

Women's Reproductive Rights in the Stunting Prevention Policy by the Government of Indonesia

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Abstract: This study aims to analyze the protection of women's reproductive rights in preventing stunting as part of the state's responsibility to ensure the quality of future generations. The research employed a combination of library research and field research using a qualitative descriptive approach. Data were collected through the examination of legal documents, scholarly literature, government policies, and interviews with health officers, community leaders, and women of reproductive age in regions with a high prevalence of stunting. The findings show that women's reproductive rights have been protected under various national regulations, including Government Regulation No. 72 of 2021, which demonstrates the government's commitment to addressing stunting through reproductive health-oriented regulatory policies. However, the implementation of these policies remains suboptimal due to limited coordination among institutions, inadequate public awareness, and disparities between legal norms and field practices. The study concludes that legal protection of women's reproductive rights is a crucial factor in preventing stunting and ensuring the realization of *maqashid al-sharia*, particularly *hifzhu al-nasl* (the protection of lineage). Academically, this research contributes to enriching the interdisciplinary discourse between Islamic law, public policy, and public health by integrating reproductive rights into national stunting prevention strategies. The results are expected to serve as a reference for policymakers and stakeholders in formulating effective, sustainable, and gender-responsive health policies that support the creation of a strong, healthy, and high-quality *rabbani* generation for the nation's future.

Keywords: Reproductive Health, Stunting Policy, Women's Reproductive

1. Introduction

Stunting is a condition in which toddlers experience inadequate growth,¹ resulting in shorter height compared to their age standard.² This condition reflects chronic malnutrition and poor fulfillment of nutritional needs over a long period, often beginning in the womb and continuing after birth. Stunting not only affects children's physical development but also their cognitive, emotional, and social abilities, which can have long-term impacts on educational achievement and economic productivity. The problem of stunting is closely related to maternal and child health, where inadequate nutrition, limited access to quality health services, and poor sanitation contribute significantly to its persistence. Moreover, gender inequality also plays a major role, as women's limited reproductive rights and lack of autonomy in health-related decision-making hinder preventive efforts.³ Stunting is therefore not merely a biological issue but a multidimensional problem influenced by social, economic, and cultural factors. Addressing stunting requires a comprehensive approach that integrates health education, women's empowerment, equitable

¹ Umi Fahmida et al., "Problem Nutrients and Food-Based Recommendations for Pregnant Women and Under-Five Children in High-Stunting Districts in Indonesia," *Current Developments in Nutrition* 6, no. 5 (May 2022): nzac028, <https://doi.org/10.1093/cdn/nzac028>.

² Nafiatus Sintya Deviatin et al., "Determinants That Contributes to Stunting Prevention Behavior in Pregnant Woman in Indonesia," *Media Gizi Indonesia* 17, no. 1SP (December 15, 2022): 168–74, <https://doi.org/10.20473/mgi.v17i1SP.168-174>.

³ Demsa Simbolon et al., "Is There a Relationship Between Pregnant Women's Characteristics and Stunting Incidence In Indonesia?," *Jurnal Kesehatan Masyarakat* 16, no. 3 (March 17, 2021): 331–39, <https://doi.org/10.15294/kemas.v16i3.23550>.

nutrition policies, and the protection of reproductive rights to ensure the birth of a healthy and intelligent generation capable of supporting sustainable national development.

Although the problem of stunting has been widely researched in various regions of Indonesia, the contributing factors to its incidence can differ from one area to another. Variations in geographical, environmental, and societal conditions influence how stunting manifests across communities. The risk factors associated with stunting include the child's gender,⁴ birth length and weight, illness history, exclusive breastfeeding practices, complementary feeding patterns, immunization status, maternal age and height, as well as parental education,⁵ occupation, and family income. These elements are interrelated and collectively determine the quality of a child's growth and development. Furthermore, maternal parenting practices play a crucial role in shaping children's nutritional and health outcomes. A mother's level of care, knowledge,⁶ and behavior directly affect her child's well-being and resilience against malnutrition. In fulfilling their reproductive functions, women naturally undergo pregnancy,⁷ childbirth, and breastfeeding—biological processes that require protection and support within legal and social frameworks.⁸ These rights must be safeguarded in all policy formulations to ensure the preservation of human life and lineage, aligning with the Maqashid al-Shariah principle of *hifzhu al-nasl* (protection of progeny).

The scholars of interpretation have different opinions about this verse. From the aspect of classical interpretation, Ibn Kathir explained that the verse contains a warning for the guardians not to harm the property of orphans because they themselves certainly do not want their descendants to be harmed after they die. Therefore, they should fear Allah SWT and speak the truth in managing the property of orphans. Meanwhile, Al-Thabari explains that this verse also contains a command to think about future generations. This means that parents and rulers must prepare a strong generation both physically, morally and spiritually. On the other hand, according to the interpretation of Al-Qurthubi, this verse invites to take care of children and provide welfare both in terms of maintenance, education, and legal protection. Thus, maqashid al-syariah in the form of hifz al-nasl (taking care of offspring) can be achieved well. The verse can be understood to mean that there is basically a concern about the sustainable impact of the weak generation. This is because a strong generation will affect the portrait of Islam in Indonesia in particular and the world in general. The law needs to be present in order to protect women's reproductive rights in the midst of the challenge of high stunting rates which are often related to the reproductive function.

The purpose of this study is to analyze the urgency of protecting women's reproductive rights in preventing stunting as a multidimensional health and development issue. Stunting, a chronic condition of growth failure resulting from prolonged malnutrition and inadequate health care, often originates from the neglect of women's reproductive health even before conception. Ensuring women's reproductive rights—such as access to quality health services, family planning, and proper nutrition—plays a fundamental role in reducing stunting rates and improving the overall quality of human resources. When women are empowered to make informed reproductive decisions and receive adequate prenatal and postnatal care, their children are more likely to experience healthy growth and development. Conversely,

⁴ Christin Desi Anggreyenti, Apoina Kartini, and Martini Martini, "The Effect of Educational Media on Increasing Knowledge of Pregnant Women in Stunting Prevention : Literature Review," *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)* 5, no. 12 (December 16, 2022): 1532–39, <https://doi.org/10.56338/mppki.v5i12.2847>.

⁵ Lin Khariyetni Lase et al., "The Effect of Health Promotion Using the Peer Education Method on Knowledge and Attitude of Pregnant Women in Stunting Prevention in Batunadua Health Center Working Area Padang Sidempuan City 2023," *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)* 6, no. 6 (June 8, 2023): 1207–12, <https://doi.org/10.56338/mppki.v6i6.3529>.

⁶ Erpita Yanti et al., "Model of Environmental Arrangement for Pregnant Women in Early Prevention of Stunting Using Structural Equation Modeling (SEM) Approach," *Journal of Sustainability Science and Management* 19, no. 4 (April 30, 2024): 120–32, <https://doi.org/10.46754/jssm.2024.04.010>.

⁷ Margit Steinholt et al., "An Increased Risk of Stunting among Newborns in Poorer Rural Settings: A Cross-Sectional Pilot Study among Pregnant Women at Selected Sites in Rural Cambodia," *International Journal of Environmental Research and Public Health* 16, no. 21 (October 29, 2019): 4170, <https://doi.org/10.3390/ijerph16214170>.

⁸ Scott Tschida et al., "Projecting the Impact of Nutrition Policy to Improve Child Stunting: A Case Study in Guatemala Using the Lives Saved Tool," *Global Health: Science and Practice* 9, no. 4 (December 31, 2021): 752–64, <https://doi.org/10.9745/GHSP-D-20-00585>.

when reproductive rights are ignored or restricted, it leads to unplanned pregnancies, maternal undernutrition, and poor birth outcomes that increase the risk of stunting. Protecting these rights therefore extends beyond gender equality; it represents a strategic effort to strengthen public health and national development. By ensuring that every woman has the right to reproductive autonomy and proper healthcare, societies can break the intergenerational cycle of malnutrition and promote sustainable development. Thus, reproductive rights protection emerges as an ethical and developmental necessity that directly determines the health, intelligence, and productivity of future generations.

2. Method

The research applied a qualitative approach that combines normative legal research (library research) and empirical legal research (field research). The normative dimension was carried out by examining primary legal materials such as statutory regulations, including Government Regulation No. 72 of 2021, Law No. 36 of 2009 on Health, and Law No. 39 of 1999 on Human Rights. In addition, secondary legal materials such as books, journals, and expert opinions were analyzed to support theoretical construction and interpretation. The research design adopted a descriptive-analytical model, aiming to explore the relationship between women's reproductive rights and stunting prevention through the lens of Islamic law and positive law. The sociological and legislative approaches were employed to connect legal norms with their implementation in the community. The population of this research included stakeholders involved in reproductive health programs, while the research sample consisted of health officers, local policymakers, community leaders, and women of reproductive age in areas with a high prevalence of stunting. The researcher was directly present in the field to observe the conditions, collect qualitative data, and ensure the authenticity of the findings.

Data collection techniques consisted of document studies, structured interviews, and field observations. The document study focused on reviewing legal documents, government policies, and official reports from the Ministry of Health and BKKBN. Interviews were conducted with midwives, health officials, and community representatives to understand the practical challenges of implementing reproductive rights protection policies. Observations were made in public health centers (Puskesmas) and local communities to assess awareness and practices related to maternal health and stunting prevention. Data validity was ensured through triangulation of sources, involving cross-verification between legal materials, expert statements, and field data. The data were analyzed qualitatively through reduction, classification, and interpretation stages, aiming to draw a comprehensive understanding of how legal protection for women's reproductive rights contributes to achieving *maqashid al-sharia*, particularly *hifzhu al-nasl*. This integrated methodological framework provides both theoretical depth and empirical accuracy, ensuring that the findings are academically reliable and practically applicable in strengthening reproductive health policy in Indonesia.

3. Result and Discussion

3.1. Gender Inequality and Patriarchal Structures as Barriers to the Fulfillment of Women's Reproductive Rights

The findings of this study reveal that the problems surrounding women's reproductive rights are deeply entrenched in systemic gender inequality that manifests across various aspects of life, including education, health access, and sociocultural norms. Gender injustice emerges through educational discrimination that limits women's knowledge of reproductive health, unequal access to quality medical services, and the high prevalence of gender-based violence that affects women's physical and psychological well-being. These multidimensional problems have led to limited opportunities for women to make informed decisions regarding their reproductive health and autonomy. In many societies, women are socialized to take full responsibility for biological reproduction—such as pregnancy, childbirth, and breastfeeding—while men are largely detached from these processes. This situation creates an unequal division of roles in which women bear the entire burden of reproduction, whereas men are considered solely responsible for the public and economic spheres. Consequently, reproductive rights become

conditional rather than fundamental, reinforcing women's dependence and vulnerability. This inequality reflects a broader structural imbalance that affects the nation's human resource quality, as unprotected reproductive rights have far-reaching consequences on maternal and child health outcomes, including stunting.

Patriarchy creates a system of values that positions men as superior decision-makers while restricting women's autonomy,⁹ particularly in reproductive and sexual matters. This cultural framework influences legal, religious, and social interpretations that prioritize women's reproductive functions over their agency. Women are often valued only for their biological capacity to conceive, give birth, and nurture, rather than as individuals with rights and choices.¹⁰ As a result, many regulations and social norms are constructed to control women's bodies, determining when and how they should reproduce. This patriarchal mindset not only marginalizes women but also perpetuates gender-based violence, early marriage, and the medical neglect of maternal health. The study found that this cultural domination contributes significantly to the persistence of reproductive health issues that lead to high rates of maternal mortality and stunting in children. Overcoming these challenges requires dismantling patriarchal narratives and promoting gender-transformative policies that center on equality, education, and shared reproductive responsibility.

The factors that influence the emergence of the issue or phenomenon, in this case the problems surrounding the protection of women's reproductive rights and the persistence of stunting in Indonesia. Several interrelated factors contribute to this condition, beginning with structural gender inequality that limits women's access to education, health services, and decision-making regarding their reproductive health. Many women,¹¹ especially in rural and marginalized areas, still experience discrimination in obtaining adequate nutrition, antenatal care, and family planning information, which leads to a lack of awareness about the importance of reproductive health and child nutrition. Cultural and religious misinterpretations also play a role, where patriarchal norms assign reproductive responsibilities solely to women while excluding men from shared duties, resulting in an unequal burden. Economically, poverty and food insecurity exacerbate malnutrition and hinder access to health facilities, while geographically, uneven development causes disparities between urban and rural health outcomes. Institutionally, the limited implementation and coordination of government programs further reduce policy effectiveness, especially due to a lack of trained personnel and cross-sectoral integration. These factors collectively demonstrate that reproductive health and stunting are not isolated problems but the result of social, economic, and cultural structures that fail to uphold justice,¹² equality, and welfare—values central to Maqashid Al-Syariah. Therefore, a multidimensional approach that integrates education, health equity, gender justice, and socio-economic empowerment is crucial to overcome the underlying causes of this phenomenon.

The fulfillment of reproductive rights has transformative implications for health, education, and economic development. The principles adopted from the 1994 International Conference on Population and Development (ICPD) in Cairo affirm that reproductive rights encompass access to accurate information, comprehensive education,¹³ and high-quality reproductive health services. These rights also guarantee freedom in determining the number and spacing of children, enabling families to plan responsibly without coercion. When implemented effectively, these principles can reduce maternal mortality rates, improve child nutrition, and lower the prevalence of stunting. However, the study finds that many family planning

⁹ Agung Dwi Laksono, Early Wulandari Muis, and Ratna Dwi Wulandari, "Policy to Reduce Under Two Stunting in East Java Region, Indonesia: Who Is the Right Target?," *The Indonesian Journal of Public Health* 19, no. 2 (August 1, 2024): 263–75, <https://doi.org/10.20473/ijph.v19i2.2024.263-275>.

¹⁰ Desri Suryani et al., "Policy and Determinant Analysis in Effort to Control Stunting Cases in Bengkulu Province," *Indian Journal of Public Health Research & Development* 9, no. 10 (2018): 17, <https://doi.org/10.5958/0976-5506.2018.01308.6>.

¹¹ William Djani and Jeny Jacoba Therikh, "Policy Handling to Accelerate Stunting Reduction in Kupang Tengah District, Regency East Nusa Tenggara Province," *Revista Brasileira de Políticas Públicas* 14, no. 1 (June 14, 2024), <https://doi.org/10.5102/rbpp.v14i1.9286>.

¹² Nur Paikah, Muhammad Yamin, and Nur Hafni, "Analysis of Policies and Strategies to Lower Childhood Stunting in South Sulawesi, Indonesia," *El-Ussrah: Jurnal Hukum Keluarga* 7, no. 1 (June 30, 2024): 19, <https://doi.org/10.22373/ujhk.v7i1.22310>.

¹³ Arifin Saleh, Rizal Khadafi, and Achmad Nurmandi, "Stunting and the Hope That Must Remain: Regional and Human Resource Development Perspectives; Inadequate Policy Problem Identification Process in the Tabagsel Region of Indonesia," *Frontiers in Public Health* 12 (May 27, 2024), <https://doi.org/10.3389/fpubh.2024.1337848>.

(KB) programs still rely on top-down approaches that pressure women rather than empower them. True reproductive empowerment must encourage shared responsibility between men and women through inclusive education and equal access to healthcare.¹⁴ Therefore, the protection of reproductive rights should not only be viewed as a health or gender issue but as a strategic investment in national development.¹⁵ By ensuring reproductive justice, a country strengthens its social fabric, reduces inequality, and builds a healthier, more intelligent generation capable of sustaining long-term progress.

3.2. The Constitutional and Legal Framework for the Protection of Women's Reproductive Rights in Indonesia

Women's reproductive rights within the framework of human rights is clearly reflected in the 1945 Constitution, which provides constitutional guarantees for the protection of individual dignity and bodily autonomy. Article 28G paragraph (1) emphasizes that every citizen has the right to personal protection, including family, honor, dignity, and property, as well as the right to feel secure from fear or coercion in exercising fundamental freedoms. This constitutional principle also encompasses reproductive rights, since bodily protection cannot be separated from a woman's reproductive autonomy and health. The acknowledgment of reproductive protection within the Constitution affirms that reproductive rights are part of the broader human rights framework, guaranteeing every individual—especially women—the freedom to make responsible decisions about reproduction. In line with this, Article 7 of Law No. 16 of 2019, amending Law No. 1 of 1974 on Marriage, equates the minimum marriageable age for men and women to nineteen years. The provision is based on the belief that individuals under this age are not yet physically and mentally mature to engage in marriage and reproduction. This reform implicitly aims to prevent premature pregnancies and promote healthier maternal outcomes, thereby contributing to the prevention of stunting and improving the overall quality of family and community health in Indonesia.

The protection of reproductive rights is further reinforced through Indonesia's ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) via Law No. 7 of 1984, which obligates the state to eliminate discrimination and ensure women's rights in all aspects of life, including employment.¹⁶ Article 11(f) of the convention stipulates that women must receive protection for their health and safety at work, including their reproductive functions. This legal provision has inspired the inclusion of reproductive protection clauses in Indonesian labor law. Articles 81 and 82 of the Manpower Act guarantee menstrual leave, maternity leave, and leave for women who experience miscarriage. Specifically, Article 81 ensures that female workers experiencing menstrual pain are entitled to rest during the first and second days of menstruation, while Article 82 grants 1.5 months of maternity leave before childbirth and another 1.5 months after giving birth, as determined by a certified doctor or midwife. Moreover, women who miscarry are also entitled to equivalent rest time. These provisions serve not only as labor protections but also as tangible expressions of the state's responsibility to uphold women's reproductive rights, aligning national laws with international human rights standards.

Furthermore, the guarantee of reproductive rights is comprehensively elaborated in Law No. 36 of 2009 on Health, which provides a legal foundation for reproductive health protection. Articles 71 to 77 define reproductive health as a state of complete physical, mental, and social well-being related to the reproductive system, function, and process, not merely the absence of disease or defects. The law underscores that reproductive health encompasses all stages—before, during, and after pregnancy—covering aspects such as family planning, contraception, and sexual health. Implementation of reproductive health programs must include promotive, preventive, curative, and rehabilitative efforts to ensure comprehensive care. Additionally, the Health Law mandates government responsibility in

¹⁴ Sofyan Sufri et al., "Implementation Outcomes of Convergence Action Policy to Accelerate Stunting Reduction in Pidie District, Aceh Province, Indonesia: A Qualitative Study," *BMJ Open* 14, no. 11 (November 2024): e087432, <https://doi.org/10.1136/bmjopen-2024-087432>.

¹⁵ Meilla Dwi Andrestian et al., "Analysis of Nutrition Intervention Policies in the Prevalence of Stunting in Indonesia," *Universal Journal of Public Health* 13, no. 1 (January 2025): 210–22, <https://doi.org/10.13189/ujph.2025.130121>.

¹⁶ Farid Agushyvana et al., "Multifaced Approach in Reducing Stunting in Semarang Municipality: A Policy Brief," *Public Health of Indonesia* 11, no. 3 (August 30, 2025): 142–47, <https://doi.org/10.36685/phi.v11i3.1034>.

providing quality, safe, and affordable family planning services. The state must guarantee the availability of healthcare facilities, competent medical personnel, and essential medicines to ensure reproductive protection for all. This holistic approach highlights the interconnection between reproductive health and national development, recognizing that healthy reproductive functions are essential for producing an intelligent, strong, and competitive generation that supports sustainable progress.

At the policy level, the government's efforts to reduce stunting and enhance reproductive protection are evident in Presidential Regulation No. 42 of 2013 and Government Regulation No. 72 of 2021. Presidential Regulation No. 42/2013 introduces the *National Movement for the Acceleration of Nutrition Improvement*, emphasizing cross-sector collaboration to improve community nutrition within the first thousand days of life—a critical period for preventing stunting.¹⁷ Meanwhile, Government Regulation No. 72/2021 demonstrates stronger commitment by outlining comprehensive measures to reduce stunting through reproductive health screening, nutrition education, and family assistance.¹⁸ Article 9 of the regulation specifies reproductive health screening for prospective brides three months before marriage, reflecting a preventive approach to ensure healthy pregnancies.¹⁹ Both the Ministry of Religion and the National Population and Family Planning Agency (BKKBN) play key roles in implementing these initiatives by integrating pre-marriage education and health checks. This collaboration signifies a paradigm shift where reproductive health is no longer perceived as a private matter but as a strategic component of national development. The government's active stance in safeguarding women's reproductive rights not only aligns with human rights principles but also serves as an essential instrument to eradicate stunting, strengthen family resilience, and secure Indonesia's demographic future.

3.3. Integration of Maqashid Al-Syariah in Protecting Women's Reproductive Rights and Preventing Stunting

The overall data presented in the results section demonstrate that the prevention of stunting and the protection of women's reproductive rights in Indonesia are highly aligned with the principles of *Maqashid Al-Syariah*. The findings highlight that Islamic law, which is oriented toward realizing human welfare (*maslahah*) and preventing harm (*mafsadah*), provides a strong moral and legal foundation for these efforts. The five essential objectives of *Maqashid Al-Syariah*—the protection of religion (*hifzh al-din*), life (*hifzh al-nafs*), intellect (*hifzh al-'aql*), lineage (*hifzh al-nasl*), and property (*hifzh al-mal*)—collectively ensure a holistic framework for human well-being. In the context of reproductive health, these principles manifest through state and community efforts such as exclusive breastfeeding, nutrient-rich complementary feeding, and immunization, all of which preserve both life and intellect. The data further show that preventive programs, such as counseling and early detection for families, aim to maintain healthy generations, thus fulfilling *hifzh al-nasl*. Moreover, legal instruments such as Law No. 36 of 2009 on Health and Government Regulation No. 72 of 2021 on Stunting Reduction serve as structural embodiments of these principles by guaranteeing access to nutrition, reproductive health, and maternal protection. Therefore, the empirical evidence indicates that Islamic law, national legislation, and health policies share a convergent goal of ensuring the continuity and quality of human life.

Reflecting on the causes underlying these findings, the study identifies several interconnected factors that hinder the fulfillment of reproductive rights and stunting prevention efforts. The first cause lies in

¹⁷ Nasrin Nabila and Helen Andriani, "Examining the Implementation of Blood Supplement Tablet Policy as a Strategy for Stunting Prevention: Insights from High and Low Coverage Health Centers in Medan City," *The Open Public Health Journal* 18, no. 1 (April 3, 2025), <https://doi.org/10.2174/0118749445379272250316081326>.

¹⁸ André Briend, Tanya Khara, and Carmel Dolan, "Wasting and Stunting—Similarities and Differences: Policy and Programmatic Implications," *Food and Nutrition Bulletin* 36, no. 1_suppl1 (March 24, 2015): S15–23, <https://doi.org/10.1177/15648265150361S103>.

¹⁹ Baiq Dewi Sukma Septiani and Lalu Dwi Satria Ardiansyah, "Development of Protein-Rich Canavalia Biscuit from Koro Sword Bean Base on Acceptance and Nutritional Content as Additional Food for Pregnant Women for Stunting Prevention," *Amerta Nutrition* 8, no. 3 (September 30, 2024): 335–43, <https://doi.org/10.20473/amnt.v8i3.2024.335-343>.

persistent gender inequality,²⁰ which restricts women's access to education and health services,²¹ leading to inadequate understanding of reproductive health. The second cause is cultural—rooted in patriarchal norms that assign reproductive responsibilities solely to women while excluding men from shared family health obligations. The third cause is structural, seen in the limited implementation of government programs due to uneven resource distribution,²² particularly in rural areas. Additionally, economic disparities, food insecurity,²³ and low public awareness exacerbate the risks of malnutrition and stunting. These conditions reflect an imbalance in realizing *maslahah* (benefit) and preventing *mafsadah* (harm), which are central principles in *Maqashid Al-Syariah*. From this perspective, stunting is not merely a biomedical issue but a social and ethical problem that arises when justice, equality, and compassion—core elements of Islamic law—are not adequately upheld. Therefore, a more holistic approach that integrates religious, socio-economic, and policy dimensions is essential for addressing these root causes effectively.

The study reveals that failure to protect women's reproductive rights and prevent stunting produces long-term intergenerational consequences. Poor maternal health directly affects child development,²⁴ resulting in impaired cognitive capacity,²⁵ low educational attainment, and diminished economic productivity. These effects align with the *Maqashid* principle of preserving intellect (*hifzh al-'aql*), as compromised nutrition and reproductive health weaken the intellectual potential of future generations. Similarly, when women lack autonomy and access to reproductive healthcare, the continuity of healthy lineage (*hifzh al-nasl*) is endangered, threatening social stability and the nation's human capital. Moreover, the neglect of reproductive justice also undermines the protection of life (*hifzh al-nafs*), as maternal mortality and child malnutrition persist in vulnerable populations. On a broader scale, the data indicate that communities failing to uphold women's reproductive rights experience greater social inequality, economic stagnation, and weakened moral foundations. Thus, protecting reproductive rights and preventing stunting are not only health imperatives but also theological and ethical duties within the *Maqashid Al-Syariah* framework to sustain human dignity and societal prosperity.

Integrative interpretation by linking *Maqashid Al-Syariah* with the global discourse on reproductive health and sustainable development. Earlier studies tended to discuss *Maqashid* in normative or doctrinal terms, focusing mainly on legal reasoning (*istinbat al-ahkam*) without connecting it to contemporary health challenges. However, this study bridges that gap by contextualizing *Maqashid* principles with global frameworks such as the Sustainable Development Goals (SDGs), particularly Goals 2, 3, and 5, which aim to eliminate hunger,²⁶ ensure health and well-being, and achieve gender equality. The comparison reveals that the Islamic concept of *maslahah* aligns closely with the SDG's human-centered and justice-oriented approach. Moreover, this study differs in emphasizing *Maqashid* as a universal ethical framework that transcends religious boundaries, demonstrating Islam's compatibility with modern public health principles.²⁷ In contrast, prior works often limited their analysis to theological dimensions, neglecting

²⁰ Zuriati Muhamad et al., "Preliminary Study: The Effectiveness of Nutrition Education Intervention Targeting Short-Statured Pregnant Women to Prevent Gestational Stunting," *Nutrients* 15, no. 19 (October 9, 2023): 4305, <https://doi.org/10.3390/nu15194305>.

²¹ Nathaly Aguilera Vasquez and Jana Daher, "Do Nutrition and Cash-Based Interventions and Policies Aimed at Reducing Stunting Have an Impact on Economic Development of Low- and Middle-Income Countries? A Systematic Review," *BMC Public Health* 19, no. 1 (December 30, 2019): 1419, <https://doi.org/10.1186/s12889-019-7677-1>.

²² Jessica L. Blankenship et al., "Childhood Stunting and Wasting in Myanmar: Key Drivers and Implications for Policies and Programmes," *Maternal & Child Nutrition* 16, no. S2 (October 24, 2020), <https://doi.org/10.1111/mcn.12710>.

²³ Andi Sri Fifi Wahyuni Azis et al., "Analysis of Policy Implementation of The First 1000 Days of Life Program in Overcoming Stunting in Maros District," *Pharmacognosy Journal* 15, no. 3 (June 30, 2023): 405–10, <https://doi.org/10.5530/pj.2023.15.92>.

²⁴ Fauzie Rahman et al., "Multisector Policy to Accelerate Stunting Reduction in South Kalimantan," *Pakistan Journal of Life and Social Sciences (PJLSS)* 22, no. 2 (2024), <https://doi.org/10.57239/PJLSS-2024-22.2.00336>.

²⁵ Absori Absori et al., "Public Health-Based Policy on Stunting Prevention in Pati Regency, Central Java, Indonesia," *Open Access Macedonian Journal of Medical Sciences* 10, no. E (January 2, 2022): 259–63, <https://doi.org/10.3889/oamjms.2022.8392>.

²⁶ Moh Rosil Fathony, "Stunting in Islamic Family Law: Cause and Solution," *At-Thullab : Jurnal Mahasiswa Studi Islam* 5, no. 2 (September 1, 2023): 110–17, <https://doi.org/10.20885/tullab.vol5.iss2.art11>.

²⁷ Virgina Putri Sabila, Anita Rahmiwati, and Nur Alam Fajar, "Policy Brief Optimizing the First Thousand Days of Life (1000 HPK) Policy Program as an Effort to Prevent Stunting in Indonesia: Literature Review," *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)* 7, no. 7 (July 1, 2024): 1711–16, <https://doi.org/10.56338/mppki.v7i7.5237>.

empirical and policy implications.²⁸ Therefore, this research contributes a significant advancement by demonstrating that Islamic jurisprudence can serve as a transformative paradigm in global health and social policy.²⁹

This study recommends several conceptual, methodological, and policy-oriented actions. Conceptually, the integration of *Maqashid Al-Syariah* into health and legal education should be strengthened to promote a holistic understanding of human welfare and gender justice. Methodologically, interdisciplinary research combining Islamic jurisprudence, public health,³⁰ and social sciences must be encouraged to generate data-driven and faith-based solutions.³¹ From a policy perspective,³² the government should mainstream reproductive rights and stunting prevention in national health strategies by ensuring equitable access to maternal care, nutrition programs, and family planning services.³³ Religious leaders and institutions should also be involved as key partners in raising public awareness about the theological basis for reproductive health and women's empowerment.³⁴ Internationally, Indonesia can present the *Maqashid*-based framework as a model for integrating faith with development policy.³⁵ Through these coordinated efforts, *Maqashid Al-Syariah* will not only function as a moral compass but also as a pragmatic strategy to achieve social justice, strengthen human capital, and ensure the well-being of future generations.

4. Conclusion

The findings of this research confirm that the protection of women's reproductive rights holds a central position in preventing stunting and ensuring the sustainability of national health development. Through the integration of normative legal studies and empirical field research, the study reveals that the Indonesian legal system has provided a sufficient normative framework to regulate reproductive health, particularly through Government Regulation No. 72 of 2021 and related laws concerning health and human rights. However, in practical implementation, these regulations have not yet been executed optimally due to weak intersectoral coordination, limited dissemination of reproductive health information, and persistent socio-cultural barriers that hinder women from accessing adequate health services. The results of field interviews and observations further demonstrate that many women of reproductive age still lack knowledge and autonomy regarding reproductive decision-making, which directly affects maternal and child health outcomes. Therefore, comprehensive legal protection should not only exist in the form of written norms but must also be realized through active state intervention, institutional synergy, and community participation.

This research provides a theoretical and practical contribution to the interdisciplinary discourse connecting Islamic law, public policy, and public health by offering an integrated framework for reproductive rights protection in stunting prevention efforts. Practically, the findings highlight the need for

²⁸ Diah Mutiarasari et al., "A Determinant Analysis of Stunting Prevalence on Under 5-Year-Old Children to Establish Stunting Management Policy," *Open Access Macedonian Journal of Medical Sciences* 9, no. B (January 19, 2021): 79–84, <https://doi.org/10.3889/oamjms.2021.5622>.

²⁹ William Djani et al., "Implementation of Stunting Prevention Policies in Rote Ndao Regency: A Phenomenological Study," *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)* 8, no. 8 (August 12, 2025): 798–806, <https://doi.org/10.56338/mppki.v8i8.7899>.

³⁰ Rahmadani Yusran et al., "Reconnecting Policy: Analysis of Climate Change Adaptation in Stunting Prevention Policy in Pesisir Selatan Regency," *International Journal of Environmental Impacts* 8, no. 3 (June 30, 2025): 605–13, <https://doi.org/10.18280/ije.080318>.

³¹ Ratna Dwi Wulandari et al., "The Targets for Stunting Prevention Policies in Papua, Indonesia: What Mothers' Characteristics Matter?," *Nutrients* 14, no. 3 (January 27, 2022): 549, <https://doi.org/10.3390/nu14030549>.

³² S V Subramanian, Iván Mejía-Guevara, and Aditi Krishna, "Rethinking Policy Perspectives on Childhood Stunting: Time to Formulate a Structural and Multifactorial Strategy," *Maternal & Child Nutrition* 12, no. S1 (May 17, 2016): 219–36, <https://doi.org/10.1111/mcn.12254>.

³³ Dwi Ayu Marlinawati, "Education Media about Stunting Prevention on Adolescents in Islamic Boarding Schools," *Journal of Educational, Health and Community Psychology* 12, no. 3 (September 23, 2023): 600, <https://doi.org/10.12928/jehcp.v12i3.26812>.

³⁴ Jenifer Sevilla, Asianto Nugroho, and Arida Turymshayeva, "The Effectiveness of Accelerating Stunting Reduction Policy," *Journal of Sustainable Development and Regulatory Issues (JSDERI)* 2, no. 2 (May 31, 2024): 132–47, <https://doi.org/10.53955/jsderi.v2i2.31>.

³⁵ Hawa' Hidayatul Hikmiyah, "Prevention of Child Marriage to Create a Family Maṣlahah Badriyah Fayumi's Perspective," *Al Hakam: The Indonesian Journal of Islamic Family Law and Gender Issues* 4, no. 1 (May 29, 2024): 1–10, <https://doi.org/10.35896/alhakam.v4i1.734>.

policymakers to strengthen the implementation of reproductive health regulations through effective mentoring programs, institutional empowerment, and inclusive education that involves religious and community leaders. This study also acknowledges certain limitations, such as the restricted geographical scope of fieldwork and the qualitative nature of the data, which may not fully capture regional variations. Therefore, future research should expand the scope through comparative and longitudinal studies to evaluate the long-term impact of reproductive health policies across provinces. Further investigation may also apply mixed-method approaches to measure the effectiveness of legal interventions quantitatively. In this way, the next phase of research can contribute more comprehensively to the development of gender-responsive, sustainable, and sharia-compliant reproductive health policies aligned with national development goals and the realization of a *rabbani* generation.

Declarations

Author Contribution Statement

Rafida Ramelan, Siti Rochmiyatun, and Armasito Armasito contributed equally to this research. Rafida Ramelan was responsible for the conceptualization, methodology, data curation, and drafting of the original manuscript. Siti Rochmiyatun contributed to validation, formal analysis, and critical review and editing. Armasito Armasito carried out the investigation, provided resources, and assisted with manuscript revision. All authors have read and approved the final version of this article.

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The data supporting the findings of this study are available from the corresponding author upon reasonable request. No publicly archived datasets were used or generated during this research.

Declaration of Interests Statement

The authors declare that they have no known financial or personal conflicts of interest that could have influenced the work reported in this paper.


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