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Intersectional Feminist Community Transformation: Women's Reproductive Health Innovation Within Patriarchal Hegemony

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Abstract: Reproductive rights signify women's autonomy; however, many women still lack full control over their own bodies. Unequal gender norms often place women at a disadvantage in negotiating the use and control of their reproductive organs. Patriarchal hegemony reinforces women's subordination by restricting their rights to information, access to healthcare services, and control over their bodily autonomy. Health systems that are not grounded in gender equality frequently fail to address women's specific needs, leading to limited access to essential reproductive health information and services. This study aims to examine and analyze community transformation through an intersectional feminist approach, focusing on women's reproductive health innovations as a means to promote gender equality within patriarchal structures. The research employs a normative–empirical legal method, combining doctrinal analysis with field investigation. Primary data were collected through open-ended and in-depth interviews with selected participants, and analyzed qualitatively to explore women's experiences, perceptions, and constraints regarding reproductive rights. The findings reveal that women's understanding of and access to reproductive health rights in Sumbawa remain constrained by entrenched patriarchal norms, low literacy levels, gender-insensitive healthcare services, and minimal male involvement in family planning programs. Nonetheless, initiatives such as the *Ayah Asih* (Caring Fathers) program and *posyandu remaja* (youth health posts) have been introduced to foster gender equality and increase reproductive health awareness. Although women's reproductive rights are legally recognized in Indonesia, their implementation remains limited, and women continue to face significant challenges in asserting their reproductive autonomy.

Keyword: Feminism, Patriarchy, Innovation, Reproductive Rights, Transformation

INTRODUCTION

Reproductive rights are an integral part of human rights recognized by national law, international human rights law, and various international agreements and conventions. These rights embody women's autonomy; however, not all women have full control over their own bodies. Women remain among the most marginalized groups within patriarchal cultures. Patriarchy has long been embedded in the family structure in Indonesia and continues to

influence decision-making processes in both social and health-related matters (Sari, D. P., 2023). The inequality of gender norms hinders women's ability to exercise control over their reproductive organs. Patriarchal domination further undermines efforts to fulfill women's reproductive health rights. Perceptions of women's bodies, sexuality, and health are shaped by intersecting social, economic, cultural, and political factors (Handayani & Sholehah, 2023).

According to global data, more than 200 million women worldwide lack adequate access to reproductive healthcare (Statistics, 2023). The maternal mortality rate remains as high as 189 per 100,000 live births (BPS, 2024). In Indonesia, the maternal mortality ratio (MMR) increased in 2023 to approximately 305 per 100,000 live births. This figure still falls short of the national target of 183 per 100,000 live births by 2024. The persistently high maternal mortality rate is largely attributed to limited access to healthcare services, low levels of reproductive literacy, and prevailing social norms that restrict women's decision-making power in matters related to reproductive health (Kementerian Kesehatan, 2024).

Patriarchal hegemony reinforces women's subordination by restricting their rights to information, access to healthcare services, and control over their own bodies. Women from marginalized groups—such as those with low income, survivors of gender-based violence, and minority communities—face even greater barriers in accessing equitable and high-quality reproductive healthcare services (Wulandari & Hadi, 2024). Health systems that are not grounded in gender equality often fail to recognize women's specific needs, resulting in limited access to essential information and services necessary for their reproductive well-being. Feminism has emerged as a movement advocating for equal rights between men and women. This ideology originates from the belief that women have experienced injustice and discrimination in various aspects of life due to their gender (Suhada, 2021). In Indonesia, the feminist movement faces significant challenges, including cultural and social resistance to gender equality and a general lack of public understanding of feminist principles. These challenges are further exacerbated by deeply rooted patriarchal values that position women in subordinate roles. Nevertheless, feminist movements continue to evolve through organizations and advocacy groups that highlight issues such as sexual violence, discrimination, and women's reproductive rights (Wibowo, 2022).

This condition forms a critical foundation for this study to formulate the main issues related to the understanding, access, and implementation of women's reproductive health rights. It also underscores the significance of feminist-based community roles in strengthening advocacy, education, and women's empowerment to promote gender equality in the field of reproductive health.

METHOD

This study employs a normative-empirical legal research method, which incorporates several approaches: the statute approach, the conceptual approach, and the sociological approach. Normative-empirical legal research is a type of legal study that examines the application or implementation of normative legal provisions (such as codifications, statutes, or contracts) within actual legal events occurring in society. The research was conducted in Sumbawa Regency, West Nusa Tenggara Province. The research subjects are divided into two groups: **Key informants:** including healthcare professionals, local government officials, NGO representatives, and academics. **Supporting informants:** including adolescents, housewives, women with disabilities, and survivors of gender-based violence. Data collection methods include in-depth interviews, focus group discussions (FGDs), observations, and document studies. Data obtained from literature reviews and field research are analyzed qualitatively.

RESULTS AND DISCUSSION

Results

The research findings reveal that women in Sumbawa continue to encounter significant barriers in understanding and accessing their reproductive health rights. These barriers are primarily shaped by the strong influence of patriarchal culture, low levels of health literacy, limited gender-responsive health facilities, and the minimal involvement of men in reproductive decision-making. Health professionals, particularly midwives, reported that although healthcare facilities are available and routine educational programs are conducted, medical decisions for pregnant women often still rely on the consent of husbands or family members. In emergency situations, this dependency frequently delays medical interventions, even though healthcare providers usually make efforts to persuade families to approve the necessary procedures. Nevertheless, the educational activities conducted remain largely focused on the technical aspects of reproductive health, without explicitly addressing issues of gender equality.

From the perspective of women, including housewives, survivors of sexual violence, and women with disabilities, bodily autonomy remains limited. Housewives tend to follow their husbands' decisions regarding contraceptive use due to economic constraints, transportation difficulties, and social pressure. Survivors of sexual violence perceive that health services are not yet fully safe or survivor-friendly, while women with disabilities face multiple layers of barriers, ranging from physical inaccessibility of facilities and limited access to information to healthcare providers who are not adequately trained to deliver inclusive services. Furthermore, adolescents have not yet received gender-responsive reproductive health education, either in schools or within their communities, making it difficult for them to access information relevant to their specific needs.

The local government, through the Office of Population Control, Family Planning, Women's Empowerment, and Child Protection (DP2KBP3A), has initiated several programs such as adolescent health posts (*posyandu remaja*) and the "Father's Breastfeeding Support Group" (*kelompok ayah ASI*) aimed at raising public awareness and promoting male involvement. However, the implementation of these programs remains limited and has not yet succeeded in shifting the prevailing patriarchal norms that position reproductive matters as the sole responsibility of women. DP2KBP3A also emphasizes that family planning programs should be viewed as a shared responsibility, although, in practice, reproductive decisions continue to be dominated by men. Moreover, the educational activities conducted remain too general and have not effectively reached vulnerable groups. Educational and training sessions are organized only in a few sub-districts, including Uma Sima, while other areas have yet to be covered. In addition, there is currently no regional regulation (*Perda*) that specifically addresses gender equality in the field of reproductive health in Sumbawa.

The main challenge faced by the DP2KBP3A lies in the deeply rooted patriarchal culture within Sumbawa society, which continues to position men as the primary decision-makers in matters of reproductive health. This situation is further exacerbated by limited funding and human resources, resulting in educational and mentoring programs that cannot yet be implemented evenly across all regions. Academics have highlighted a persistent gap between the regulations that protect reproductive rights and the realities on the ground. The entrenched patriarchal norms make it difficult to enforce such policies, while social identity factors—such as economic status, age, education level, and disability—further widen existing inequalities. At the community level, both women's solidarity organizations and the Islamic Student Movement of Indonesia (PMII) have carried out awareness campaigns on women's rights and gender equality; however, the issue of gender equality within reproductive health remains rarely addressed. This indicates that the discourse has not yet been fully integrated into grassroots movements.

Discussion

Women's Understanding and Access to Reproductive Health Rights in Sumbawa

The findings of this study reveal the significant challenges women face in gaining access to autonomy in reproductive health decision-making. These findings differ from normative approaches that emphasize individual freedom. Instead, the results demonstrate that autonomy is contextual and relational, strongly influenced by socio-cultural norms, power dynamics, and the quality of interactions with healthcare providers, particularly midwives. Globally, women remain among the most excluded groups. As cited in the *Human Development Report*, women are often excluded from positions of power despite constituting half of the adult population and contributing significantly to society both within and beyond the household (Rinda Putri & Nurratri Trisnaningtyas, 2025). Women play a vital role in the social and economic development of communities. However, in many countries, including Indonesia, women continue to face numerous challenges in accessing education, healthcare services, employment opportunities, and the protection of their rights (Apriani & Fikriana, 2023). Women's reproductive health rights are recognized both internationally and nationally as fundamental human rights. According to the United Nations Population Fund (UNFPA), women's reproductive rights include the right to control their own sexual and reproductive lives, the right to be free from discrimination, and the right to access reproductive healthcare services (Wulandari, 2015).

Gender equality is closely intertwined with reproductive health. Women, particularly in developing countries, continue to face structural barriers in accessing safe and dignified reproductive health services (Suriati Lubis, 2025). The categorization of the concept of reproductive health under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) highlights that CEDAW emphasizes women's autonomous right to make decisions regarding their reproductive health without interference from husbands, families, the state, or religious institutions (Nawawi, 2022).

However, women have not yet fully achieved autonomy over their own bodies in practice. Findings from the interviews indicate that women in Sumbawa continue to face substantial barriers in understanding and accessing their reproductive health rights due to the prevailing patriarchal culture. Although health facilities such as community health centers (*puskesmas*) and hospitals are physically available and relatively accessible, and reproductive health education programs are provided, the major obstacles arise from non-technical factors such as financial limitations, inadequate transportation, and cultural practices that restrict women's autonomy. In addition, insufficient privacy and limited consultation opportunities for women further exacerbate the issue.

In many emergency situations where pregnant women require immediate medical care due to high-risk conditions, the final decision still often depends on the husband's consent who may, at times, hesitate to grant approval. Nonetheless, through advocacy and education efforts by healthcare professionals, many husbands have begun to recognize the importance of medical decision-making for the safety of both mother and child. Furthermore, the limited knowledge of women's reproductive health and the absence of gender-sensitive healthcare services—such as safe spaces for survivors of sexual violence and domestic abuse—further constrain discussions on gender equality and reproductive health, particularly among adolescents and persons with disabilities (Winny Kirana Hasanah, 2025)

Men or extended families hold greater control over decisions related to pregnancy and contraceptive use within patriarchal cultures. This situation is further exacerbated by a healthcare system that continues to treat women as mere objects of service rather than as individuals with full bodily autonomy. Many women lack the ability to make medical decisions during pregnancy and childbirth, and it is not uncommon for them to experience obstetric violence, such as inappropriate treatment or medical procedures performed without their consent (Amraeni, 2022).

In addition, women are almost entirely responsible for childcare after childbirth, both socially and economically (Wulandari & Hadi, 2024). Many women lose employment or career opportunities because gender norms perceive women as primary caregivers. Women in the formal sector are increasingly marginalized due to the lack of supportive policies, such as adequate maternity leave, lactation rooms, and flexible working hours. This indicates that the reproductive cycle of women cannot be separated from the unequal social and economic systems in which it is embedded (Nursal, 2024).

This study also found that the emotional aspects related to reproductive decision-making are crucial. Emotions such as guilt, fear, and anxiety often influence women's decisions, even when they rationally understand what is best for themselves. This highlights that decision-making in reproductive health is inseparable from complex psychosocial dynamics (Kesehatan & Wallacea, 2025). Therefore, healthcare providers, particularly midwives, must be equipped with empathetic communication and counseling skills that not only convey information but also accommodate women's emotional uncertainties. The quality of the relationship between women and midwives is a key factor in shaping women's sense of autonomy—midwives who respect women's opinions and encourage active participation can enhance women's satisfaction, compliance, and sense of control over their reproductive decisions (Hasnawatty Surya Porouw, 2021).

To assess how public policies tend to focus on fertility control rather than women's empowerment, a gender analysis approach is essential. This demographic paradigm views women as instruments of population control rather than as individuals with the right to determine their own reproductive destinies. The structural bias embedded in health program formulation is further reinforced by the limited participation of women in the policymaking process (Suriati Lubis, 2025). Therefore, incorporating a gender perspective into the reproductive cycle requires a paradigm shift in public policy and healthcare systems. A rights-based approach is needed—one that recognizes human rights within reproductive health, including access to information, participation in decision-making, and protection from stigma and discrimination. In this regard, gender equality education should be integrated into health curricula at all levels to promote broader and more sustainable change (Suriati Lubis, 2025).

Gender injustice is both interrelated and dialectical. By creating gender inequality, men and women become isolated from one another. Eventually, both men and women grow accustomed to their gendered roles and come to believe that fulfilling these roles is natural. Reproductive rights encompass every individual's right to decide how many children to have and when to bear them, to access comprehensive sexual and reproductive health information and services, and to make decisions free from coercion or discrimination. However, in reality, reproductive health is still perceived primarily as women's responsibility, as childbirth and childcare are considered their "natural" duties. Moreover, men are rarely made aware of their shared role and responsibility in reproductive regulation, while women remain the primary subjects of contraceptive use. The state must ensure that men also participate and recognize that family planning is a shared responsibility (Rahmadyanti & Yamin, 2024).

The Role of Intersectionality Based Feminist Communities in Reproductive Health Service Innovation in Sumbawa

Social pressures and cultural norms often restrict women's autonomy in making reproductive decisions within patriarchal societies. Studies show that values of familial authority and collectivism dominate in Southeast Asia, resulting in reproductive decisions being based more on family consensus than on individual choice. This underscores the importance of adopting a culturally sensitive approach to reproductive health so that efforts to promote women's autonomy can align with the principles of the local community. Moreover, women are also influenced by emotional factors such as guilt, fear, and anxiety when making

decisions, even when they rationally understand what is best for their health (Kesehatan & Wallace, 2025).

The integration of feminist community perspectives—particularly intersectional feminism represents a strategic step toward ensuring reproductive health services that are equitable, responsive, and respectful of women’s rights as the primary subjects of their reproductive experiences. The active participation of intersectional feminist communities is crucial through public advocacy, education, and collaboration with healthcare professionals and religious leaders in developing community-based services that are sensitive to women’s needs. These efforts must also take into account intersecting social identities such as economic status, education, age, and disability (Vera Jenny Basiroen, 2024). However, in Sumbawa, intersectional feminist innovation in reproductive health has not yet received adequate attention. Although women’s communities actively voice issues of gender equality in general, specific discussions on reproductive health remain very limited. Gender equality education promoted by the DP2KBP3A has not been fully implemented in local communities and healthcare institutions. Consequently, awareness of the importance of gender justice in reproductive health remains low, reflecting a gap between discourse and actual practice. Positive innovations have emerged in Sumbawa, such as *Posyandu Remaja* (Youth Integrated Health Posts) and the “Ayah ASI” (Father for Breastfeeding) groups initiated by the DP2KBP3A to promote gender equality and provide support for women. However, the space for implementing gender equality within reproductive health services remains limited, posing a major challenge to achieving gender equity.

An intersectional approach helps to amplify the rights of vulnerable groups in a more comprehensive and participatory manner (Solehudin, 2022). Contextual innovations focused on women’s needs are required to address these challenges, including integrated education that combines feminist perspectives with cultural and religious elements. Gender-sensitive training is needed to improve healthcare workers’ understanding of social dynamics in medical practice, as well as community empowerment programs that involve traditional and religious leaders and support women’s groups. Cross-sectoral collaboration that brings together multiple stakeholders to design innovative and gender-responsive health programs is also essential. Through these efforts, gender equality can be realized in everyday life, giving women full control over their bodies and their health (Solehudin, 2024).

The Juridical Foundation and Implementation of Reproductive Health Rights from a Gender Equality Perspective

Reproductive health is a fundamental human right recognized both internationally and nationally. The *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)* serves as an international instrument that regulates the respect, fulfillment, and protection of women’s human rights. Indonesia ratified this convention through Law Number 7 of 1984 concerning the Ratification of the *Convention on the Elimination of All Forms of Discrimination Against Women*, thereby incorporating CEDAW’s provisions into national law. CEDAW forms the principal foundation for safeguarding women’s rights, including their reproductive rights. The protection of women’s reproductive rights in Indonesia is also regulated through various national legal instruments, including Law Number 17 of 2023 on Health, the Indonesian Criminal Code (KUHP), the Child Protection Law, and the Minister of Health Regulation Number 2 of 2025 concerning the Implementation of Reproductive Health Services. However, the implementation of these regulations continues to face significant challenges, such as disparities between national and local regulations, uneven enforcement, and the persistent influence of patriarchal culture that shapes societal perceptions and practices (Destia Purwaningsih et al., 2024).

Women’s reproductive rights include the right to access adequate information on reproductive health, the right to make free and informed decisions regarding their reproductive

health without discrimination, coercion, or violence, and the right to protection from harmful practices that endanger their reproductive well-being, such as female genital mutilation and child marriage. Although Law Number 17 of 2023 provides a strong legal basis, the availability and quality of reproductive health services remain low, particularly in remote areas. The misalignment between sociocultural norms and legal regulations has created legal uncertainty and hindered the protection of reproductive rights (Al, 2023).

Furthermore, current laws do not fully address the specific needs of women in particular circumstances such as women with disabilities or survivors of sexual violence—who require legal protection and access to specialized reproductive health services. Women’s reproductive rights are at risk of being violated through limited access to healthcare, discrimination in reproductive decision-making, and gender-based violence if adequate regulation and implementation are not ensured (Onica Albert Sekhar et al., 2024). To address these challenges, the government, healthcare professionals, civil society organizations, and relevant stakeholders must collaborate effectively to implement existing laws. The protection of women’s reproductive health rights in Indonesia requires a holistic approach, encompassing community education, regulatory strengthening, law enforcement, capacity-building for healthcare workers, and cross-sectoral coordination.

Structural, Cultural, and Policy Challenges in Transforming Reproductive Health Services Based on Gender Equality

Gender equality in the context of reproductive health services emphasizes equal access for both women and men to a wide range of reproductive health services, including preconception care, pregnancy, childbirth, and postpartum services. In addition, reproductive health education, women’s empowerment in decision-making regarding their rights and bodies, and the active involvement of men are also essential aspects. This equality aims to eliminate gender-based discrimination in healthcare services by addressing the physical, social, and psychological dimensions (Suriati Lubis, 2025). However, in practice, the transformation of reproductive health services based on gender equality continues to face various challenges, which can be classified into three main categories: cultural, structural, and policy challenges (Suriati Lubis, 2025).

The research findings indicate that several key issues in implementing intersectional feminism within reproductive health services in Sumbawa include the persistence of a strong patriarchal culture, the lack of gender equality education that specifically addresses reproductive health issues, limited funding, insufficient understanding among healthcare providers regarding gender perspectives, as well as women’s limited time and privacy to consult with medical professionals. Furthermore, existing policies are often poorly implemented, and there are no regional regulations that specifically address gender equality in the field of reproductive health. As a result, rights related to contraceptive use, access to information, and medical decision-making remain inadequately protected.

It can be affirmed that achieving gender equality in reproductive health services requires not only ensuring equal access but also promoting fundamental changes across structural, cultural, and policy dimensions. The complexity of these challenges—including infrastructural limitations, deeply rooted patriarchal social norms, and policies that are not yet fully responsive to gender-based needs demonstrates that transforming reproductive health services necessitates a comprehensive and sustainable approach (Ns. Hendrik Probo Sasongko, 2025).

Advocacy and Collaborative Strategies of Intersectional Feminism in Addressing Gender Inequality and Patriarchy to Enhance Access to Reproductive Health Services

Advocacy and collaborative strategies grounded in feminist principles play a pivotal role in addressing gender inequality and patriarchal structures within reproductive health services by emphasizing the importance of inclusive and multisectoral engagement. Intersectional

feminism posits that barriers to women's access to reproductive health services are not solely determined by gender, but are also shaped by intersecting factors such as class, age, culture, socioeconomic status, and other forms of vulnerability. Accordingly, advocacy strategies should focus on promoting comprehensive reproductive health rights, asserting that all women—including adolescents, persons with disabilities, migrant workers, and minority groups—are entitled to safe, dignified, and non-discriminatory healthcare services (Solehudin, 2024).

In practical terms, advocacy and collaboration can be operationalized through the strengthening of regulatory frameworks, reproductive health education, and community empowerment initiatives. At the regional level, such as in Sumbawa, tangible actions may involve encouraging local governments to establish specific regulations or regional bylaws (*Peraturan Daerah*) that explicitly address gender equality in reproductive health services. These legal instruments would serve as a clear foundation to ensure program continuity and sustainability, rather than relying solely on short-term or project-based policies. Furthermore, cross-sectoral collaboration should be reinforced through coordinated forums involving key stakeholders, including the Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP2KBP3A), the Department of Health, women's organizations, religious leaders, academics, and women's solidarity networks. Such collaborative efforts may foster innovative initiatives, such as the establishment of "Fathers Care About Reproductive Health" groups to enhance male involvement in supporting maternal and child health, and the strengthening of "Youth Integrated Health Posts (*Posyandu Remaja*)," which focus on reproductive health education, prevention of early marriage, and the improvement of health literacy among youth populations.

Another essential strategy involves integrating reproductive health services with women's economic empowerment programs. This approach aims to strengthen women's bargaining power in making informed decisions regarding contraceptive use and access to medical services. At the same time, capacity-building for healthcare professionals is equally crucial. Health workers should be equipped with training that emphasizes gender-sensitive perspectives and effective communication skills, enabling them to deliver inclusive, empathetic, and gender-responsive care that adequately meets the needs of vulnerable groups (Ns. Hendrik Probo Sasongko, 2025).

Through consistent advocacy, robust cross-sectoral collaboration, and the application of intersectional feminism as a transformative analytical framework, the transformation of reproductive health services can be directed toward achieving greater social justice. Such efforts not only challenge and deconstruct entrenched patriarchal norms but also foster the creation of an equitable, inclusive, and gender-just reproductive health system that holistically upholds the reproductive rights of all individuals (Ns. Hendrik Probo Sasongko, 2025).

CONCLUSION

This study found that women's understanding of and access to reproductive health rights in Sumbawa remain constrained by patriarchal culture, low levels of literacy, gender-insensitive health services, and limited male involvement in family planning programs. Although reproductive rights are legally recognized in Indonesia, their implementation remains limited due to prevailing social norms and stigma that diminish women's bodily autonomy. The protection of these rights requires an intersectional approach through the strengthening of regulations, education, community empowerment, cross-sector collaboration, and gender-sensitive training for healthcare providers. This research emphasizes that the transformation of communities based on intersectional feminism serves as a crucial strategy to achieve equitable reproductive health services in regions with deeply rooted patriarchal traditions, such as Sumbawa.

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