

A Multidisciplinary Approach Integrating Medical, Legal, and Theological Perspectives to Manage Women's Reproduction Health Policy

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Abstract

This article provides a comprehensive understanding of women's reproductive issues from the perspectives of reproductive health, law, and theology. It highlights how reproductive health is crucial for improving women's quality of life and gender equality while also addressing the challenges in policy implementation. The research uses a qualitative approach, analyzing books, journal articles, and official documents to reveal the positive and negative impacts of assisted reproductive technologies (ART) such as in vitro fertilization (IVF) and intrauterine insemination (IUI) on women's reproductive health. It acknowledges women's reproductive rights in international instruments, yet emphasizes the barriers to their implementation due to social stigma and resource limitations. The study also emphasizes the influence of religious views on public policy and access to reproductive health services. The findings are important for policymakers to create more inclusive and responsive policies for women's reproductive health needs. Additionally, the study highlights the necessity of interfaith dialogue and collaboration between the health, legal, and religious sectors to combat stigma and discrimination surrounding women's reproductive issues. The multidisciplinary approach proposed in this research can serve as a foundation for developing more effective and holistic policies, leading to improved access to and the quality of reproductive health services for women, addressing both their health and rights comprehensively.

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INTRODUCTION

Women's reproductive health is a complex topic that encompasses medical, legal, and theological aspects. Advances in this field have significantly improved reproductive health technology and understanding. However, there are still numerous challenges and gaps that need to be addressed. Medically, the development of assisted reproductive technologies (ART) such as in vitro fertilization (IVF) provides new hope for infertile couples. Recent research by Miller et al. (2020) indicates that advancements in IVF techniques have increased pregnancy success rates to 40% per cycle at leading clinics. Additionally, technologies such as cryopreservation and preimplantation genetic diagnosis (PGD) have significantly improved reproductive outcomes (Miller et al., 2020).

Despite the progress, access to reproductive health services continues to be a significant challenge in many countries, including Indonesia. According to the 2022 statistics from the Indonesian Central Bureau of Statistics (BPS), about 45% of women in rural areas lack sufficient access to reproductive health services, compared to 20% in urban areas (Badan Pusat Statistik, 2022). This disparity highlights the gap between the current state (*das Sein*) and the ideal state (*das Sollen*). This gap is exacerbated by stigma and discrimination many women face when seeking reproductive health services. Interviews with healthcare providers reveal that issues such as abortion and contraception are highly controversial and often face legal and cultural barriers. For instance, Smith (Giorgi, 2009) found that abortion remains illegal in many countries, including Indonesia, except under certain conditions, limiting women's access to safe and legal services (J.

Smith, 2018). Theologically, religious views significantly influence public policy and societal attitudes toward women's reproductive issues. Al-Qardhawi in "Halal and Haram in Islam" explains that contraception and ART must meet specific criteria to align with Sharia principles. This demonstrates how religious perspectives can either restrict or facilitate women's access to reproductive services (Al-Qardhawi, 2010).

To bridge these gaps, this research suggests a multidisciplinary approach encompassing medical, legal, and theological perspectives. A monodisciplinary approach is insufficient because it only considers one perspective in addressing women's reproductive health issues. For example, if reproductive health policies are solely based on a medical perspective, important legal and theological aspects may be overlooked, leading to policies that are not comprehensive and ineffective (J. Smith, 2022). For instance, in Indonesia, despite medical efforts to provide contraceptive tools, many women in remote areas still struggle to access these services without support from legal and theological perspectives. Legal issues and theological stigma hinder their access (Wahyuni, 2021). Therefore, integrating medical, legal, and theological perspectives is essential to developing more inclusive and effective reproductive health policies (Ali, 2020). This study aims to provide a comprehensive understanding of women's reproductive issues and develop more inclusive and effective policy recommendations. By integrating analyses from various perspectives, the research seeks to find solutions that enhance access to and quality of reproductive health services for women in Indonesia. The objectives of this study are: *first*, to analyze the medical impacts of ART and challenges in women's reproductive health; *second*, to evaluate legal policies related to women's reproductive rights and their obstacles; and *third*, to examine theological views on women's reproductive issues and their influence on public policy and societal attitudes.

In academic literature, this research aims to fill knowledge gaps regarding the integration of medical, legal, and theological aspects in the context of women's reproduction. For example, Brown revealed that access to reproductive health services varies widely across countries, with developing nations facing greater challenges (Brown, 2012). Jones and Smith found that education on reproductive health can improve awareness and utilization of these services (Jones, R., & Smith, 2015). Setiawan (2022) showed that many Indonesian women struggle to access reproductive health services due to economic and cultural barriers. Ilham Majid et al. (2024) examined women's health rights from a legal perspective, analyzing laws and policies related to women's health rights in Indonesia and their practical implementation, offering insights on using law to improve women's welfare. Mimin Mintarsih (2019) discussed how Islam regulates women's reproductive rights based on the Quran, Hadith, and interpretations from scholars and religious institutions, emphasizing welfare and protection while maintaining Sharia principles.

This study is unique in that it combines medical, legal, and theological perspectives to provide a comprehensive analysis, offering a more complete view compared to previous research that focused on only one aspect. The findings could lead to more effective policy recommendations aimed at improving access to and the quality of reproductive health services for women, especially in Indonesia. By considering the medical, legal, and theological impacts on women's reproductive issues, the study seeks to develop more inclusive and responsive policies to address the needs of women.

METHODS

This study is a library research aimed at analyzing women's reproduction from medical, legal, and theological perspectives. It examines various literature sources, including books, Scopus and Sinta accredited journal articles, and official documents relevant to the research topic (Creswell, 2014; Nazir, 2003). A qualitative approach is employed to understand and interpret different viewpoints on women's reproductive issues and to identify key themes from the discussed perspectives (Denzin & Lincoln, 2018). The research is both normative and empirical. Normative research is conducted to examine legal regulations and ethical principles from medical and

theological perspectives, while empirical research is undertaken to collect data and information on the impact of policies and practices on women's reproduction in various countries (Moleong, 2018; Soemitro, 1998). The data sources include secondary literature from books, Scopus and Sinta accredited journal articles, research reports, and official documents. These data are obtained from university libraries, electronic journal databases, and trusted online sources (Zed, 2004).

The data collection technique used is document study and literature analysis. The researcher collects and analyzes various literature sources relevant to the research topic to gain an in-depth understanding of women's reproductive issues from medical, legal, and theological perspectives (Bowen, 2009). The data analysis technique employed is content analysis. The collected data are analyzed to identify main themes, patterns, and relationships among the discussed perspectives. This analysis aims to produce comprehensive and thorough conclusions about women's reproduction from various viewpoints (Krippendorff, 2004). Through this research method, it is expected to provide a comprehensive overview of women's reproductive issues and their implications from medical, legal, and theological perspectives.

RESULTS AND DISCUSSION

The Urgency of Multidisciplinary Studies Related to Women's Reproductive Health

The visualization in Figure 1 depicts the interconnections between various fields in the study of women's reproductive health. This interdisciplinary study integrates medical, legal, and theological perspectives to offer a more comprehensive understanding and holistic solutions.

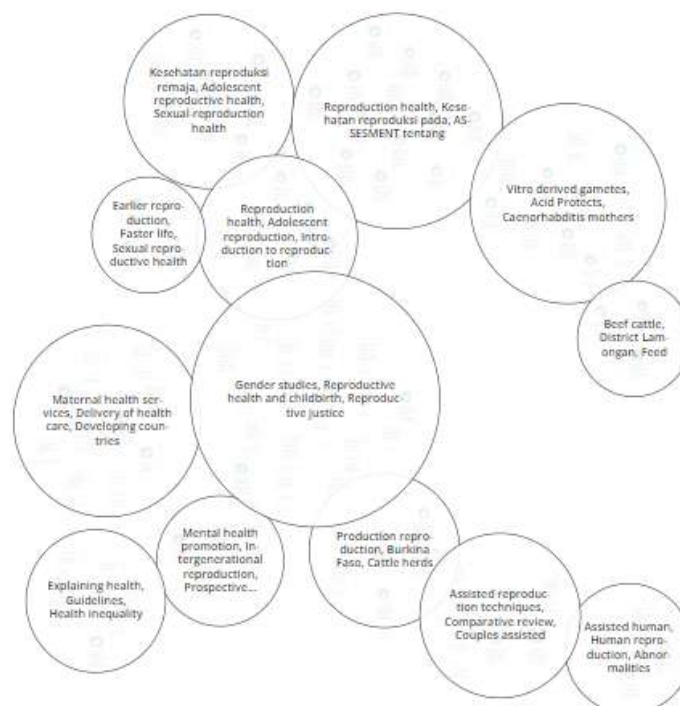


Figure 1. Research Mapping Visualization on Women's Reproductive Health by Open Knowledge Maps

Multidisciplinary studies on women's reproductive health are still relatively rare. Most research tends to focus on a single discipline. Medical research dominates, focusing on specific diseases such as endometriosis and infertility (Mishra et al., 2022). Legal perspectives often stand alone, emphasizing reproductive rights and policy (Smith, 2021). Meanwhile, theological studies are important for understanding how religious beliefs influence reproductive health decisions but are rarely examined alongside medical and legal aspects (Jones & Clark, 2023).

The importance of multidisciplinary studies on women's reproductive health is based on several factors. First, reproductive health issues are often complex and require an approach

involving multiple disciplines. Medical approaches can provide clinical solutions, while legal perspectives ensure reproductive rights are protected. Theology can also help formulate approaches that respect religious and cultural values (Jones, L., & Clark, 2023; Mishra et al., 2022; Smith, 2021). Second, developing inclusive policies. Legal and policy studies ensure that existing regulations do not discriminate against women and guarantee equal access to reproductive health services. This is crucial for developing fair and inclusive policies (Smith, 2021). Third, it is important to respect cultural and religious values. Theological studies can help us understand how religious beliefs influence viewpoints and decisions related to reproductive health. This understanding is helpful in developing approaches that are not only medically effective but also acceptable to communities with strong religious values (Jones, L., & Clark, 2023). Fourth, response to global challenges: The COVID-19 pandemic has demonstrated how global crises can exacerbate existing issues and create new challenges. A multidisciplinary approach enables more effective responses to these crises by considering all aspects involved (World Health Organization, 2022).

Multidisciplinary studies are essential for gaining a comprehensive understanding (Pan, 2016) and finding holistic solutions to improve women's reproductive health. This approach enables the creation of more inclusive and effective policies and practices to address current reproductive health challenges.

Reproductive Health from A Medical Perspective and Its Implications

Endometriosis is a condition where tissue similar to the endometrium, the inner lining of the uterus, grows outside the uterus, such as on the ovaries, fallopian tubes, and other pelvic organs. This condition can cause severe pain, irregular menstruation, and infertility, affecting about 10% of reproductive-age women worldwide. The exact cause of endometriosis is unknown, but genetic, hormonal, and environmental factors are believed to play a role (Zondervan et al., 2020). Polycystic Ovary Syndrome (PCOS) is a common hormonal disorder among reproductive-age women, characterized by irregular menstruation, excessive hair growth, acne, and obesity. PCOS is also a common cause of infertility, affecting about 8-13% of women worldwide (Teede et al. 2018). The cause of PCOS is related to hormonal imbalance, particularly high levels of androgens.

Infertility is defined as the inability to conceive after one year of regular, unprotected intercourse and can be caused by various factors such as ovulation problems, fallopian tube damage, and male factors like low sperm count. About 15% of couples worldwide experience infertility, significantly impacting their mental and emotional health (World Health Organization, 2019). Reproductive cancers include various types of cancer affecting female reproductive organs, such as ovarian, uterine, and cervical cancers. Cervical cancer is the most common reproductive cancer and can be prevented through routine screening and HPV vaccination. Cervical cancer is a leading cause of cancer-related death in many developing countries, and early detection and proper treatment are crucial for improving survival rates (Bray et al., 2018).

Healthcare services play a vital role in addressing reproductive health issues. Providers must ensure that women have access to necessary information and care, including reproductive health education, routine check-ups, and appropriate treatment. Screening and vaccination programs, such as cervical cancer screening and HPV vaccination, are effective in preventing and treating reproductive diseases, reducing the incidence and mortality of cervical cancer (Arbyn et al., 2020). Additionally, healthcare services must provide care for conditions like endometriosis, PCOS, and infertility. A multidisciplinary approach involving specialists from various fields is crucial for providing comprehensive and effective care. Research shows that this approach can improve treatment outcomes and patient quality of life (Eshre, 2019).

Healthcare services should also include access to assisted reproductive technologies (ART) such as in vitro fertilization (IVF). ART has helped millions of couples worldwide conceive children, although access is often limited by economic and geographical factors. Policies ensuring more equitable access are needed (Sunderam et al., 2020). Assisted Reproductive Technology (ART) includes medical techniques to assist couples with infertility. Common ART methods

include in vitro fertilization (IVF), intrauterine insemination (IUI), intracytoplasmic sperm injection (ICSI), and gamete intrafallopian transfer (GIFT). ART offers effective solutions for couples struggling to conceive (Cunningham et al., 2018). IVF is the most well-known and widely used ART procedure. Eggs and sperm are combined in the laboratory to create embryos, which are then implanted into the uterus. IVF is often used for tubal problems, endometriosis, or unexplained infertility. IVF success rates vary, reaching 30-40% per cycle for women under 35. IVF often involves hormonal medications to stimulate the ovaries to produce multiple eggs in one cycle (Sunderam et al., 2020).

IUI involves placing processed sperm directly into the uterus. IUI is used for mild male infertility or unexplained infertility (Kovacs & Wood, 2018). IUI success rates are lower than IVF, around 10-20% per cycle, but it is cheaper and less invasive (Eshre, 2019). ICSI involves injecting a single sperm directly into an egg. ICSI is used for severe male infertility and has high fertilization rates, comparable to conventional IVF (Gardner et al., 2018). ICSI allows couples with severe male infertility to have biological children (Palermo et al., 2018). GIFT involves placing eggs and sperm directly into the fallopian tubes via laparoscopy. GIFT is used for unexplained tubal problems or mild endometriosis. However, its use has declined due to higher success rates of IVF and ICSI (Brinsden, 2013).

Assisted reproductive technology (ART) has significant medical and psychological impacts. A common medical impact is the risk of multiple pregnancies due to the transfer of more than one embryo during IVF, which can increase complications like preeclampsia, premature birth, and low birth weight. About 30% of IVF pregnancies are multiple pregnancies (Luke et al., 2016). The use of hormonal medications in IVF can cause ovarian hyperstimulation syndrome (OHSS), with symptoms like abdominal pain, nausea, vomiting, and serious complications like blood clots and kidney dysfunction (Humaidan et al., 2019).

The psychological impact of ART is also significant, as infertility and ART treatments often cause emotional stress, anxiety, and depression. Women undergoing infertility treatments experience higher levels of stress and depression than those not facing these issues (Cousineau & Domar, 2007). Social pressure and stigma associated with infertility can exacerbate feelings of isolation. Emotional support and psychological counseling are crucial in helping couples cope with the stress and anxiety associated with ART. Good psychological support can improve emotional well-being and treatment outcomes for couples undergoing ART (Gameiro et al., 2014). Counseling programs and support groups help address feelings of isolation and provide emotional support during the treatment process.

The impact and consequences of addressing women's reproductive issues solely from a medical perspective without involving legal and theological viewpoints are significant. Ignoring legal rights can lead to human rights violations and a lack of protection for women (J. Smith, 2022; Wahyuni, 2021). Misalignment with religious values can cause internal conflicts and reduce the effectiveness of medical interventions (Ali, 2020). Stigma and discrimination can worsen psychological and social conditions (Jones, 2019; Saraswati, 2021). Lack of holistic support neglects women's emotional well-being (Johnson, 2018). Low acceptance and compliance with medical treatments that ignore legal and theological aspects can lead to poor adherence (Taylor, 2020). A multidisciplinary approach is essential to effectively address these issues.

Reproductive Health from A Legal Perspective and Its Implications

Women's reproductive rights include the right to obtain accurate information and quality reproductive health services. These rights are recognized as part of human rights protected by various international legal instruments. According to the International Conference on Population and Development (ICPD) held in Cairo in 1994, women's reproductive rights include the right to access reproductive health information and services without discrimination (United Nations, 1994).

The importance of the right to access reproductive health information and services is also emphasized in the Convention on the Elimination of All Forms of Discrimination Against Women

(CEDAW). CEDAW states that member states must take appropriate steps to eliminate discrimination against women in the field of health and ensure equal access to health services, including reproductive health ([United Nations, 1979](#)).

Research by WHO shows that adequate access to reproductive health information and services can reduce maternal mortality rates and improve women's overall reproductive health. Quality reproductive health services include contraceptive counseling, routine check-ups, and treatment for reproductive issues such as endometriosis and polycystic ovary syndrome (PCOS) ([World Health Organization, 2017](#)).

In Indonesia, the right to access reproductive health information and services is guaranteed by the Health Law No. 36 of 2009. This law recognizes women's right to comprehensive health services, including reproductive health. However, implementation in the field faces various challenges, including a lack of trained medical personnel and stigma against reproductive health issues ([Health Regulation of Indonesia, 2009](#)).

The right of women to decide when and how many children to have is an essential part of reproductive rights. This includes the freedom to choose contraception methods, access safe abortion services, and use assisted reproductive technology (ART). The Universal Declaration of Human Rights states that everyone has the right to make decisions about marriage and family without coercion ([United Nations, 1948](#)). The Sustainable Development Goals (SDGs) also emphasize universal access to sexual and reproductive health and reproductive rights ([United Nations, 2015](#)).

Research shows that women who have control over their reproductive decisions tend to have better health and well-being, as well as improved education and workforce participation, which can reduce poverty and enhance family welfare ([Singh et al., 2018](#)). However, in many countries, including Indonesia, this right is still restricted by laws and social norms. For example, abortion is still considered illegal except under certain conditions, limiting women's access to safe abortion services and endangering their health and safety ([Yuniarti, 2019](#)).

Human Rights Watch ([2020](#)) reports that legal restrictions and lack of access to contraceptive services in Indonesia hinder women from effectively planning their families. Stigma against contraception and abortion also makes women afraid to seek medical help. NGOs like the Women's Health Foundation work to raise awareness about reproductive rights and provide safe and affordable reproductive health services in rural and remote areas ([World Health Organization, 2020](#)).

Women's reproductive rights in Indonesia are governed by various regulations, including Health Law No. 36 of 2009 and Ministry of Health Regulation No. 97 of 2014. Article 71 of Law No. 36 of 2009 states that everyone has the right to safe, quality, and affordable health services, including reproductive health ([Health Regulation of Indonesia, 2009](#)). Ministry of Health Regulation No. 97 of 2014 covers education, counseling, and medical services related to reproduction. However, the implementation of these policies often faces challenges, such as lack of resources and social stigma. Yuniarti notes that many women in Indonesia still struggle to access quality reproductive health services ([Yuniarti, 2019](#)).

Reproductive laws and policies vary across countries. In Europe, countries like Sweden and the Netherlands respect and support women's reproductive rights through comprehensive public policies. Sweden provides free or subsidized access to reproductive services, including contraception and abortion up to the 18th week without restriction, and up to the 22nd week with medical approval ([Hoggart & Newton, 2020](#)).

In the United States, reproductive policies vary by state. The *Roe v. Wade* ([1973](#)) decision recognized women's constitutional right to abortion, but many states have since imposed strict restrictions ([Institute, 2021](#)). In developing countries like India, women's reproductive policies face significant challenges due to resource limitations and cultural barriers. Although India has supportive reproductive health policies, many women still struggle to access these services due to social stigma and lack of information ([Jejeebhoy, 2020](#)).

Abortion is a controversial issue regulated differently across countries. In Indonesia, abortion is regulated by Health Law No. 36 of 2009 and Government Regulation No. 61 of 2014 on Reproductive Health. Abortion is permitted under emergency medical conditions, when pregnancy threatens the mother's life, or as a result of rape within a certain time limit ([Health Regulation of Indonesia, 2009](#)). However, many abortions are performed illegally due to social stigma and lack of access to safe and legal services. Research by Utomo and McDonald (2019) shows that many women undergo unsafe abortions due to fear of stigma and legal consequences.

In the United States, the *Roe v. Wade* decision granted women the right to abortion, but strict state laws have hindered access to safe abortion services, leading to an increase in unsafe abortions ([Jones et al., 2020](#)). The right to access contraception is a crucial part of women's reproductive rights. In Indonesia, access to contraception is regulated by Ministry of Health Regulation No. 97 of 2014, but usage remains low, especially in rural areas due to lack of information and social stigma ([Badan Kependudukan dan Keluarga Berencana Nasional, 2018](#)). In Europe, such as in the UK and France, contraception is easily accessible and supported by comprehensive health services, available for free or at low cost, and sex education is provided in schools ([Hoggart & Newton, 2020](#)).

Sterilization, a medical procedure to prevent permanent pregnancy, is regulated by Health Law No. 36 of 2009 and Ministry of Health Regulation No. 97 of 2014. Although effective, many couples are reluctant to choose it due to stigma and lack of information ([Dewi & Budiarto, 2017](#)). In developed countries like Australia and Canada, sterilization is common and supported by health policies with affordable costs and accurate information ([Harper et al., 2019](#)). *Roe v. Wade* is a significant legal case related to women's reproductive rights in the United States. In 1973, the US Supreme Court ruled that laws banning abortion except to save the mother's life were unconstitutional. This decision was based on the right to privacy in the Fourteenth Amendment of the US Constitution, granting women the right to decide on abortion during the first trimester of pregnancy (*Roe v. Wade, 410 U.S. 113, 1973*). The impact of this decision was significant, as it opened wide access for women to safe and legal abortion services. However, many states subsequently imposed restrictions that hinder access ([Jones et al., 2020](#)).

In Indonesia, the Constitutional Court Decision No. 97/PUU-XIV/2016 allowed abortion due to rape within 40 days of pregnancy with the consent of the husband or nearest family member ([Regulation of Indonesia, 2016](#)). This decision is important for women's reproductive rights, especially rape victims, but its implementation is often hindered by social stigma and lack of health facilities ([Utomo & McDonald, 2019](#)). In India, the Supreme Court ruling in the case of *Suchita Srivastava v. Chandigarh Administration* (2009) strengthened women's reproductive rights by emphasizing informed consent, even for women with mental disabilities. However, social stigma and limited access to health services remain significant challenges ([Jejeebhoy, 2020](#)).

Legal decisions like *Roe v. Wade* and the Indonesian Constitutional Court Decision No. 97/PUU-XIV/2016 have had significant positive impacts on women's reproductive rights. These decisions have helped expand women's access to safe and legal abortion services, thereby reducing maternal mortality and health complications from unsafe abortions ([Institute, 2021](#)). Moreover, these decisions have also helped strengthen women's rights to make autonomous reproductive decisions. The right to decide when and how many children to have is an important aspect of reproductive rights recognized internationally ([United Nations, 1994](#)). However, not all impacts of these legal decisions are positive. In the United States, for example, state-level restrictions introduced after *Roe v. Wade* have reduced women's access to safe and legal abortion services. Research indicates that these restrictions have led to an increase in unsafe abortions in some states, endangering women's health and safety ([Jones & Jerman, 2020](#)).

In Indonesia, although the Constitutional Court Decision No. 97/PUU-XIV/2016 grants the right to abortion in cases of rape, field implementation often faces challenges. Social stigma against abortion and inadequate health facilities can hinder women's access to safe and legal abortion services ([Utomo & McDonald, 2019](#)). Analysis of legal cases related to women's reproduction

shows that legal decisions can significantly impact women's reproductive rights. Decisions like *Roe v. Wade* in the United States and the Indonesian Constitutional Court Decision No. 97/PUU-XIV/2016 have helped strengthen women's rights to make autonomous reproductive decisions and increase access to safe and legal reproductive health services. However, the implementation of these decisions often faces challenges, including social stigma and inadequate health facilities.

Addressing women's reproductive issues solely from a legal perspective without involving medical and theological viewpoints can result in several negative impacts. *First*, ignoring the medical aspect can lead to inadequate and ineffective treatment in addressing reproductive health issues (J. Smith, 2022). *Second*, without the theological perspective, legal policies may not align with religious values and norms, causing conflict and discomfort for women (Ali, 2020). *Third*, the lack of a holistic approach can neglect the emotional and psychological well-being of women (Johnson, 2018).

Reproductive Health from A Theological Perspective and Its Implications

In Islam, views on contraception, abortion, and assisted reproductive technology (ART) are based on the Quran, Hadith, scholars' interpretations, and religious decrees (fatwas). Islam emphasizes the importance of preserving human life and welfare, including women's reproductive health. Contraception in Islam is generally permitted as long as it does not conflict with Sharia principles. Contraception is used for family planning and protecting the health of the mother and child. A fatwa from the Indonesian Ulema Council (MUI) states that contraception is permitted if it aims to protect the health of the mother and child or delay pregnancy for health or economic reasons (Majelis Ulama Indonesia, 2000). However, contraception methods that cause permanent damage to reproductive organs, such as sterilization, are usually not allowed except in urgent medical conditions (Al-Qardhawi, 2010).

Abortion is a sensitive issue in Islam. Generally, abortion is prohibited except under certain conditions, such as when the pregnancy threatens the mother's life or in cases of rape, provided it is done before 120 days of pregnancy. This is based on a Hadith stating that the soul is breathed into the fetus at 120 days (Sahih Bukhari, Hadith No. 3208). A fatwa from the MUI also states that abortion is permitted under certain conditions with strict medical and legal considerations (Majelis Ulama Indonesia, 2010). Assisted Reproductive Technology (ART) such as in vitro fertilization (IVF) is allowed in Islam provided it uses sperm and eggs from a legally married couple without involving sperm, egg, or womb donors to maintain lineage and family honor (Al-Qardhawi, 2010). However, there are differing opinions among scholars about the use of ART. Some scholars consider it to exceed the limits of Sharia, while others see it as permissible medical assistance to address infertility in marriage (Krawietz & Hénia, 2013).

In Christianity, views on women's reproduction are based on interpretations of the Bible and church teachings. Although they vary among denominations, there are some common principles held by many Christians. The sanctity of life is a fundamental principle that teaches that all life is sacred and should be respected from conception. Many Christian denominations, including the Roman Catholic Church, oppose contraception and abortion because they are seen as contrary to the sanctity of life (II, 1995). The Roman Catholic Church strictly opposes abortion in all its forms, considering it a grave sin. The encyclical "*Evangelium Vitae*" by Pope John Paul II asserts that abortion is a serious violation of the fundamental human right to life (Paul II, 1995). However, some Protestant denominations are more flexible, allowing abortion under certain conditions such as when the mother's life is in danger or in cases of rape. According to Smith et al. (2018), views on abortion among Protestant denominations vary widely, with some churches accepting abortion in emergency situations, while others oppose it entirely.

Christian views on assisted reproductive technology (ART) also vary. The Roman Catholic Church opposes the use of ART like IVF that involves the destruction of embryos or the use of donor sperm and eggs. The document "*Donum Vitae*" states that all reproductive actions must respect human dignity and not separate procreation from the marital relationship (Faith, 1987).

However, many Protestant denominations accept the use of ART with certain limitations. They support these technologies to help couples experiencing infertility, as long as it is done ethically and does not involve practices that degrade human dignity (Meilaender, 2013).

In Hinduism, views on women's reproduction are influenced by teachings on dharma (moral duty) and karma (the result of actions). Contraception is generally accepted for family planning and protecting the health of the mother and child. However, abortion is usually not allowed except in certain cases, such as when the mother's life is in danger (Bhagwat, 2008). Assisted reproductive technology like IVF is accepted within certain limits, but the use of donor sperm or eggs is not allowed because it violates the principle of lineage purity (Raghavan, 2012). In Buddhism, the principles of ahimsa (non-violence) and respect for life are the main guidelines. Abortion is considered contrary to ahimsa, but some Buddhist sects allow it under certain conditions, such as to save the mother's life (Harvey, 2013). Contraception is accepted, especially to prevent unwanted births and protect family welfare. Assisted reproductive technology like IVF is accepted if it does not involve harmful or unethical practices (Keown, 2005).

In Judaism, views on women's reproduction are based on the Torah and Talmud laws. Contraception is permitted, especially to protect the health of the mother and family. Abortion is allowed under certain conditions, such as when the mother's life is in danger or in cases of pregnancy due to rape (Feldman, 2007). Assisted reproductive technology like IVF is accepted with limitations, and the use of donor sperm or eggs is permitted if done with strict ethics to maintain lineage purity and family honor (Breitowitz, 1997).

Ethical principles of reproduction in Islam are based on the Quran, Hadith, and scholars' interpretations that form Sharia law. The main principle is to respect human life and welfare from conception to natural death (Al-Qardhawi, 2010). The principles of *maṣlaḥah* 'general welfare' and *darūrah* 'emergency' allow the violation of norms in emergency situations to protect life and health (Kamali, 2008). Contraception is permitted to protect the health of the mother and child or to delay pregnancy for health or economic reasons, but methods causing permanent damage like sterilization are generally not allowed except in urgent medical conditions (Majelis Ulama Indonesia, 2010).

Ethical principles of reproduction in Christianity are often based on the Bible and church tradition. The sanctity of life emphasizes that all life is sacred and should be respected, making abortion generally considered unethical (II, 1995). The Roman Catholic Church opposes abortion and artificial contraception as they conflict with teachings on the sanctity of life and procreation, as stated in "Humanae Vitae" by Pope Paul VI (1968). However, many Protestant denominations are more flexible, allowing contraception and abortion under certain conditions like to save the mother's life or in cases of rape (Smith et al., 2018). Reproductive ethics in Hinduism are based on dharma (moral duty) and karma (the result of actions). Contraception is generally accepted for family planning and protecting the health of the mother and child, but abortion is usually not allowed except when the mother's life is in danger (Bhagwat, 2008). Assisted reproductive technology like IVF is accepted if performed by a legally married couple, but the use of donor sperm or eggs is not allowed as it violates the principle of lineage purity (Raghavan, 2012).

Reproductive ethics in Buddhism are based on ahimsa (non-violence) and respect for life. Abortion is contrary to ahimsa, but some Buddhist sects allow it under certain conditions like to save the mother's life (Harvey, 2013). Contraception is accepted to prevent unwanted births and protect family welfare, and assisted reproductive technology like IVF is accepted if it does not involve harmful or unethical practices (Keown, 2005). Reproductive ethics in Judaism are based on Torah and Talmud laws. Contraception is permitted to protect the health of the mother and family. Abortion is allowed under certain conditions like when the mother's life is in danger or in cases of pregnancy due to rape (Feldman, 2007). Assisted reproductive technology like IVF is accepted with limitations, and the use of donor sperm or eggs is permitted if done with strict ethics to maintain lineage purity and family honor (Breitowitz, 1997).

In Islam, ethical debates related to assisted reproductive technology (ART) involve the use of donor sperm, eggs, and surrogate mothers. ART is permitted if using sperm and eggs from a legally

married couple. The use of donor sperm or eggs is prohibited as it violates the principle of lineage purity (Al-Qardhawi, 2010). Some scholars also oppose surrogate motherhood as it involves a third party, raising legal and ethical issues related to lineage and child custody (Kamali, 2008). In Christianity, especially the Roman Catholic Church, the use of ART like IVF involving the destruction of embryos or donor sperm and eggs is considered unethical. The document *"Donum Vitae"* asserts that reproductive actions must respect human dignity and not separate procreation from the marital relationship (Faith, 1987). However, many Protestant denominations accept the use of ART with certain limitations and support it for couples experiencing infertility as long as it is done ethically (Meilaender, 2013).

In Hinduism, ethical debates related to ART involve the use of donor sperm, eggs, and surrogate mothers. The use of donors is generally not allowed as it violates the principle of lineage purity. However, technologies like IVF are accepted if performed by a legally married couple (Raghavan, 2012). Some views emphasize the importance of the mother and child's welfare, supporting the use of ART to address infertility (Bhagwat, 2008). In Buddhism, ethical debates related to ART involve the use of embryos and donor sperm or eggs. The use of technologies like IVF is accepted if done with strict ethics without harmful or unethical practices. The principles of ahimsa (non-violence) and respect for life guide ethical decision-making related to ART (Harvey, 2013). Some Buddhist sects support the use of ART for couples experiencing infertility as long as it does not involve harmful practices (Keown, 2005). In Judaism, ethical debates related to ART involve the use of donor sperm, eggs, and surrogate mothers. The use of donors is generally permitted with strict ethics to maintain lineage purity and family honor (Breitowitz, 1997). ART like IVF is accepted within certain limits and supports couples experiencing infertility. However, surrogate motherhood remains an ethical debate in some Jewish communities, with some permitting it and others opposing it (Feldman, 2007).

Addressing women's reproductive issues solely from a theological perspective without involving medical and legal viewpoints has significant impacts. Ignoring medical insights can lead to inadequate healthcare and ineffective treatments (J. Smith, 2022). Without legal considerations, women's rights and protections may be overlooked, leading to potential human rights violations (Wahyuni, 2021). Focusing only on theology can result in policies that do not address the practical and physical needs of women, reducing overall effectiveness (Ali, 2020). Furthermore, without medical and legal support, emotional and psychological well-being may be neglected (Johnson, 2018). Therefore, a multidisciplinary approach is crucial for comprehensive and effective reproductive health policies.

Case Studies on Reproductive Health from Various Countries

Sweden is known for its progressive reproductive policies, ensuring women's access to comprehensive reproductive health services, including contraception, abortion, and assisted reproductive technology (ART). Sweden's healthcare system provides contraception for free or at low cost, and abortion is legal up to the 18th week of pregnancy without restrictions and up to the 22nd week with medical approval. ART services are also extensive, with most costs covered by the public healthcare system (Hoggart & Newton, 2020). Sweden's reproductive policies have positive social and economic impacts, with high rates of safe abortions, reducing maternal mortality and health complications from unsafe abortions. Broad access to contraception lowers the rate of unwanted pregnancies. These policies reflect Sweden's commitment to human rights and gender equality, adopting various international instruments that protect women's reproductive rights, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (United Nations, 1979).

In the United States, reproductive policies vary between states, reflecting political and cultural differences. The *Roe v. Wade* (1973) decision by the US Supreme Court granted women a constitutional right to abortion, but many states have imposed strict restrictions. These policy differences result in significant disparities in access to reproductive health services. In states with

strict restrictions, women face significant barriers to obtaining safe and legal abortion services, increasing the risk of unsafe abortions and related health complications (Jones & Jerman, 2020). Policies that restrict access to reproductive health services negatively impact women's and families' well-being, increasing poverty rates and reducing women's participation in the workforce (Singh et al., 2018). Although there is constitutional protection, the implementation of these rights is often hindered by strict state laws and social stigma (Institute, 2021).

India has relatively comprehensive reproductive health policies, but their implementation is often hindered by social, economic, and cultural factors. India was one of the first countries to legalize abortion through the Medical Termination of Pregnancy (MTP) Act in 1971, allowing abortion under various conditions, including saving the mother's life, protecting the mother's physical or mental health, and in cases of fetal impairment or pregnancy due to rape. Although abortion policies are progressive, access to reproductive health services in India remains limited, especially in rural areas, due to inadequate medical facilities and social stigma against abortion (Jejeebhoy, 2020). Limited access to reproductive health services negatively impacts women's and families' well-being, hindering women's participation in education and the workforce, and slowing economic growth. Many women in India are unaware of their reproductive rights and face significant barriers in accessing safe and legal reproductive health services (Watch., 2020).

In Indonesia, reproductive policies are governed by Health Law No. 36 of 2009 and Government Regulation No. 61 of 2014 on Reproductive Health, covering the right to access reproductive health information and services, including contraception and abortion in medical emergencies or pregnancies resulting from rape (Regulation of Indonesia, 2009). However, access to reproductive health services remains limited, especially in rural areas, with strong social stigma against contraception and abortion often deterring women from seeking medical help (Utomo & McDonald, 2019). Limited access negatively impacts women's and families' well-being, hindering women's participation in education and the workforce, and slowing economic growth. Many women in Indonesia are unaware of their reproductive rights and face significant barriers in accessing safe and legal reproductive health services (Watch., 2020).

Individual Experiences

Endometriosis is a chronic condition affecting about 10% of reproductive-age women worldwide (Zondervan et al., 2020). Lisa, a 28-year-old woman from Jakarta, experienced severe menstrual pain since adolescence, disrupting her daily activities and work. After years of seeking a proper diagnosis, Lisa was finally diagnosed with endometriosis at the age of 25. Lisa's experience shows how endometriosis can affect women's quality of life and productivity. Late diagnosis and treatment are major challenges. A study by Greene et al. indicates that delays in diagnosing and treating endometriosis negatively impact women's mental and physical health (Greene et al., 2019).

Infertility affects about 15% of couples worldwide (World Health Organization, 2019). Sarah, a 35-year-old woman from Surabaya, and her husband had been trying to conceive for over five years without success. After a series of medical tests, they were diagnosed with unexplained infertility and decided to try in vitro fertilization (IVF) despite the high costs and uncertain success rates. Sarah's experience reflects the emotional and financial pressures often faced by couples experiencing infertility. Research by Cousineau and Domar shows that women undergoing infertility treatments often experience significant stress and depression (Cousineau & Domar, 2007).

Cervical cancer is a common reproductive cancer in Indonesia, with thousands of new cases each year (Bray et al., 2018). Nita, a 40-year-old woman from Bandung, was diagnosed with early-stage cervical cancer after undergoing routine screening. Thanks to early detection, Nita could undergo successful treatment and is now cancer-free. Nita's experience highlights the importance of routine screening for detecting cervical cancer at an early stage. Arbyn et al. (2020) show that effective cervical cancer screening programs can reduce the incidence and mortality of cervical cancer.

Unsafe abortion is a serious reproductive health issue, especially in countries with limited access to safe and legal abortion services. Devi, a 30-year-old woman from a village in Central Java, faced an unwanted pregnancy and decided to have an abortion. Due to the lack of safe abortion services in her area, Devi resorted to an illegal abortion provider, leading to severe health complications and hospitalization. Devi's experience illustrates the risks of unsafe abortion and the importance of access to safe and legal abortion services. Human Rights Watch reports that legal restrictions and social stigma against abortion can drive women to seek unsafe abortions, negatively impacting their health and well-being ([Watch., 2020](#)).

A Multidisciplinary Approach in Women's Reproductive Health Policy

This article discusses women's reproductive health issues from medical, legal, and theological perspectives. It finds that assisted reproductive technologies (ART), such as in vitro fertilization (IVF), have significant positive and negative impacts. From a legal standpoint, women's reproductive rights are internationally recognized but often hindered by social stigma and resource limitations. The theological perspective shows that religious views significantly influence public policy and access to reproductive health services.

To effectively promote women's reproductive health, a multidisciplinary approach that integrates medical, legal, and theological aspects is necessary. This is essential for creating comprehensive and inclusive policies. The medical approach should include assisted reproductive technologies (ART), screening programs, and vaccinations as recommended by the World Health Organization (WHO). For example, cervical cancer screening and HPV vaccination are effective in reducing the incidence and mortality of cervical cancer ([Arbyn, et al., 2020](#)). Women's reproductive rights must be recognized and protected by law. For instance, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) requires member states to eliminate discrimination in reproductive health services ([United Nations, 1979](#)). Legal implementation must ensure equal access to reproductive health services without discrimination.

Religious views must be considered in reproductive health policies. For example, a fatwa from the Indonesian Ulema Council (MUI) permits contraception to protect the health of the mother and child ([Majelis Ulama Indonesia, 2000](#)). Interfaith dialogue is needed to reduce stigma and discrimination that often hinder access to reproductive health services. A multidisciplinary approach integrating medical, legal, and theological aspects will help create more inclusive and responsive policies for women's reproductive health needs. Comprehensive policies will reduce access gaps and improve the quality of reproductive health services for women.

CONCLUSION

The conclusion of this article highlights the importance of a multidisciplinary approach in understanding women's reproductive issues. Assisted reproductive technology (ART), such as in vitro fertilization (IVF) and intrauterine insemination (IUI), has significant medical and psychological impacts. Medical impacts include the risk of multiple pregnancies and ovarian hyperstimulation syndrome, while psychological impacts involve stress and depression exacerbated by social stigma against infertility. From a legal perspective, women's reproductive rights include access to quality reproductive health information and services, recognized as part of human rights protected by international instruments such as the International Conference on Population and Development (ICPD) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). However, their implementation often faces significant legal and social challenges, especially in developing countries like Indonesia. From a theological perspective, religious views influence public policies and societal attitudes toward women's reproductive issues. In Islam, for example, the use of contraception and ART must meet certain conditions according to Sharia principles. These views can either restrict or facilitate women's access to reproductive services. This research finds that integrating medical, legal, and theological perspectives is crucial for developing inclusive and effective policies to improve women's access to and quality of

reproductive health services. By understanding the medical, legal, and theological impacts of women's reproductive issues, more responsive policies can be developed to reduce gaps in access to reproductive health services. Policymakers should consider these findings in formulating inclusive and comprehensive policies. Efforts to educate and raise public awareness about women's reproductive rights are also needed to reduce stigma and discrimination. Non-governmental organizations can play a role in providing safe and affordable reproductive health services, especially in rural and remote areas.

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