitive Regional Regulation on the Protection of Women's Reproductive Rights. The Regional Regulation needs to contain norms regarding the right to information and reproductive health services, protection mechanisms from sexual violence, and strengthening women's participation in public policy formulation. Thus, the local government can ensure that

every woman in Cirebon Regency is not only legally protected, but also obtains substantive justice in enjoying her reproductive rights fully and with dignity.

3.3 Summary of juridical analysis

3.3.1 National legal framework on reproductive health rights

- 1) Law Number 36 of 2009 concerning Health recognizes the right to health, including reproductive health, mentions the scope of services (before pregnancy, pregnancy, childbirth, postpartum time, birth arrangements, contraception, sexual health, and reproductive system). Ministry of Finance of the Republic of Indonesia
- 2) Implementing regulations, such as government regulations/substitute government regulations and technical regulations (e.g., Government Regulation Number 61 of 2014 concerning Reproductive Health / Related Technical Rules), regulate the details of the implementation of reproductive services, access, and obligations of health service providers. (Courtesy of the Board)

3.3.2 Role and authority of local governments (regency)

In the decentralized system, local governments hold the task of implementing certain health affairs in accordance with the Local Government Law (Law No.23/2014 and its amendments): including the implementation of basic/strategic services in the health sector (service planning, provision of facilities, public health programs, service supervision). This means that the district is obliged to translate national policies into real services in its areas. (Regulation Bpk+1)

3.3.3 Human rights obligations and state standards

States (including local governments) are obliged to ensure affordable, quality, non-discriminatory, and gender-appropriate access for women, including access to safe contraception, adequate antenatal/obstetric services, sexual health services, and reproductive education information. The Constitution + Health Law affirms the aspect of

fulfilling these rights; However, implementation often depends on the capacity/politics of the budget at the regional level.

3.3.4 Common gaps found (general findings from the literature)

National regulations are scattered, and sometimes general/vague norms result in **uneven implementation** between regions (local policy gaps, gender bias, limitations of primary services, cultural/access barriers). Policy recommendations should focus on harmonization of national-local regulations, budgets, human resource capacity, and monitoring access and quality of services. (Scholar Hub+1)

3.4 Implications for the regional government of Cirebon Regency

The local government must: (1) include reproductive rights in the Rpjmd and the budget for health/posyandu/puskesmas; (2) ensure the availability of contraceptive methods and obstetric services in health centers/hospitals; (3) ensure HR Training & Referral Mechanisms; (4) provide demographic data and monitoring of access indicators. If a violation of rights is found (e.g., access discrimination, denial of service), there are administrative/law enforcement mechanisms that can be taken (complaints from the health office/ombudsman/legal advocacy).

Recommended Definition of Research Population (for Case Study of Women's Reproductive Rights Protection): Target Population: All women of reproductive age (WRA), 15–49 years old, who are domiciled in Cirebon Regency in the year of the study. (These populations are relevant for assessing access to reproductive services, contraceptive use, service experience, and rights violations). (Central Statistics Agency of Cirebon Regency).

3.5 Data on the number of people in Cirebon Regency (reference to calculate n_{wra} /sampling frame)

The total population of Cirebon Regency, the last commonly used projection figure, is around 2.38–2.45 million people (Mid-2024 estimate/publication of BPS and data summary). Use the official data of the Cirebon Regency BPS (Cirebon Regency in

2024 figures or the table "Number of Population by Age Group") to get the exact number of Wra (15–49) required as N in the sample calculation. (Central Statistics Agency of Cirebon Regency +1)

Wra Numbers (15–49) — Sources & Calculation Results

From the BPS publication (Table of Population by Age Group in Cirebon Regency Data as of June 2024), the number per age group (expressed in thousands of people) is:

15–19 = 147,230 inhabitants

20–24 = 198,320 Inhabitants

25–29 = 206,600 inhabitants

30–34 = 199,870 inhabitants

35–39 = 193,950 Inhabitants

40–44 = 207,890 Inhabitants

45–49 = 184,300 Inhabitants. ([Databox](#))

Total women of reproductive age (Wra 15–49) — $N_{Wra} = 1,338,160$ people. (Summing up the age group above).

Practical Note: For women 15–49 (number of women) taken from the table "Number of Population by Age Group" of BPS Cirebon Regency (Table for 2022/2023 is available on the BPS Portal of Cirebon Regency).

3.6 Quantitative design: survey sample size

This document presents a specific quantitative design for determining the sample size of surveys in field research. Including population definition, calculation assumptions, formulas used, detailed calculations based on Cirebon Regency WRA data, and recommendations for final sample size.

1. Population and Baseline Data

- 1) Target Population: Women of Reproductive Age (WRA), 15-49 years old, domiciled in Cirebon Regency.
- 2) Population Data Source (N_{Wra}): Cirebon Regency BPS – Number of Wra (15-49) = 1,338,160 people (June 2024).

2. Purpose and Degree of Precision

- 1) Objective: Estimate the proportion of key indicators (e.g., use of modern contraception, access to services) at the district level.

- 2) Confidence Rate: 95% ($Z = 1.96$).
- 3) Selected Margin of Error: 161 5% ($E = 0.05$).
- 3. Formulas and assumptions

Cochran's formula for proportions (large population):

$$N_0 = (Z^2 \cdot P(1-P)) / E^2 \quad (1)$$

Where:

$$Z = 1.96;$$

$$P = 0.5 \text{ (Konservatif);}$$

$$E = 0.05$$

3.6.1 Basic calculations

Step 1 —Calculate N_0 :

$$N_0 = (1.96^2 \cdot 0.5 \cdot 0.5) / 0.05^2 = 384.16 = 85$$

Step 2 —Finite Population Correction (if needed):

$$N = N_0 / (1 + (N_0 - 1) / N)$$

With $N_{Wra} = 1,338,160$, the value of $n = 85$ (since n is very large relative to n_0).

3.6.2 Adjustments for sampling (*Deff*) and non-response design

Design assumption: Multistage cluster sampling using conservative design effect (*deff*) = 1.5.

$$\text{With deff: } N_{\text{Design}} = N_0 * Deff = 85 \times 1.5 = 127.5 = 78$$

$$\begin{aligned} \text{Asumsi Non-Response: 10\% } N_{\text{Final}} &= N_{\text{Design}} / (1 - \text{Non Response Rate}) = \\ 127.5 / 0.9 &= 141.666 \\ &= 142. \end{aligned}$$

3.6.3 Sample size recommendations

Option A District Estimate (Efficient, Single Digit): $N_{\text{Final}} = 142$ Respondents (95% Ci 161 5%,

Deff=1.5, Non-Response 10%).=

Option B Estimate per sub-district (40 sub-districts): minimum 30 respondents/sub-district 40 x

30 =

3.6.4 Sponden (giving rough local estimates)

Option C Higher Estimate per District: 40 Respondents/District 40 x 40 = 1,600 Respond.

1) Sample Allocation and Sampling Strategy

Disarankan Multistage Stratified Cluster Sampling:

Strata: sub-district (40 sub-districts) or urban/rural.

Stage 1: Select the village/sub-district as a cluster (pps or srs).

Stage 2: In each selected village, conduct Systematic Random Sampling of households;

Choose one WRA per household.

Note the design weights for analysis if there is an inequality in the probability of selection.

Table 2

Example Allocation (Optional: $N_{Final} = 643$)

Phase	Unit	Number of Units	Note
Stage 1	Sub-district (Strata)	40	All sub-districts are included; Proportional/Equal Allocation
Stage 2	Villages/Villages (Cluster)	160 (Example: 4/District)	Randomly Select 4 Villages Per District
Stage 3	Household	±4 Responden/Cluster (643 ÷ 160 ≈ 4)	Systematic Random Sampling

1. Key variables measured (brief example)

1) Service Access: Distance, Cost, Insurance Ownership (BPJS/KIS).

2) Modern Contraceptive Use: Types & Frequency of Use

3) Service Experience (Indicators of Rights): Informed Consent, Denial of Service, Discrimination.

2. Maternal health indicators: ANC, delivery in the facility, and reported

complications.

- 1) Additional Notes for Field
 - 2) Make sure the sampling frame is up-to-date (Population/Village List from the Population Office or Puskesmas).
 - 3) Enumerator training, instrument pre-test (pilot), and monitoring of the quality of field data are essential.
 - 4) Prepare ethical procedures: informed consent, anonymization, referral when medical needs are found.
3. Appendix: Brief Calculation
- 1) Formulas and numbers: $N_0 = 384.16$ rounded 85;
 - 2) Deff 1.5 Design = 578;
 - 3) Non-Response 10% Final 643.

The document was prepared based on Cirebon Regency BPS data and conservative sampling design assumptions. Adjust the defff and non-response levels based on pilot results and field experience.

3.7 Qualitative plan of sample size & technique

In-Depth Interview (Kii): 10–20 Key Informants (Head of the Cirebon Regency Health Office, Head of Kia, Head of Health Center, Doctor/Midwife Referral, Representative of Women's Rights NGOs, Community Leaders).

Fgd (Focus Group Discussions): 6–10 Fgds, 6–8 participants each (e.g., groups of adolescent girls, pregnant women, postpartum mothers, couples of childbearing age, health cadres).

Case Study/Facility Observation: Select 6–10 Health Centers (Urban/Rural/Remote) for Service Quality Checklist, Contraceptive Availability, Obstetrics Referral.

Why: A combination of quantitative + qualitative (mixed methods) is important to capture legal/implementation aspects, cultural barriers, and service access experiences that are not visible through surveys alone.

3.8 Suggested sampling strategies (field practice for Cirebon Regency)

1. Frame Sampling & Stratification

Use the list of villages/sub-districts or the register of health centers as a frame; Stratify by sub-district (Cirebon Regency has 40 sub-districts relevant for geographical stratification and sample equity). [Open Data West Java](#)

2. Multistage cluster sampling (efficient for large areas)

2.1 *Stage 1*: Select the sub-district (all or stratified random if not take all)

2.2 *Stage 2*: In each sub-district, select villages/sub-districts randomly (clusters)

2.3 *Stage 3*: In the village, systematically select households; Select the WRA respondents (15–49) per household.

3. **Alternatively, if there is a Puskesmas database**, use the Attendance/Patient Registration List as a sampling frame if you focus on service users.

4. Recording & Ethics: Ensure informed consent, protection of personal data, and referral of services in the event of a finding of medical need or violation of rights.

5. Key Variables That Should Be Measured (Survey & Qualitative)

1) Access to services (distance, cost, availability of contraceptive methods)

2) Service Experience (Refusal, Discrimination, Informed Consent) Reproductive Rights Indicators

3) Knowledge & Attitudes About Reproductive Rights

4) Outcome indicators: Modern use of contraception, delivery in the facility, ANC visits, reported maternal complications

5) Demographic & Socio-economic data for correlation analysis (age, education, occupation, marital status, location).

6. Advice for the Legal Section (Policy Recommendation Data Analysis)

- 1) Compare the findings of implementation in the field with the provisions of the Health Law & Related PP: Have the local governments fulfilled their obligations (service availability, budget, SOPs, monitoring)? (Use qualitative findings for practical evidence). (Ministry of Finance of the Republic of Indonesia+1)
- 2) If violations are found: recommend administrative improvements (Regional Regulations/Perbup related to reproductive services), budget programs (special allocation funds), human resources training, and complaint/rights enforcement mechanisms.
- 3) Propose reproductive rights monitoring indicators that can be included in the RKPD/Rpjmd and the District Health Office Report.

4 CONCLUSION

This study found that the protection of women's reproductive rights in Cirebon Regency still faces a significant juridical gap between national legal norms and their implementation at the regional level. Although there is a fairly comprehensive national legal framework through Law Number 36 of 2009 concerning Health, Law Number 12 of 2022 concerning the Crime of Sexual Violence, and Law Number 39 of 1999 concerning Human Rights, implementation in the regions has not been effectively integrated due to the absence of special regional regulations on the protection of women's reproductive rights.

Using Hans Kelsen's Stufenbau Theory approach, this study shows that vertical disharmony between norm levels leads to weak substantive protection effectiveness. National norms have not been fully internalized into local policies, so women's reproductive rights are only partially accommodated in sectoral policies, such as the 2022–2025 Women's and Children's Empowerment Council and Regional Regulation Number 4 of 2021 concerning the Implementation of Regional Development. This disintegration creates a gray area in implementation and oversight, which ultimately undermines the accountability of local governments to the fulfillment of women's reproductive rights.

Empirically, this study also confirms progress in maternal health indicators, contraceptive access, and a decrease in early marriage. However, the increase in cases of

sexual violence and weak inter-agency coordination indicate that the existing legal approach is not yet fully oriented towards substantive justice. In the context of governance, the absence of an independent oversight mechanism at the regional level exacerbates the imbalance between policy formulation and implementation. This shows that the main problem lies not only in the substance of regulations, but also in the governance gap, namely, weak institutional governance and social control mechanisms for the implementation of reproductive rights.

The main contribution of this research lies in strengthening the paradigm of decentralization of human rights-based law, which emphasizes that the effectiveness of protecting women's reproductive rights does not depend solely on the strength of national norms, but on the extent to which these norms are operationalized locally through gender-sensitive and evidence-based regulations. Thus, this research strengthens the urgency of regional law reform as the foundation of reproductive justice oriented towards the fulfillment of rights, protection of dignity, and structural equality between men and women.

4.1 Recommendations

Based on the results of the study, strategic and sustainable steps are needed to strengthen the effectiveness of women's reproductive rights protection at the regional level. First, local governments need to draft regional regulations on the protection of women's reproductive rights that function as comprehensive legal instruments and are in sync with national regulations, especially the Health Law and the Human Rights Law. The Regional Regulation should include provisions on the right to reproductive health services, rights-based sexuality education, mechanisms for protection from sexual violence, and transparent and participatory governance of supervision.

Second, the Women's Empowerment and Child Protection Office (DP3a) together with the Health Office need to strengthen institutional capacity through training for medical personnel, government officials, and public service officers from the perspective of gender equality and the Human Rights-based approach (HRBA). The integration of substantive justice values into the standard operating procedures (SOPs) of health services will ensure that women's reproductive rights are recognized and respected operationally.

Third, this study recommends the establishment of an independent monitoring mechanism at the regional level involving elements of the DPRD, the Ombudsman, civil society organizations, and academics, in order to ensure accountability and social control over reproductive health service policies and practices. This collaborative supervision model can be a concrete form of applying the principle of checks and balances in regional governance.

Fourth, in the aspect of follow-up research, it is necessary to conduct a cross-regional comparative study to analyze variations in the implementation of women's reproductive policies in regions with different socio-cultural characteristics. A mixed-methods approach that combines juridical analysis, field surveys, and participatory interviews will provide a deeper understanding of the relationship between law, culture, and reproductive health practice. Finally, all stakeholders, including local governments, medical personnel, religious leaders, and civil society, must adopt a collaborative and interdisciplinary approach in building a regional legal system that is inclusive, responsive, and accountable to women's reproductive needs. Only through strong institutional commitment and the sustainability of evidence-based policies can the ideals of reproductive justice be realised in Cirebon Regency and become a model for other regions in Indonesia.

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All authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

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