

LEGAL REVIEW OF WOMEN'S REPRODUCTIVE HEALTH RIGHTS IN LOVE RELATIONSHIPS WITHOUT MARRIAGE**TINJAUAN HUKUM HAK KESEHATAN REPRODUKSI PEREMPUAN PADA HUBUNGAN PERCINTAAN TANPA IKATAN PERNIKAHAN****Nency Ayu Lianawati¹, Aris Prio Agus Santoso², Peter Guntara³**Universitas Duta Bangsa Surakarta^{1,2,3}*nency.liana@gmail.com¹, arisprio_santoso@udb.ac.id², peter_guntara@udb.ac.id³**Corresponding Author***ABSTRACT**

The right to reproductive health is a human right guaranteed by various regulations in Indonesia. However, the implementation of this right often faces obstacles, particularly for women in unmarried relationships. This group often experiences limited access to services, discrimination, and social stigma, which worsens physical and psychological conditions. Therefore, this research is crucial to examine the alignment between legal guarantees and practices in the field. This research uses the following method: normative juridical with a statutory regulatory approach. The analysis focuses on Law No. 17 of 2023 concerning Health, Law No. 4 of 2024 on the Well-Being of Mothers and Children, PP No. 61 of 2014 concerning Reproductive Health, as well as Minister of Health Regulation No. 2 of 2025 concerning the Implementation of Reproductive Health Efforts. The study results show that women, including those in unmarried relationships, are legally entitled to quality, safe, and discrimination-free reproductive health services. However, respondents have not fully accessed formal health services, including education, counseling, and medical support. Support is primarily obtained from family and religious institutions. The biggest barriers lie in social stigma and discrimination, which negatively impact respondents' mental and social health.

Keywords: Reproductive health, unmarried relationships, adolescents**ABSTRAK**

Hak atas kesehatan reproduksi merupakan bagian dari hak asasi manusia yang dijamin oleh berbagai regulasi di Indonesia. Namun, implementasi hak tersebut seringkali menghadapi kendala, khususnya bagi perempuan yang berada dalam hubungan tanpa ikatan pernikahan. Kelompok ini kerap mengalami keterbatasan akses layanan, diskriminasi, serta stigma sosial yang memperburuk kondisi fisik maupun psikis. Oleh karena itu, penelitian ini penting untuk menelaah kesesuaian antara jaminan hukum dan praktik di lapangan. Jenis penelitian ini menggunakan metode yuridis normatif dengan pendekatan peraturan perundang-undangan. Analisis difokuskan pada UU No. 17 Tahun 2023 tentang Kesehatan, UU No. 4 Tahun 2024 tentang Kesejahteraan Ibu dan Anak, PP No. 61 Tahun 2014 tentang Kesehatan Reproduksi, serta Permenkes No. 2 Tahun 2025 tentang Penyelenggaraan Upaya Kesehatan Reproduksi. Hasil penelitian menunjukkan bahwa perempuan, termasuk yang berada dalam hubungan tanpa ikatan pernikahan, secara hukum berhak atas pelayanan kesehatan reproduksi yang bermutu, aman, dan bebas diskriminasi. Namun, responden belum sepenuhnya mengakses layanan kesehatan formal, baik edukasi, konseling, maupun dukungan medis. Dukungan lebih banyak diperoleh dari keluarga dan lembaga keagamaan. Hambatan terbesar terletak pada stigma sosial dan diskriminasi, yang berdampak negatif terhadap kesehatan mental dan sosial responden.

Kata Kunci: Kesehatan reproduksi, hubungan tanpa ikatan pernikahan, remaja**1. INTRODUCTION**

Technological developments and globalization have significantly influenced adolescent behavior, including the rise in premarital sexual behavior. Adolescence (ages 15–21) is characterized by physical, psychological, and social changes, as well as a strong desire to explore one's identity. This heightened curiosity about sex is often not matched by adequate

sexual education, either from parents or educational institutions. As a result, adolescents primarily obtain information from the internet, social media, and social environments that can lead to pornography and other deviant behavior.

Data from the National Family Planning Coordinating Board (BKKBN) in 2024 showed a significant increase in premarital sex among adolescents aged 15–19, with 59% of girls and 74% of boys engaging in premarital sex. This situation has serious consequences, such as unwanted pregnancies, illegal abortions, and threats to reproductive health. From a religious, social, and legal perspective, premarital sex is considered deviant and contrary to societal norms.

Although the Criminal Code (KUHP) does not explicitly regulate sexual relations between single people, customary norms and religious law still prohibit the practice. The government, through Government Regulation No. 61 of 2014 concerning Reproductive Health, emphasizes the importance of preventing risky sexual behavior among adolescents. Therefore, systematic efforts are needed through comprehensive sexual education, family supervision, religious guidance, and law enforcement to minimize premarital sexual behavior among adolescents.

2. LITERATURE REVIEW

Indonesia, as a nation based on the rule of law, places human rights (HAM) as a fundamental element in state governance. The 1945 Constitution and Law No. 39 of 1999 affirm that human rights are inherent in the nature and existence of human beings as gifts from God Almighty, which must be respected, upheld, and protected. These rights include the right to life, the right to family, the right to justice, the right to security, children's rights, and women's rights. One important form of human rights is the right to health, including reproductive health. Violations of the right to health can be viewed as human rights violations because health is a fundamental right that affects the quality of human life.

Contract law in the Civil Code provides an important foundation for understanding legal relationships between individuals. According to Article 1313 of the Civil Code, a contract is a legal act in which one or more parties bind themselves to another party. To be valid, a contract must meet the requirements set out in Article 1320, namely agreement, legal capacity, a specific object, and a lawful cause. Furthermore, contract law is based on fundamental principles, such as the principle of consensualism, the principle of freedom of contract, the principle of binding force, the principle of legal certainty, and the principle of good faith. All of these principles affirm that contracts have binding legal force for the parties, as stipulated in law.

Reproductive health, according to the WHO and Law No. 36 of 2009 concerning Health, is a state of physical, mental, and social well-being, not merely the absence of disease or disability related to reproductive functions and processes. Factors influencing reproductive health include socioeconomic, cultural, psychological, and biological aspects. Low education, incorrect traditional practices, adolescent depression, and sexually transmitted infections are risk factors that can hinder reproductive health. Therefore, reproductive health must be understood as an integral part of the fulfillment of human rights.

Romantic relationships between adolescents and adults are generally based on feelings of love and a desire for belonging. Behaviors within romantic relationships can vary, from feelings of attraction, holding hands, kissing, to sexual intercourse. These sexual behaviors are influenced by experience, personality, religious values, family roles, and reproductive knowledge. Unbalanced psychosocial maturity often makes it difficult for adolescents to control sexual urges, leading to risky behavior. Mass media, peers, and the social environment also provide stimuli that reinforce the tendency for premarital sexual behavior.

According to Law No. 1 of 1974, marriage is a physical and spiritual bond between a man and a woman with the aim of forming a happy and eternal family based on the One Almighty God. Marriage is seen as a symbol of commitment, a means of sharing love, achieving

happiness, and legitimizing sexual relations and procreation. The primary purpose of marriage is to legalize sexual relations, form a harmonious family, and create prosperity for husband, wife, and children. Thus, marriage has social, legal, and religious values that distinguish it from romantic relationships without the bonds of marriage.

3. METHODS

This type of research uses a normative juridical legal method or library research, namely research that uses library materials as the primary data source, including legislation, literature, and previous research results. The approach used is a statutory approach by examining regulations related to the legal issues discussed, as well as a conceptual approach through the study of legal concepts, legal principles, and academic perspectives relevant to reproductive health rights issues. The data sources used include primary legal materials (the 1945 Constitution, the Civil Code, Law No. 1 of 1974 concerning Marriage, Law No. 35 of 2014 concerning Child Protection, Law No. 17 of 2023 concerning Health, Law No. 4 of 2024 concerning Maternal and Child Welfare, Government Regulation No. 61 of 2014 concerning Reproductive Health, and Minister of Health Regulation No. 2 of 2025 concerning the Implementation of Reproductive Health Efforts), secondary legal materials in the form of journals, books, archives, and official websites, as well as tertiary legal materials such as encyclopedias, internet media, magazines, and newspapers that discuss reproductive health issues.

Data collection was conducted through a literature review of primary, secondary, and tertiary legal materials, as well as fieldwork in the form of interviews with sources relevant to the research problem, particularly those involved in unmarried romantic relationships. The data obtained were then analyzed using content analysis techniques to describe and classify the information according to research categories. The results of this analysis are presented descriptively by describing, describing, and explaining the legal phenomena that occur regarding women's reproductive health rights in unmarried romantic relationships.

4. RESULTS AND DISCUSSIONS

4.1. Legal Status of Relationships Without Marital Bonds in the Light of Legislation

Based on the results of interviews with respondents, the legal status of relationships without the bonds of marriage can be reviewed from several laws and regulations. First, referring to Law Number 1 of 1974 concerning Marriage, specifically Article 7 paragraph (1), it is stipulated that marriage is only permitted if the man is 19 years old and the woman is 16 years old. This provision sets the minimum age requirement for a marriage to be considered legally valid. In the case of the respondent who is 18 years old, even though they are old enough to marry, the relationship they are engaged in cannot be recognized as a legal marriage because it was not carried out within the bonds of marriage. Consequently, the relationship does not have the same legal consequences as a legal marriage. If a pregnancy occurs outside of marriage, the child's status only has a civil relationship with the mother and the mother's family, unless there is recognition or legal determination from the father.

Second, Law Number 35 of 2014 concerning Child Protection, specifically Articles 59, 76D, and 76E, stipulates that the state is obliged to provide special protection to children under 18 from all forms of violence, exploitation, and indecent acts. Sexual relations with children, even if consensual, are still categorized as a criminal offense because children are not yet considered capable of giving valid consent. However, in this case, the respondent was 18 years old and therefore legally competent to give consent. Therefore, the relationship the respondent engaged in cannot be categorized as a criminal offense. Thus, the romantic relationship without the bonds of marriage still does not have the legal legitimacy of marriage, but at the same time cannot be considered a criminal offense because the respondent's age has met the requirements of legal capacity.

4.2. Protection of Reproductive Health Rights for Women in Unmarried Relationships

Protection of reproductive health rights for women in unmarried relationships is regulated by various laws and regulations. Under Law No. 17 of 2023 concerning Health, every woman, including unmarried women, still has the right to reproductive health, which includes the pre-pregnancy period, pregnancy, childbirth, contraception, and reproductive health. Article 55 affirms that everyone has the right to a healthy, safe, and discrimination-free reproductive and sexual life, and to receive reproductive health education and counseling. This demonstrates that the state fully recognizes women's reproductive rights regardless of marital status. However, interviews with respondents indicate that knowledge of these rights remains limited, as education is primarily obtained from schools, social media, parents, and churches, while access to formal government services is lacking.

Law No. 4 of 2024 concerning Maternal and Child Welfare emphasizes the goal of protecting women from discrimination, exploitation, and degrading treatment. For women in unmarried relationships, this provision provides a legal basis to guarantee their right to access reproductive health services. However, in practice, respondents face social stigma and discrimination from their surrounding environment, which negatively assesses their relationship status, even though they still formally receive health services.

Government Regulation No. 61 of 2014 concerning Reproductive Health emphasizes that reproductive health rights are inherent in every person, including women who experience pregnancies outside of marriage. Both central and regional governments are required to guarantee access to promotive, preventive, curative, and rehabilitative services, as well as to provide safe, high-quality, and affordable healthcare facilities. However, respondents never accessed these official services, and even in cases of premarital pregnancies, they received more support from churches than from government health institutions. This demonstrates the weak role of the state in implementing reproductive health protection.

Minister of Health Regulation No. 2 of 2025 concerning the Implementation of Reproductive Health Efforts emphasizes the importance of service. Reproductive health encompasses physical, mental, and social aspects throughout the life cycle, including for adolescents. Respondents who become sexually active at age 18 should receive comprehensive reproductive counseling services, including information on contraception, sexually transmitted infection prevention, and psychosocial support. However, in reality, they only receive general knowledge without formal support from health services, so preventive and rehabilitative protection is not fully realized.

Thus, it can be concluded that normatively, Indonesian regulations have provided a strong legal basis to guarantee the reproductive health rights of every woman, including those in unmarried relationships. However, in terms of implementation, significant gaps remain, with respondents not fully realizing these rights due to limited access to formal services, inadequate outreach, and social stigma. This situation underscores the need to enhance the state's role in providing reproductive health services that are youth-friendly, free from discrimination, and truly accessible to all women.

5. CONCLUSION

Based on the discussion, it can be concluded that a relationship without a marriage bond is not recognized by state law and therefore does not have the same legal consequences as a valid marriage. Children born from such a relationship only have a civil relationship with the mother and her family, unless there is legal recognition or determination from the father. Child protection under the law is provided until the age of 18. Because the respondent is 18 years old, she is considered legally competent, so the relationship cannot be categorized as a criminal act.

Furthermore, the right to reproductive health is guaranteed by law, including the right to information, education, counseling, and safe and quality reproductive health services. However, in practice, respondents have not fully obtained these rights through state services, but rather rely on information and support from schools, parents, social media, and religious institutions. This indicates that the implementation of state policies to fulfill reproductive health rights is still suboptimal. The lack of outreach, limited youth-friendly counseling services, and the social stigma that worsens respondents' psychological conditions are major challenges that must be addressed immediately to truly achieve the goal of protecting reproductive health rights.

Based on the research findings, several recommendations need to be considered to strengthen the protection of reproductive health rights. The central and regional governments need to increase outreach on reproductive health rights and provide youth-friendly, professional, and discrimination-free counseling services so that adolescents can obtain appropriate information and support. Educational institutions are expected to strengthen their reproductive health curricula and ensure the availability of competent educators or counselors to provide guidance and direction to students. Furthermore, the community is also expected to reduce the negative stigma against women who experience pregnancy outside of marriage and provide moral, psychological, and social support to prevent further marginalization. Furthermore, adolescents, especially women, need to increase awareness of the importance of maintaining reproductive health, understand the risks of sexual relations outside of marriage, and be courageous in seeking information and utilizing available official services as a form of self-protection.

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