BEYOND HEALTH INFORMATION TRANSPARENCY: REPRODUCTIVE JUSTICE, BIOPOWER, AND WOMEN'S AUTONOMY IN INDONESIA

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Abstract

In Indonesia, transparency in reproductive health information has increasingly been promoted as a legal and policy strategy to address reproductive injustice and strengthen women's rights. Through instruments such as the Public Information Disclosure Act and Law No. 17 of 2023 on Health, the state formally recognises women's access to information regarding contraception, pregnancy, reproductive services, and health rights. However, this study critically examines whether transparency genuinely expands women's reproductive autonomy or instead reproduces subtle forms of governance over women's reproductive bodies. Employing a socio-legal approach, this study combines normative analysis of legal frameworks with critical discourse analysis to examine how women are constructed as legal subjects within Indonesia's reproductive health regime. The analysis is guided by feminist legal theory, Foucauldian biopolitics, and epistemic justice to explore the relationship between information, power, and reproductive decision-making. The findings reveal that legal recognition of reproductive health information does not automatically generate substantive autonomy. Although women may formally obtain reproductive knowledge, their ability to exercise meaningful choices remains constrained by patriarchal decision-making structures, unequal access to healthcare services, bureaucratic barriers, and the dominance of medical expertise. Transparency may therefore create an appearance of empowerment while simultaneously reinforcing institutional authority exercised by the state and healthcare systems. This study argues that reproductive justice requires more than expanding access to information; it requires transforming the power relations that determine who can access, interpret, and utilise reproductive knowledge. As an alternative framework, this study proposes epistemic sovereignty, understood as women's right to define, manage, and control reproductive knowledge according to their own circumstances. Genuine reproductive autonomy can only emerge when women are recognised not as passive recipients of information but as authoritative subjects within a rights-based and accountable reproductive health governance system.

Keywords: *Transparency; Reproductive Health; Epistemic Sovereignty; Biopower; Feminist Legal Theory.*

A. Introduction

Consider a plausible scenario: a 23-year-old woman in a rural district in East Nusa Tenggara learns that she is entitled to free contraceptive services at her local Community Health Centre *(Puskesmas).* This realisation is intended outcome of the government's newly launched 'health information transparency' programme, which aims to raise awareness of statutory rights by disseminating relevant public health data. She even carries a print-out of the provisions of Article

55 of Law No. 17 of 2023 on Health in her bag. However, upon arriving at the clinic, the attending healthcare worker nods and poses a single, gatekeeping question: "Has your husband agreed?" Her health data is duly recorded and entered into the national information system, becoming part of the Family Planning programme statistics reported to Jakarta. Can we genuinely conclude that this woman is freer by virtue of possessing information? Or has she, in fact, just stepped deeper into a regulatory web of power that records, classifies, and ultimately disciplines her body through mechanisms far more subtle than before? This is the central question inquiry this essay addresses.

This question is not merely rhetorical; it strikes at the heart of an issue long overlooked by both academics and the broader Indonesian women's movement. Our collectible preoccupation with information transparency as a solution to reproductive injustice against women may have led us into a conceptual trap – one that reinforces, rather than dismantles, the mechanisms of control over women's bodies and knowledge.

Law No. 14 of 2008 on Public Information Disclosure was enacted with a mission of democratisation: to guarantee every citizen's right to access information held by public bodies. In the nearly two decades in force, this law has frequently been used as the basis for advocacy campaigns demanding greater transparency in women's reproductive health information.[1] A consistent narrative has emerged in academic discourse and civil society activism: that the government remains insufficiently transparent, that women lack adequate information, and that the remedy lies in a more robust, equitable enforcement of the Public Information Disclosure Act to reach vulnerable groups. While this logic appears reasonable, it is also fundamentally flawed.

The argument developed in this article runs counter to this prevailing narrative. It contends that transparency regarding reproductive health information, as defined by the Public Information Disclosure Act and Law No. 17 of 2023 on Health, is not inherently emancipatory strategy for Indonesian women. Under current structural conditions, transparency has instead the potential to operate as a more sophisticated mechanism of biopower. It grants nominal access to information while simultaneously consolidating the authority of the state and medical institutions over women's bodies and knowledge. In doing so, it manufactures an illusion of autonomy devoid of the material and social conditions necessary to actualise it.[2]

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1 Simon Butt, 'Freedom of Information Law and Its Application in Indonesia: A Preliminary Assessment', *Asian Journal of Comparative Law* 8 (2013): 1–42, Cambridge Core, https://doi.org/10.1017/S2194607800000879; Imron Rizki Azis et al., 'The Instruments of Information Dispute Resolution in Indonesia', *Jurnal Al-Dustur* 9, no. 1 (2026): 1–14, https://doi.org/10.30863/aldustur.v9i1.10449.

2 Victoria Pitts-Taylor, 'Medicine, Governmentality and Biopower in Cosmetic Surgery', in *The Legal, Medical and Cultural Regulation of the Body* (Routledge, 2016); Aga Natalis, 'Capitalism, Beauty Standards, and the Law: A

The thesis put forward in this article—as the author acknowledges—is bound to cause discomfort across various factions, including the academic community and women's rights activists. It arises, however, from an observation of a persistent contradiction. The 2017 Indonesia Demographic and Health Survey indicates that over 96% of married women in the country are aware of at least one modern contraceptive method, according to 2018 data from the National Population and Family Planning Board.[3] The knowledge exists; the information has been disseminated. However, the national unmet need for contraception remains at around 10.6%, with figures significantly higher in Eastern Indonesia. At the same time, Indonesia's maternal mortality rate, which stood at 140 per 100,000 live births in 2023, remains the second-highest in Southeast Asia,[4] underscoring the slow progress of the government's programmes to improve access to health information. A lack of information cannot explain this gap between knowledge and real-life conditions; rather, it demands an entirely different explanation.

In this paper, these differing claims are examined through three questions. First, how do the Public Information Disclosure Act and the Health Act construct the subject of 'Women' within the reproductive health information regime, and is this construction emancipatory or, conversely, disciplinary? Second, does 'transparency', as constructed by these two laws, serves as a mechanism that liberates women from external control, or does it instead refine and modernise the state's control over their reproductive knowledge? Third, what are the material exigencies of Indonesian women, and what is the significance of epistemic sovereignty as a conceptual alternative that transcends the boundaries of the liberal framework of transparency?

These questions are addressed using a critically oriented socio-legal approach, which synthesises a normative analysis of primary legal texts with critical discourse analysis. This methodology serves to examine how the law constructs subjects, shapes definitions of legitimate knowledge, and determines the limits of permissible autonomy. The underlying epistemological orientation is rooted in feminist interpretivism - specifically, the understanding that knowledge is invariably situated, that claims of objectivity must be questioned, and that methodological choices are also political choices.

Feminist-Foucauldian Critique of Body Regulation', *Journal of Philosophical Investigations*, 2025, https://doi.org/10.22034/jpiut.2025.69150.4193.

3 National Population and Family Planning Board et al., *Indonesia Demographic and Health Survey 2017* (BKKBN, BPS, Kemenkes, and ICF, 2018), http://dhsprogram.com/pubs/pdf/FR342/FR342.pdf.

4 BKKBN, *Indonesian Population Report Tahun 2023*, 1st edn (BKKBN, 2023).

The theoretical framework employed is constructed from four complementary sources. Feminist legal theory—specifically as formulated by MacKinnon[5], Chamallas[6], Smart[7], and Natalis & Purwanti[8] within the Indonesian context – provides a framework for understanding how the law reproduces the subordination of women, even though mechanisms that appear superficially progressive. Foucauldian analyses of biopower and biopolitics are employed to explain how visibility and transparency operate as active technologies of regulation and surveillance rather than as mechanisms of freedom.[9] Furthermore, Fricker's[10] framework of epistemic justice and Kramarae's[11] concept of the 'muted group' help analyse how women are disadvantaged – not only in terms of access to information but also in their capacity as legitimate producers of knowledge. Finally, the principles of reproductive justice and Glissant's[12] concept of the 'right to opacity' offer a conceptual reorientation: the immediate necessity is not merely more information provided by the state, but epistemic sovereignty—that is, the right to define, manage, and strategically conceal reproductive knowledge from the reach of the state or government.

Crucially, the central argument put forward here does not constitute a wholesale rejection of the information access, nor does it reflect a nostalgic longing for pre-modern conditions in healthcare services. Rather, it insists that the political logic of transparency must be rigorously interrogated. When the state proclaims itself "transparent" regarding women's reproductive health, critical evaluation must be done – who is positioned as the subject of that framework, what forms of knowledge are validated, which structural avenues are opened or foreclosed, and whose interests are ultimately served.

However, before these dynamics are fully unravelled, a broader question must be temporarily bracketed –not to be answered here, but to be left suspended as a productive source of intellectual unease. If we have long championed women's right to reproductive health information under the belief that greater transparency means greater freedom, then who, in fact, benefits most from this paradigm? It is certainly not the women in East Nusa Tenggara who remain bound by the gatekeeping requirement of marital consent. It is not the mothers in the remote areas of Kalimantan whose knowledge of herbal remedies is summarily dismissed as unreliable. Nor are the young

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5 Catharine A. MacKinnon, *Toward a Feminist Theory of the State* (Harvard University Press, 1989).
6 Martha Chamallas, *Introduction to Feminist Legal Theory*, Introduction to Law Series (Aspen Publishers, 2003).
7 Carol Smart, *Feminism and the Power of Law*, Sociology of Law and Crime (Routledge, 1989).
8 Aga Natalis and Ani Purwanti, *Ilmu Hukum Feminis* (Rajawali Pers, 2026).
9 Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (Viking, 1977).
10 Miranda Fricker, *Epistemic Injustice: Power and the Ethics of Knowing* (Oxford University Press, 2007), https://doi.org/10.1093/acprof:oso/9780198237907.001.0001.
11 Cheris Kramarae, *Women and Men Speaking: Frameworks for Analysis* (Newbury House Publishers, 1981).
12 Edouard Glissant, *Poétique De La Relation* (Gallimard, 1990).

women whose private data is neatly recorded in the national system, while their choices are systematically foreclosed. The biggest beneficiary, if we are to be intellectually honest, is the system itself—namely the state that acquire a fresh mantle of democratic legitimacy to intrude deeper into the intimate folds of women's reproductive lives, armed with a mandate unwittingly granted by the transparency laws for which we have collectively fought.

B. Feminist Legal Theory: Law as a Subtle Technology of Subordination

Feminist legal theory (FLT) does not merely interrogate whether the law treats women fairly; rather, it proceeds from a more radical assumption: that the law, in its most fundamental structure, is shaped by and for a logic that posits male experience as the universal norm. Consequently, the legal apparatus constructs a system of rights, duties, and procedures upon a foundation that is already skewed long before a single clause has been drafted.[13] MacKinnon[14] articulated this most sharply that the law does not merely reflect gender domination, but actively produces it. MacKinnon's core insight is not that every law is deliberately discriminatory, but rather that even regulations ostensibly designed to protect women frequently operate within an internal logic that perpetuates gender hierarchies. This occurs because the legal apparatus pre-emptively defines the subjects, issues, and solutions from within a framework that is already dominated by a particular perspective. When the state decrees that women are entitled to 'accurate reproductive health information', it simultaneously exercises epistemic power: the state defines what constitutes 'accuracy', determines from whose perspective that truth is forged, and designates the institutional channels through which validation is granted.

Chamallas[15] adds a nuanced yet equally critical dimension to this dynamic, observing that the law maintains the status quo, not only through overt discrimination, but through what are termed 'embedded assumptions'—assumptions so deeply ingrained within the legal structure that they no longer appear as choices, but rather as a 'norm' of neutrality. Within Indonesia's reproductive health regulations, the most persistent of these embedded assumptions is the reduction of women's reproductive grievances to a simple deficit of access - specifically, access to services, information, and infrastructure. By defining the problem as a deficit of access, the law simultaneously obscures a more fundamental issue: a structural deficit of power that renders such access meaningless even when it is formally available.

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[13] Natalis and Purwanti, *Ilmu Hukum Feminis*.
[14] MacKinnon, *Toward a Feminist Theory of the State*.
[15] Chamallas, *Introduction to Feminist Legal Theory*.

Smart[16] supplements this framework with the argument that the law has a systematic disqualifying effect, delegitimising women speak about their own experiences whenever they fail to conform to legal procedures and language. In the context of this research, the framework proposed by Smart helps to explain why women who report the side effects of family planning through body language and lived experience are not accorded the same weight as formal medical reports. Consequently, state-driven demands for 'information transparency' based on legal-medical standards will perpetuate this systemic marginalisation.

In the Indonesian context, Natalis & Purwanti[17] has demonstrated that the national legal tradition has historically positioned women as objects of regulation rather than subjects of power. Crucially, as Savitri & Gunarsa's[18] observe, this tradition did not end with formal legal reform. Instead, it has adapted and transformed into new discourses such as 'rights', 'access', 'empowerment', and 'transparency', all while maintaining the underlying logic that positions the state as the determinant of the conditions under which women can claim their rights.

As an analytical tool, feminist legal theory will be used to investigate two issues. First, it interrogates how the Public Information Disclosure Act and the Health Act construct women as legal subjects within the reproductive information regime – unpacking who is imagined by the state, what is assumed, and who is implicitly excluded from this vision. Secondly, it exposes the internal legal mechanisms within these two laws that operate to maintain an epistemic hierarchy between the state, health services, and women, even when the explicit intention is proclaimed as empowerment.

C. Biopower and Biopolitics: Transparency as a Technology of Discipline

Whilst feminist legal theory explains what the law does to women, Foucauldian analysis explains how these mechanisms operate, revealing that the most effective form of modern power is, in fact, its least visible aspect.[19] In *Discipline and Punish*, Foucault[20] analyses the

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16 Smart, *Feminism and the Power of Law*.

17 Natalis and Purwanti, *Ilmu Hukum Feminis*.

18 Niken Savitri and Aep Gunarsa, *HAM Perempuan: Kritik Teori Hukum Feminis Terhadap KUHP* (Refika Aditama, 2008).

19 Patricia Amigot and Margot Pujal, 'On Power, Freedom, and Gender: A Fruitful Tension between Foucault and Feminism', *Theory & Psychology* 19, no. 5 (2009): 646–69, https://doi.org/10.1177/0959354309341925; Carolyn Ells, 'Foucault, Feminism, and Informed Choice', *Journal of Medical Humanities* 24, no. 3 (2003): 213–28, https://doi.org/10.1023/A:1026006403305; Aga Natalis, 'Power, Law, and the Semiotics of Marginalisation: Rethinking Prostitution, Health Risk, and Legal Discourse in Indonesia', *International Journal for the Semiotics of Law - Revue Internationale de Sémiotique Juridique*, ahead of print, 2 July 2025, https://doi.org/10.1007/s11196-025-10310-y.

20 Foucault, *Discipline and Punish: The Birth of the Prison*.

transformation of power from overt violence (sovereign power) to covert discipline. This disciplinary power operates through normalisation, not through direct punishment: it defines what is normal, makes the normal visible, and thereby renders the deviant a problem requiring correction.[21] This primary instrument is visibility. Through systematic observation, comprehensive record-keeping, and standardised classification, the monitored population gradually internalises normative standards and begins to monitor itself. This becomes the core of the panopticon's logic: the overseer need not always be present; it is sufficient that those being monitored know they can be monitored at any time.

This research has direct relevance to contemporary governance. The national health information system, underpinned by the Health Act and mandated to integrate health data, electronic medical records, and family planning programme analytics, constitutes a large-scale apparatus of biopolitical visibility. Every time a woman accesses contraceptive services, her physiological history becomes data within a state-managed system. She is identified, recorded, and classified. Consequently, tthe transparency promised by the Public Information Disclosure Act thus operates in two asymmetrical directions: while the state discloses information about services, the women who use those services must fully expose themselves to state data collection. This is not transparency in the democratic sense, but rather transparency that benefits one party in an unequal relationship.

Foucault[22] introduced the concept of biopower to describe how the modern state manages the population through the regulation of biological processes: birth, mortality, health, and, most specifically, reproduction. Biopolitics does not merely about what is prohibited; rather, it is about what is regulated, optimised, and steered in a particular direction.[23] Indonesia's Family Planning Programme represents an exemplary intervention. It does not forbid reproduction outright; instead, it manages it – codifying the 'ideal' family size, setting 'healthy' birth spacing, determining the

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[21] Leonard Lawlor and John Nale, eds, 'Normalization', in *The Cambridge Foucault Lexicon* (Cambridge University Press, 2014), Cambridge Core, https://doi.org/10.1017/CBO9781139022309.056; Kristina Beime and Simon Lundh, 'The Exclusion of Deviant Employees: A Foucauldian Analysis of Disciplinary Power in Organizations', *Organization*, 29 April 2025, 13505084251325295, https://doi.org/10.1177/13505084251325295.

[22] Michel Foucault, *La Volonté De Savoir*, Bibliothèque Des Histoires (Gallimard, 1976).

[23] Chloë Taylor, 'Biopower', in *Michel Foucault: Key Concepts*, ed. Dianna Taylor, Key Concepts (Acumen Publishing, 2010), Cambridge Core, https://doi.org/10.1017/UPO9781844654734.004; Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978–1979* (Palgrave Macmillan, 2010); Johanna Oksala, 'From Biopower to Governmentality', in *A Companion to Foucault* (2013), https://doi.org/10.1002/9781118324905.ch15.

'appropriate' method of contraception for specific population groups, and collecting data to monitor compliance with these norms.[24]

Esposito[25] expands this framework through the concept of 'immunisation', which offers highly useful for the analysis at hand. Esposito demonstrates that modern biopolitics often presents itself with a caring face: the state protects, the state provides, the state informs. However, this protection is immunological in nature; it protects biological life only by aggressively conditioning the forms of life that are permitted to exist. The state that "provides information" on reproductive health presents as a protector of women, but within Esposito's logic of immunisation, this protection is simultaneously binding. It distinguishes "safe" reproductive knowledge—validated by the state and the medical establishment—and "dangerous" knowledge—which is unstandardised, undocumented, and cannot be accounted for within the agreed-upon system. Thus, transparency is never merely the provision of information; it is an act of separating permitted from non-permitted knowledge.

As an analytical tool, the biopolitical framework is employed in this study to examine two issues: first, how the transparency regime established by the Public Information Disclosure Act and the Health Act operates as an apparatus of visibility that benefits the state more than women; second, how the phrase 'true and accountable' in the Health Act functions as an immunological mechanism that separates permissible reproductive knowledge that resist state capture.

D. Epistemic Justice and Muted Group Theory: Naming the Harm

Fricker[26] introduced two key concepts for analysis. Testimonial injustice occurs when a person's credibility as a source of knowledge is undermined due to their social identity—such as gender, class, race, or ethnicity. In the context of reproductive health services, this dynamic manifest when women reporting experiences of contraceptive side effects are not believed by healthcare workers; when mothers who choose not to participate in family planning programmes due to embodied insights are pathologized as 'uninformed'; or when indigenous women using

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[24] Lynda Newland, 'The Deployment of the Prosperous Family: Family Planning in West Java', *NWSA Journal* 13, no. 3 (2001): 22–48, https://muse.jhu.edu/article/25318; Terence H. Hull, 'The Political Framework for Family Planning in Indonesia Three Decades of Development', in *Two Is Enough: Family Planning in Indonesia under the New Order (1968-1998)* (Brill, 2003), https://doi.org/10.1163/9789004454576_006; Leslie K. Dwyer, 'Spectacular Sexuality: Nationalism, Development and the Politics of Family Planning in Indonesia', in *Gender Ironies of Nationalism* (Routledge, 2012); Maryani Palupy Rasidjan, '"Kita Habis…we Will Be Gone": The Politics of Population, Family Planning and Racialization in West Papua', *Medical Anthropology Quarterly* 38, no. 4 (2024): 407–19, https://doi.org/10.1111/maq.12817.

[25] Roberto Esposito, *Bios: Biopolitics and Philosophy* (University of Minnesota Press, 2008).

[26] Fricker, *Epistemic Injustice: Power and the Ethics of Knowing*.

herbal knowledge for pregnancy regulation are categorised as 'engaging in risky behaviour'. They do not lack knowledge; rather, they lack epistemic credibility.

Hermeneutical injustice represents a more insidious and structurally damaging for. occurring when a person lacks the conceptual resources necessary to make sense of, and communicate their own experiences adequately. Fricker illustrates this through the concept of 'sexual harassment' – a concept which, before it was named as such, left female victims without the tools to describe, report, or even understand what was happening to them. In the context of this research, hermeneutical injustice operates when marginalised women are deprived of an official language to express their rejection of coercive family planning programmes. The only language made available to them are either the formalistic grammar of statutory rights – requiring bureaucratic procedures they cannot navigate – or a highly specialised medical language that delegitimises their complaints as mere anecdotal accounts.

This framework acquires a richer communicative dimension through Kramarae's[27] Muted Group Theory (MGT). Rooted in critical sociolinguistics, MGT posits that language is never a neutral instrument of communication, but rather a structure of power. The dominant group does not merely speak louder; they define the very template of language itself, determining which concepts are available, which terms are validated, and which narratives are coherent. Consequently, marginalised groups are 'muted' not because they have nothing to say; rather, they are silenced because the language available and legitimised is structurally misaligned with their language used.

In the context of reproductive health information in Indonesia, the implications of MGT are very concrete. When the Health Act stipulates that valid information is 'accurate and accountable', it establishes the medical-legal language template as the only legitimate language. Women's reproductive knowledge, expressed through body language, experience, relationships, and tradition, finds no place within this system. This is not because such knowledge is wrong, but because it is not translated into the template controlled by the dominant party. Women do not lack information; they lack the power to have their own knowledge counted as information.

Fricker and Kramarae's synthesis yields an analytical concept that constitutes one of this article's main contributions: double epistemic injury within the regime of reproductive transparency. First, women experience testimonial injustice when their reproductive knowledge is structurally denied validation as a legitimate epistemic source. Second, they experience

[27] Kramarae, *Women and Men Speaking: Frameworks for Analysis*.

hermeneutical injustice when the only available framework for understanding and claiming rights to information is a legal-medical framework for navigating reproductive rights is a technocratic, legal-medical apparatus explicitly designed without their epistemic realities in mind. The transparency championed by the Public Information Disclosure Act and the Health Act does not alleviate this double injury; rather, it entrenches it under the deceptive guise of legal progress.

E. Reproductive Justice and the Right to Opacity: An Alternative Normative Approach

The dominant framework of reproductive rights in Indonesian legal discourse, which implicitly underpins both the Public Information Disclosure Act and the Health Act, is rooted in the liberal rights tradition. These rights are conceived as individual in nature, recognised by the state, and enforceable through available legal procedures. Within this framework, women are viewed as autonomous agents who, if provided with sufficient information and adequate legal protection, are capable of making reproductive decisions freely. This framework is not inherently flawed, it remains insufficient. It envisions women in a social vacuum: without a husband who may forbid certain choices, family that exert pressure, a community to stigmatise, and poverty that transforms reproductive choices into another form of luxury.

Ross and Solinger[28] critique this framework by introducing reproductive justice as a broader paradigm: a vision that not only questions individual rights in the liberal sense, but also the structural and collective conditions that enable or hinder reproductive autonomy in real life. Reproductive justice proposes three irreducible rights: the right to have children; the right not to have children; and the right to raise children in conditions that are safe, dignified, and free from violence. These three rights cannot be fulfilled through information transparency. They require far more fundamental material, relational, and structural transformations: the redistribution of resources, the elimination of gender-based violence, and the recognition of the diversity of reproductive lifestyles. Within the logic of reproductive justice, the appropriate question is not, "Do women have sufficient information?" but rather, "Do women have sufficient power to act upon the knowledge they already possess?" This question shifts the entire analytical framework from an information deficit to a power deficit, and from improving implementation to structural transformation.

Glissant[29] provides the most unexpected yet powerful complement to this reorientation. In *Poétique de la Relation*, he develops the concept of the 'right to opacity' as a response to the

[28] Loretta Ross and Rickie Solinger, *Reproductive Justice: An Introduction* (University of California Press, 2017).
[29] Glissant, *Poétique De La Relation*.

demands for transparency imposed by colonial power upon the colonised. Glissant argues that the demand to be fully readable, knowable, understandable, and classified by power is a fundamental form of epistemic domination. The right not to be fully transparent is neither a weakness nor a form of pathological secrecy; rather, it is a condition for autonomy and of an existence that is not entirely subject to the definitions and classifications of others.

Transposed into the context of this research, the 'right to opacity' raises an unusual yet valid question: do Indonesian women—particularly those from indigenous communities, marginalised groups, and communities that transmit reproductive knowledge through informal networks—have a legitimate interest in remaining opaque to the state? Networks of traditional birth attendants operating outside the formal system, communities of women sharing information on pregnancy management through undocumented means, and women who strategically avoid registration within the national Family Planning system: all of these, within Glissant's framework, can be understood not as a failure of access to information that needs to be resolved through greater transparency, but rather as an expression of conscious agency. They represent an autonomous space that actually enables forms of reproductive knowledge and action that might not survive under the system's scrutiny.

As analytical tools, reproductive justice and the right to opacity will be employed in this study to evaluate the normative implications of the analytical findings: what Indonesian women actually need, if not transparency in the conventional sense, and how epistemic sovereignty—as a concept synthesised from these four theoretical layers—may serve as a more robust foundation for genuine reproductive justice.

F. Synthesis: Epistemic Sovereignty as an Integrative Concept

The four theoretical layers outlined above not only operate in parallel but also synthesise into a single, integrative concept: epistemic sovereignty. As formulated in this study, epistemic sovereignty refers to the capacity of women—both as individuals and as communities—to do three things.[30] First, it entails recognition as legitimate epistemic agents who produce knowledge about

[30] S. Healy, 'Epistemological Pluralism and the "Politics of Choice"', *Futures* 35, no. 7 (2003): 689–701, https://doi.org/10.1016/S0016-3287(03)00022-3; Jake Okechukwu Effoduh, 'Decolonizing the Governance of Artificial Intelligence in Africa: From Normative Mimicry to Epistemic Sovereignty', *Science and Public Policy* 53, no. 2 (2026): 245–57, https://doi.org/10.1093/scipol/scag005; Ineke Buskens and Mirjam van Reisen, 'Theorising Agency in ICT4D: Epistemic Sovereignty and Transformation-in-Connection', in *Underdevelopment, Development and the Future of Africa* (Langaa RPCIG, 2017); Julie Ada Tchoukou, 'From Beijing to Addis Ababa: Africa's Epistemic Sovereignty and the Convention on Ending Violence against Women and Girls', *Human Rights Review* 26, no. 4 (2025): 337–59, https://doi.org/10.1007/s12142-026-00757-2.

their own bodies and reproductive experiences based on lived perspectives, rather than merely receiving knowledge from institutions. Second, it involves the ability to possess and manage reproductive knowledge within a system that does not require translation into medical-legal language to be recognised as valid. Third, it encompasses the capacity to determine their own relationship with the state's information system, including the right to remain outside it.

This concept differs from the 'right to information' guaranteed by the Public Information Disclosure Act in three fundamental ways. In terms of the subjects involved, the Public Information Disclosure Act positions the state as the source of information and women as the applicants, whereas epistemic sovereignty positions women as the producers of knowledge who hold epistemic authority. Put differently, the Public Information Disclosure Act regulates the flow of information from the state to citizens, whereas epistemic sovereignty concerns who has the right to define what counts as knowledge in the first place. From a logical perspective, the Public Information Disclosure Act rests upon the assumption that the more information from the state is inherently beneficial. Epistemic sovereignty by contrast, assumes that the central issues is women's power to determine their own epistemic conditions, including, in certain situations, the right to refuse to enter the state's knowledge system.

This concept of epistemic sovereignty will not be presented as a separate section in the analysis. Rather, it will serve as a lens through which the Public Information Disclosure Act and the Health Act are examined throughout the study. It will subsequently re-emerge as a normative proposal in the article's concluding section.

G. The Public Information Disclosure Act and the Transparency Regime: A Critical Analysis

Every law operates with an imagined subject: the idealised individual in the minds of legislators when drafting rights, obligations, and procedures.[31] The Public Information Disclosure Act defines a Public Information Applicant as "an Indonesian citizen and/or legal entity who submits a request for public information" (Article 1(12)). While this definition appears inclusive, and in a formal sense, a critical feminist analysis immediately exposes the structural pathology

[31] Millard H. Ruud, 'No Law Shall Embrace More Than One Subject', *Minnesota Law Review* 42 (1958): 389–458, https://scholarship.law.umn.edu/mlr/1976/; Ronan Cormacain, 'Legislation, Legislative Drafting and the Rule of Law', *The Theory and Practice of Legislation* 5, no. 2 (2017): 115–35, https://doi.org/10.1080/20508840.2017.1394045; Daniel Greenberg, 'The Nature of Legislative Intention and Its Implications for Legislative Drafting †', *Statute Law Review* 27, no. 1 (2006): 15–28, https://doi.org/10.1093/slr/hmi022.

embedded within this formal neutrality: formal equality systematically conceals material, substantive inequality.[32]

To exercise the right to information guaranteed by the Public Information Disclosure Act, a person must meet a series of prerequisites that are not explicitly stated in the law but serve as an effective social filter. An individual must be aware that such right exists and that the Public Information Disclosure Act is the viable instrument through which to assert it. They must be able to submit a written request and understand the procedures, which require a certain level of bureaucratic literacy. Furthermore, they must have the resources—in the form of time, mobility, and sometimes financial means—to sustain the procedural trajectory to its conclusion. Moreover, within the specific context of reproductive health, they must not face the social barriers that arise when someone attempts to access information on topics that remain highly taboo – such as contraception, unplanned pregnancy, or sexual health services that deviate from the state-sanctionable narrative of formal marriage.[33]

These prerequisites are precisely what is denied to the very demographics of women most in need of the protection: women in remote and rural areas, poor women, women with limited access to education, indigenous women, and women living under the control of conservative families or communities.[34] In other words, the Public Information Disclosure Act constructs an ideal subject as an educated, urban, legally literate citizen capable of navigating formal mechanisms. This represents what Young[35] conceptualises as the 'unmarked norm' – a legal subject deemed neutral and universal, which implicitly ratifies the experiences of already privileged

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[32] Katharine T. Bartlett, 'Gender Law', *Duke Journal of Gender Law & Policy* 1, no. 1 (1994): 1–20, https://scholarship.law.duke.edu/djglp/vol1/iss1/1/; Natalis and Purwanti, *Ilmu Hukum Feminis*.

[33] Allison Carroll and Anuj Kapilashrami, 'Barriers to Uptake of Reproductive Information and Contraceptives in Rural Tanzania: An Intersectionality Informed Qualitative Enquiry', *BMJ Open* 10, no. 10 (2020), https://doi.org/10.1136/bmjopen-2019-036600; Souksamone Thongmixay et al., 'Perceived Barriers in Accessing Sexual and Reproductive Health Services for Youth in Lao People's Democratic Republic', *Plos One* 14, no. 10 (2019): e0218296, https://doi.org/10.1371/journal.pone.0218296; Samantha M. Luffy et al., '"Regardless, You Are Not the First Woman": An Illustrative Case Study of Contextual Risk Factors Impacting Sexual and Reproductive Health and Rights in Nicaragua', *BMC Women's Health* 19, no. 1 (2019): 76, https://doi.org/10.1186/s12905-019-0771-9.

[34] Margaret S. Zimmerman, 'Information Poverty and Reproductive Healthcare: Assessing the Reasons for Inequity Between Income Groups', *Social Work in Public Health* 32, no. 3 (2017): 210–21, https://doi.org/10.1080/19371918.2016.1268990; Sri Wahyuningsih et al., 'Unveiling Barriers to Reproductive Health Awareness Among Rural Adolescents: A Systematic Review', *Frontiers in Reproductive Health* 6 (2024): 1444111, https://doi.org/10.3389/frph.2024.1444111; Fiona Faulks et al., '"It's Just Too Far…": A Qualitative Exploration of the Barriers and Enablers to Accessing Perinatal Care for Rural Australian Women.', *Women and Birth* 37, no. 6 (2024): 101809, https://doi.org/10.1016/j.wombi.2024.101809; Asha Sankar V and Moly Kuruvilla, 'Myths and Misconceptions About Sexual and Reproductive Health Among Indigenous Women—An Intergenerational Study Using Dyadic Interviews', *Asian Women* 39, no. 3 (2023): 69–89, https://doi.org/10.14431/aw.2023.9.39.3.69.

[35] Iris Marion Young, *Justice and the Politics of Difference* (Princeton University Press, 1990).

groups. When women are placed in this category, they are forced to shed the particularities of their situation to achieve legibility within the law.

A more fundamental issue arises when asking a question rarely raised in discussions about the Freedom of Information Act: why should the state be transparent? In liberal democratic theory, the standard response is accountability: the state is transparent so that citizens may subject it to scrutiny. While this narrative is compelling, it remains insufficient. A Foucauldian biopolitical analysis offers a more complex and bleak answer: transparency flows in two directions, and the flow from citizens towards the state is far more intense than it appears. When the state 'opens up' information on reproductive health, it simultaneously expands its capacity to collect information on the reproductive behaviour of its citizens. The national health information system, reinforced by the Health Act through mandatory data integration (Articles 345–347), function as a highly comprehensive data-collection apparatus. Electronic medical records, data on participation in the Family Planning programme, reports from Community Health Centres, and birth statistics are all consolidated into a single integrated system that monitors the reproductive health of the population. This mechanism is not born of a grand conspiracy; rather, it reflects the standard, internal logic of biopolitics – and it is precisely because of this structural normality that it so frequently escapes critical questioned.

The most striking irony of this regulatory framework is revealed in the Health Act. Article 55 guarantees that "everyone has the right for accurate and accountable information, education, and counselling regarding reproductive health." On the surface, this provision appears to represent progress. However, the CDA's reading of two key phrases—namely, "accurate" and "reliable"—reveals an epistemological mechanism far more complex than a mere guarantee of rights. "Accurate" according to whose standards? The law does not explicitly explain this, but the normative context and system are very clear: reproductive truth is measured against evidence-based medical standards. In a hegemonic sense include the product of biomedical research, imported via WHO and UNFPA guidelines, and that systematically marginalise non-medical reproductive knowledge. "Accountable" to whom? To the system, institutions, state audits – not the women who directly experience reproductive realities in their own bodies.

Article 55 further stipulates that the provision of reproductive health services must not conflict with "religious values and the provisions of legislation." This clause acts as a gatekeeper, restricting the information that may be provided. Information on safe abortion for medically eligible cases, on adolescent sexual health outside the context of marriage, or on reproductive choices that do not align with the religious values of the majority: all fall into a grey area which,

in practice, is resolved by providing no information at all, and in a very limited manner accompanied by judgmental moralising. This is what Kramarae[36] and MGT identify as silencing that operates not through explicit bans, but through the restrictions on the available language templates.

The controversy surrounding Government Regulation No. 28 of 2024 on the Implementing Regulations of Law No. 17 of 2023 on Health – lays bare this tension in its starkest form. Article 103(4), which stipulates that reproductive health services for schoolchildren and adolescents include the "provision of contraceptives," has triggered a strong backlash from various groups who consider it to be contrary to moral and religious values. The government eventually clarified that the provision applies only to adolescents who are already married. This controversy, regardless of its substance, reveals something fundamental: the "right to information" in reproductive health can never be neutral, technocratic asset. Instead, it operates within an ideological battlefield of competing values, norms, and claims to moral authority that cannot be resolved through mere technical improvements to the implementation of the law.

H. Deconstructing the Myth of "Information = Autonomy"

One of the most persistent assumptions in the discourse on reproductive health is the assumption that ignorance is the structural root of powerlessness; the underlying logic dictates that if women are informed, they will be able to choose. This assumption forms the foundation not only for the Public Information Disclosure Act and the Health Act, but also for the vast majority of government- and civil society-run reproductive empowerment programmes. Data from the 2017 Indonesia Demographic and Health Survey directly and forcefully challenge this assumption. More than 96% of married women in Indonesia are aware of at least one modern contraceptive method, a figure corroborated by 2018 data from the National Population and Family Planning Board. The knowledge exists; the information has been systematically disseminated. However, the national unmet need for contraception remains at around 10.6%, with figures significantly higher in eastern Indonesia. In East Nusa Tenggara, the maternal mortality rate is more than double the national average, not because women the region are unaware of maternal health services, but due to barriers that cannot be overcome by knowledge alone: distance to health facilities, lack of transport, hidden costs, and gender relations that place reproductive decisions beyond women's own control.

[36] Kramarae, *Women and Men Speaking: Frameworks for Analysis*.

This gap between knowledge and real-life circumstances demands an explanation that goes beyond the narrative of an information deficit. Within the framework of reproductive justice, this phenomenon is understood as a power deficit –the absence of the material, social, and relational conditions required for knowledge to be translated into genuinely free action. A woman in Flores may well be fully aware that she has the right to free contraception. She may even have read the provisions of the Health Act that guarantee her rights. However, if her husband refuses consent, if her in-laws want grandchildren soon, or if the nearest healthcare provider is forty kilometres away and there is no public transport, then the information she possesses changes nothing in her life. State transparency does not reach the spaces where decisions are actually made.

The phenomenon described above illustrates the first and most fundamental contradiction of the regime of transparency in reproductive health information: information severed from structural power is not empowerment, but merely a road sign in a city without transport. Philosophically, autonomy requires at least three conditions that transparency cannot fulfil: material resources to implement the choices made, the absence of coercion from family, community, or the state, and social legitimacy so that a given choice does not carry an insupportable social cost. Information transparency, without these three conditions, merely creates an illusion of choice, forcing women to operate 'free to choose' within a space whose boundaries have already been determined by others.

The second contradiction concerns the systemic fallout when access to information is successfully improved—a dimension rarely interrogated in liberal transparency discourse. Indonesia's Family Planning Programme has a long history that reveals the relationship between reproductive transparency and state control in its most explicit form. During the New Order era, Family Planning participation data were collected on a massive scale through the Family Welfare Empowerment Centres and Integrated Service Posts (*Pos Pelayanan Terpadu*): an apparatus that was highly transparent, highly documented, and highly efficient.[37] However, this transparency was not used to empower women; it was used to ensure women met the demographic targets set by the state. A Human Rights Watch report documents how, within this context, women were visited by

[37] Jeremy Shiffman, 'Political Management in the Indonesian Family Planning Program', *International Family Planning Perspectives* 30, no. 1 (2004): 27–33, https://www.guttmacher.org/journals/ipsrh/2004/03/political-management-indonesian-family-planning-program; Asep Suryahadi et al., 'Poverty Reduction: The Track Record and Way Forward', in *Diagnosing the Indonesian Economy: Toward Inclusive and Green Growth*, ed. Hal Hill et al. (Anthem Press, 2012), Cambridge Core, https://doi.org/10.7135/UPO9781843313786.012; Kurniawati Hastuti Dewi, 'The City, PKK Leaders, and Women's Empowerment', *Asian Journal of Women's Studies* 29, no. 1 (2023): 121–35, https://doi.org/10.1080/12259276.2023.2170047; Firman Lubis, 'History and Structure of the National Family Planning Program', in *Two Is Enough: Family Planning in Indonesia under the New Order (1968-1998)* (Brill, 2003), https://doi.org/10.1163/9789004454576_005.

Family Planning officers who aggressively pushed for the use of long-acting contraceptive methods, often without adequate informed consent, and frequently with pressure that crossed the line between advice and coercion. The most transparent system in the history of Indonesia's Family Planning programme was also the most coercive.

This static logic has not entirely disappeared in the post-reform era. The contemporary Health Act actively promotes the integration of an increasingly comprehensive national health data. Women's reproductive data—ranging from the type of contraception used, pregnancy, and childbirth history, to fertility status—are systematically aggregated within a centralised, state-managed digital infrastructure. Under normal circumstances, these metrics are ostensibly deployed for macro-level health service planning, a utility that cannot be entirely denied. However, centralised data are also vulnerable to a different logic: it can be used to monitor reproductive 'normality', it is susceptible to harmful leaks, and employers can exploit it for discrimination. Most fundamentally, it creates a panopticon effect, where women make reproductive decisions with the awareness that their choices are recorded and potentially judged by those in authority. Referring to data from Privacy International in 2020, a case study on Indonesia highlights the lack of adequate privacy protection within the reproductive health system, which subsequently becomes one of the factors driving women to avoid accessing formal services—not because they are unaware of the services' existence, but because they do not feel safe disclosing a system that demands they be radically visible and surveillance-legible.[38]

The third contradiction, and the one least often articulated: transparency not only fails to access knowledge that does not yet exist, but it also actively displaces existing knowledge. Before the medicalisation and standardisation of reproductive health services, Indonesia possessed a rich and diverse ecosystem of reproductive knowledge. Traditional birth attendants possessed context-specific local expertise built on accumulated experience across generations; complex ethno-botanical systems of herbal medicine rooted in local ecology and culture. Postnatal rituals and practices that integrated the physical, emotional, spiritual, and relational dimensions of the birthing experience. These intergenerational networks formed an informal, relational reproductive infrastructure that required neither bureaucratic state portals nor institutional clinics to function.[39]

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[38] Privacy International, 'Country Case-Study: Sexual and Reproductive Rights in Indonesia', 2 June 2020, https://privacyinternational.org/long-read/3853/country-case-study-sexual-and-reproductive-rights-indonesia.

[39] Md Abdullah Al Mamun et al., 'Knowledge, Attitudes, and Practices of Traditional Birth Attendants in Bangladesh: A Qualitative Study on Maternal and Newborn Healthcare in Local Community', *Health Science Reports* 8, no. 12 (2025): e71618, https://doi.org/10.1002/hsr2.71618; Gladys R. Mahiti et al., '"We Have Been Working Overnight Without Sleeping": Traditional Birth Attendants' Practices and Perceptions of Post-Partum Care Services in Rural Tanzania', *BMC Pregnancy and Childbirth* 15, no. 1 (2015): 8,

Modernisation initiatives, which invariably promote transparency and standardisation as prerequisites for their legitimacy, systematically marginalise these vernacular systems. Traditional birth attendants are pushed to the fringes of the system or forced to 'integrate' on the condition that they abandon practices deemed not to meet evidence-based medical standards.[40] Traditional reproductive knowledge does not feature in 'transparent' public information portals because it does not meet the criteria of evidence-based medicine as sole recognised standard of truth within the system. The networks of knowledge among women—which are oral, relational, and undocumented—are invisible within the public information system,[41] they are administratively categorised as non-existent or invalid. This constitutes hermeneutical injustice on a collective scale: it is not merely that an individual lacks the lexicon to articulate her personal experience, but that an entire community is structurally stripped of legitimacy over its indigenous epistemological systems.

This loss is not merely cultural; it carries material, and often fatal consequences. For instance, a 2024 systematic review of maternal mortality in Indonesia, published in BMC Pregnancy and Childbirth in 2024, indicates that the disparity in maternal mortality rates between regions with robust formal healthcare infrastructure and those reliant on local knowledge systems cannot be explained solely by the quality of available medical knowledge, but by the availability of services, trust in the formal system, and community cohesion in responding to obstetric emergencies.[42] In many regions, the loss of trust in traditional birth attendants—without adequate replacement by trained healthcare workers—creates a void: women who no longer trust one system

https://doi.org/10.1186/s12884-015-0445-z; Tuti Surtimanah and Yanti Herawati, 'Traditional Birth Attendants (TBAs) Positioning on Strengthening Partnership with Midwives', *Jurnal Kesehatan Masyarakat* 13, no. 1 (2017): 77–87, https://doi.org/10.15294/kemas.v13i1.7452.

40 Nnanna Onuoha Arukwe et al., 'A Postcolonial Feminist Perspective on Traditional Birth Attendants and Management of Pregnancy Complications Among Indigenous Women in Rural Nigeria', *Affilia* 40, no. 1 (2025): 46–64, https://doi.org/10.1177/08861099241256918; Mounia El Kotni, 'Midwifery in Cross-Cultural Perspectives', in *The Routledge Handbook of Anthropology and Reproduction* (Routledge, 2021); Betty-Anne Daviss and Robbie Davis-Floyd, *Birthing Models on the Human Rights Frontier: Speaking Truth to Power* (Routledge, 2020).

41 Mochammad Najmul Afad et al., 'Traditional Birth Attendants as Guardians of Tradition amidst Modernization in Javanese Culture', *Cosmopolitan Civil Societies: An Interdisciplinary Journal* 16, no. 1 (2024): 81–90, https://doi.org/10.5130/ccs.v16.i1.8761; Sonny Zaluchu and Fotarisman Zaluchu, '"God Has Commanded Me": A Spiritual Code of a Traditional Birth Attendance (TBA)', *International Journal of Practical Theology* 27, no. 2 (2023): 285–99, https://doi.org/doi:10.1515/ijpt-2022-0011; Sarah Rudrum, 'Traditional Birth Attendants in Rural Northern Uganda: Policy, Practice, and Ethics', *Health Care for Women International* 37, no. 2 (2016): 250–69, https://doi.org/10.1080/07399332.2015.1020539.

42 M. Syairaji et al., 'Trends and Causes of Maternal Mortality in Indonesia: A Systematic Review', *BMC Pregnancy and Childbirth* 24, no. 1 (2024): 515, https://doi.org/10.1186/s12884-024-06687-6.

but also lack real access to the other. In reality, transparency about the right to healthcare does not fill that void.[43]

I. Questioning Allies: Who Really Benefits?

This section is perhaps one of the most uncomfortable to both write and read, as it challenges the very actors who have most often positioned themselves as defenders of women's reproductive rights. Yet, it is precisely due to this discomfort that such analysis becomes essential—not to criticise these actors, but to initiate a critical introspection into the framework that has thus far been adopted.

Women's organisations in Indonesia – ranging from the Women's Health Foundation to the National Commission on Violence Against Women – have carried out invaluable advocacy to champion women's reproductive information rights. However, in the majority of this advocacy, the framework employed mirrors that of the state: the right to information as defined by the Freedom of Information Act, transparency guaranteed by formal legal mechanisms, and empowerment measured by increased access to existing systems. By adopting this framework, these aforementioned organisations unwittingly accept three premises, which, based on the analysis in this study, must be questioned: that the state is the uniquely legitimate provider of information; that formal medical information is the most relevant type of information; and that the issue lies in a deficit of implementation rather than in a deficit of design. What is not questioned within this framework is a more radical question: Is it the architecture of the transparency regime itself, rather than its implementation, that needs fundamental deconstruction?

The international human rights regime presents a more complex version of these issues. Strategic instruments such as CEDAW, General Comment No. 24 of the CEDAW Committee, and the 1994 Cairo Programme of Action all advocate for transparency regarding reproductive health information as a non-negotiable component of women's rights.[44] These global standards bind

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[43] Uchechi Clara Opara and Pammla Petrucka, 'Cultural Beliefs and Practices in Sub-Saharan Africa Influencing Use of Maternal Health Services: A Systematic Integrative Review of Qualitative Research', *Nursing Forum* 2025, no. 1 (2025): 6416345, https://doi.org/10.1155/nuf/6416345; Aychew Kassie et al., 'The Role of Traditional Birth Attendants and Problem of Integration with Health Facilities in Remote Rural Community of West Omo Zone 2021: Exploratory Qualitative Study', *BMC Pregnancy and Childbirth* 22, no. 1 (2022): 425, https://doi.org/10.1186/s12884-022-04753-5; Naume Zorodzai Choguya, 'Traditional Birth Attendants and Policy Ambivalence in Zimbabwe', *Journal of Anthropology* 2014, no. 1 (2014): 750240, https://doi.org/10.1155/2014/750240.

[44] Sumati Nair et al., 'A Decade after Cairo: Women's Health in a Free Market Economy', *Indian Journal of Gender Studies* 13, no. 2 (2006): 171–93, https://doi.org/10.1177/097152150601300203; Carmen Barroso, 'Beyond Cairo: Sexual and Reproductive Rights of Young People in the New Development Agenda', *Global Public Health* 9, no. 6 (2014): 639–46, https://doi.org/10.1080/17441692.2014.917198; Mahmoud F. Fathalla et al., 'Sexual and

Indonesia and serves as the bedrock for domestic advocacy. However, the postcolonial and decolonial feminist critiques developed by Lugones[45] warrant attention: international standards on reproductive information transparency do not arise from a vacuum. They were shaped within a global policy discourse dominated by institutions with specific epistemes—namely the WHO, UNFPA, and the World Bank. These entities harbour deeply entrenched assumptions about what constitutes autonomy, what valid knowledge is, and how states should manage the reproductive health of their citizens. When these standards are applied in Indonesia, they do not merely set norms for rights; they also impose an epistemic hierarchy, determining which knowledge counts and which does not.

The medical profession introduces a third dimension to this issue. The professionalisation of reproductive health services—which is a prerequisite for 'accurate and accountable' information under the Health Act—consolidates a monopoly on knowledge in the hands of trained medical personnel. This is by no means an accusation of malicious intent on the part of health professionals; the vast majority work with a sincere desire to improve their patients' health. However, the institutional structure of professionalisation has effects that operate independently of individual intentions. This structure defines what constitutes legitimate knowledge, determines who is authorised to provide it, and positions patients—including women seeking reproductive services—as passive recipients of knowledge, rather than as active agents bringing their own knowledge to clinical interactions.

The concept of informed consent serves as a fitting illustration of this mechanism. Normatively, informed consent is an instrument of empowerment: patients who understand the risks and alternatives can make truly free decisions.[46] However, in many practices, it can also operate as a mechanism for transferring moral responsibility. Once a woman has been 'informed' and then 'choose' a contraceptive method, the system deems her decision fully autonomous, Consequently, any side effects she subsequently experiences are viewed as part of their own choice.[47] This medical system absolves itself of accountability by pointing to the information

Reproductive Health for All: A Call for Action', *The Lancet* 368, no. 9552 (2006): 2095–100, https://doi.org/10.1016/S0140-6736(06)69483-X.

[45] Marìa Lugones, 'Toward a Decolonial Feminism', *Hypatia* 25, no. 4 (2010): 742–59, https://doi.org/10.1111/j.1527-2001.2010.01137.x.

[46] Hongjie Man, 'Informed Consent and Medical Law', in *Legal and Forensic Medicine*, ed. Roy G. Beran (Springer Berlin Heidelberg, 2013), https://doi.org/10.1007/978-3-642-32338-6_90; Vanessa Watts Simonds et al., 'Health Literacy and Informed Consent Materials: Designed for Documentation, Not Comprehension of Health Research', *Journal of Health Communication* 22, no. 8 (2017): 682–91, https://doi.org/10.1080/10810730.2017.1341565.

[47] Jenna Hoyt et al., '"It Was My Own Decision": The Transformational Shift That Influences a Woman's Decision to Use Contraceptives Covertly', *BMC Women's Health* 22, no. 1 (2022): 144, https://doi.org/10.1186/s12905-022-01731-z; Kirk D. Wyatt et al., 'Women's Values in Contraceptive Choice: A Systematic Review of Relevant

already provided, while women who raise complaints about these side effects are often met with responses that treat their bodily experiences as anecdotal data, which is deemed inferior to clinical statistics. This represents the double epistemic injury analysed by Fricker[48] in its most tangible form within the context of reproductive health in Indonesia.

Ultimately, what unites these three actors—and this is the most crucial point—is not malicious intent, but a shared framework: they all operate within a logic assuming that the mechanical transmission of institutional data down to the passive female subject is inherently emancipatory. While this logic is not entirely wrong, it is also insufficient and, under certain structural conditions, can contribute to the very problem it seeks to solve. As long as the issue is defined as one of information deficit, the solution will always be to provide more information, thus reinforcing the system that delivers it without further scrutiny. More fundamental questions—namely, who defines valid knowledge, under what conditions can women act on the knowledge they possess, and claims the sovereign power to define what constitutes valid knowledge, under what material constraints women actually navigate the information they possess, and whether there exists a fundamental right to manage reproductive knowledge outside the oversight of the state—remain conspicuously absent from the reformist agenda.

J. Beyond Transparency: Towards Epistemic Sovereignty

The analysis developed in the preceding sections leads to an inescapable conclusion: the challenges faced by Indonesian women in accessing and managing their reproductive knowledge are, at their core, not an issue of transparency; rather an issue of epistemic power: who has the right to produce knowledge deemed legitimate, under what conditions that knowledge can circulate or be disseminated, and who bears the cost when the system does not recognise the knowledge they possess. As long as the problem is defined as a deficit of transparency, the solution will always be more information from existing institutions, and the underlying architecture of power will never truly be addressed.[49] What is required at this point is not an administrative reform within the existing framework, but rather a shift in the framework itself.

Attributes Included in Decision Aids', *BMC Women's Health* 14, no. 1 (2014): 28, https://doi.org/10.1186/1472-6874-14-28.

[48] Fricker, *Epistemic Injustice: Power and the Ethics of Knowing*.

[49] Thomas N. Hale, 'Transparency, Accountability, and Global Governance', *Global Governance: A Review of Multilateralism and International Organizations* (Leiden, The Netherlands) 14, no. 1 (2008): 73–94, https://doi.org/10.1163/19426720-01401006; Deirdre Curtin and Albert Jacob Meijer, 'Does Transparency Strengthen Legitimacy?', *Information Polity* 11, no. 2 (2006): 109–22, https://doi.org/10.3233/IP-2006-0091.

The concept of epistemic sovereignty, proposed in this study, seeks to conceptualise this shift. Epistemic sovereignty differs fundamentally from the right to information in three key respects, which must be carefully explained to avoid misinterpretation that this framework constitutes a crude rejection of the information access per se.

First, concerning the subject: Law No. 14 of 2008 on Public Information Disclosure positions the state as the owner of information and women as applicants who must submit a request. Epistemic sovereignty reverses this relationship by placing women as epistemic agents with authority over the knowledge of their own bodies and reproductive experiences. This is not merely a semantic difference; it represents a fundamental shift in power relations. While an information applicant remains structurally dependent on institutional goodwill and technical capacity of the information provider, an epistemic agent is a subject whose knowledge is recognised as valid even before any institution validates it.

Second, regarding the direction of knowledge currents: the transparency regime regulates the flow of information from the state to citizens, assuming that this direction is paramount to safeguarding. Epistemic sovereignty, however, concerns something different and more fundamental: the right to define what counts as knowledge. This is a question of epistemic architecture, not merely the logistics of information distribution. As long as that epistemic architecture positions formal medical knowledge as the only valid form of knowledge, women who utilise knowledge outside that category are not merely considered to be uninformed; they are constructed as empty objects of health education, rather than subjects who already possess valuable knowledge.

Third, concerning internal logic: the Public Information Disclosure Act operates on the linear assumption that a greater volume of state-disseminated data correlates directly with progress – treating transparency as an unmitigated value requiring no qualification. Epistemic sovereignty presupposes a counter-logic that is highly relevant within the Indonesian landscape: that women have the right to determine their own epistemic conditions, including, in certain situations, the right not to engage with the state's knowledge system. This dimension is inspired by Glissant's[50] concept of the 'right to opacity' and requires further explanation to forestall misunderstanding.

The right to privacy does not equate to the right to remain ignorant, nor is it a defence of poor access to or isolation from healthcare services. It is a recognition that there are spheres of knowledge and reproductive practices operating outside the formal system—not because of a

[50] Glissant, *Poétique De La Relation*.

failure of access, but because they possess their own logic, values, and effectiveness, which cannot be fully captured by the system's language without losing something essential. When a traditional village midwife in the interior of Kalimantan delivers a baby using a combination of basic medical techniques and ritual practices that the community has employed for centuries, she is not practising inferior knowledge awaiting replacement by more 'transparent' medical protocols.[51] She is operationalising highly responsive, specific context, which WHO guidelines cannot fully capture. Indeed, forcing local knowledge into a formal system of transparency—with its documentation, standardisation, and accreditation requirements—is not only unlikely to improve services; it may also destroy the knowledge infrastructure that has functioned in its own way.

The operationalisation of epistemic sovereignty within the context of Indonesian regulation requires several reorientations, which must be explicitly articulated. First, legal recognition of the plurality of reproductive knowledge. This requires revising the phrase "true and accountable" in Article 55 of the Health Law to explicitly acknowledge that "truth" in reproductive health is a plural, context-dependent category, not a singular, universal one. Traditional reproductive knowledge must no longer be patronisingly framed as an "alternative that needs to be integrated into the formal system" because framing its integration still places the formal system at the centre, with everything else on the periphery. This is a system of knowledge with its own logic and values that needs to be protected as an expression of the community's epistemic sovereignty.

Second, restrictions on the use of reproductive data. Epistemic sovereignty requires that women have genuine control over their reproductive health data: the right to access, correct, and delete such data from state systems, including the right not to enter that data into the system in the first place without facing consequences of reduced access to services. This runs counter to the direction of the Health Law, which promotes increasingly comprehensive data integration. However, its consistency with the human rights principles already recognised by Indonesia is deeply robust. The right to privacy guaranteed by Article 28G of the 1945 Constitution and various international human rights instruments that have been ratified provide a valid constitutional foundation for this demand.[52]

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[51] Aga Natalis et al., 'From Rejection to Recognition: Human Rights, Morality, and the Future of Marijuana Policy in Indonesia', *International Journal of Drug Policy* 140 (June 2025): 104817, https://doi.org/10.1016/j.drugpo.2025.104817.

[52] Anbar Jayadi, 'What Constitutes as Limitation of (Human) Rights in Indonesian Legal Context?', *Hasanuddin Law Review* 3, no. 3 (2017): 290–306, https://doi.org/10.20956/halrev.v3i3.1203; Aga Natalis et al., 'Sexuality, Privacy, and Human Rights: Rethinking the Criminalisation of Consensual Relationships in Indonesia', *Cosmopolitan Civil Societies: An Interdisciplinary Journal* 18, no. 1 (2026): 77–93, https://doi.org/10.5130/ccs.v18.i1.10154; N. Rianarizkiwati and J. Asshiddiqie, 'Protection of Personal

Third, and most fundamentally, is a reorientation of policy from the redistribution of information towards the redistribution of power. The greatest investment required is not more sophisticated information portals or broader transparency campaigns. What is urgently needed instead are structural changes that ensure reproductive choices are truly choices: the availability of services in remote areas without hidden costs, changes in gender relations within domestic decision-making through education and consistent law enforcement against gender-based violence, as well as recognition of the diversity of family forms and reproductive choices that do not conform to the state-religion's normative template. This constitutes the agenda of reproductive justice, as understood by Ross and Solinger[53]—not merely as an individual right to information, but as the collective conditions that make that right a reality.

It must be emphasised that this reorientation does not mean the state must withdraw entirely from reproductive health matters. Rather, it demands a profound shift in the modality of state engagement: moving away from an authoritarian administrator that defines and dictates 'correct' knowledge to a populace deemed deficient, and toward a structural facilitator that guarantees resources and safeguards the autonomous spaces necessary for women to exercise their own epistemic agency. While this distinction may appear subtle to the state architect, its material consequences are immense: it dictates whether reproductive health policy is designed to monitor and manage the female body, or to truly emancipate it. In the final analysis, the contemporary transparency regime, despite its democratic veneer, remains dangerously tethered to the former.

K. Conclusion

This study challenges the dominant assumption that reproductive injustice among Indonesian women can be resolved simply by expanding transparency or widening information access under the Public Information Disclosure Act and the Health Act. Through feminist legal theory, Foucauldian biopolitics, epistemic justice, and reproductive justice, the analysis demonstrates that the liberal disclosure narrative is insufficient –and may even reproduce the power relations it seeks to dismantle. The Public Information Disclosure Act imagines an ideal legal subject as educated, urban, and bureaucratically literate, thereby excluding many women who most need protection. Meanwhile, the reproductive health information regime not only empowers women through access to information; it also enables the state to collect, classify, and

Information: The State's Obligation to Guarantee the Right to Privacy in Indonesia', in *Law and Justice in a Globalized World* (Routledge, 2017).

53 Ross and Solinger, *Reproductive Justice: An Introduction*.

normalise women's reproductive data. The persistence of unmet contraceptive need despite high awareness of modern contraception indicates that the core problem is not merely an information deficit, but a structural power deficit.

The main contribution of this study is the concept of epistemic sovereignty as an alternative to liberal transparency. Epistemic sovereignty does not reject information or healthcare services, but insists that women must be recognised as legitimate epistemic agents over their own bodies, experiences, and reproductive knowledge. This shifts fundamentally reorients the core question from how to provide women with more information to how women can gain the material, social, and political conditions necessary to act on their knowledge freely. Methodologically, this study underscores the value of critical socio-legal research and feminist interpretivism in exposing hidden forms of power within rights-based legal language. However, it also recognises that future research must move beyond legal texts by centring the voices and knowledge of marginalised women themselves. The unresolved question, therefore, is whether the demand for transparency opens a path to freedom, or whether it risks building a more sophisticated system for managing the very bodies it claims to liberate.

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