

Gender Equality Issues in the Utilization of Maternal and Child Health Services at Rumah Sakit Tk. III Brawijaya Surabaya

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Abstract: Gender equality in access to healthcare services is an important indicator in health development, particularly in maternal and child health services. This qualitative case study analyzes gender equality in the utilization of maternal and child health services at Tk. III Brawijaya Hospital Surabaya. The study was conducted in November 2024 through interviews with four inpatients, supported by observation and documentation. The results show positive developments in gender equality regarding healthcare decision-making, with women showing initiative in accessing health services while still maintaining family consultation. Information access has improved through digital platforms, particularly social media, enabling better healthcare decisions. Healthcare service utilization was found to be relatively accessible, though some barriers exist in public health centers. Social and cultural aspects indicate harmonious spousal roles with traditional beliefs being approached wisely. The study concludes that while progress has been made in gender equality for maternal and child healthcare access, continued support for women's empowerment in healthcare decision-making is needed.

Keywords: Gender equality, maternal health, child health, healthcare access, healthcare decision-making

INTRODUCTION

Gender equality in access to health services is one of the important indicators in health development. Gender inequality is still a challenge in the use of maternal and child health services in various developing countries, including Indonesia. *The World Health Organization* (WHO) reports that around 810 women die every day from pregnancy and childbirth complications that can be largely prevented through adequate access to health services (WHO, 2023). Tk. III Brawijaya Hospital Surabaya, as one of the referral health facilities in East Java, is an important locus in studying this phenomenon.

Data from the Indonesian Ministry of Health in 2023 shows that the Maternal Mortality Rate (MMR) in Indonesia still reaches 305 per 100,000 live births (Ministry of Health, 2023). The Maternal Mortality Rate (MMR) is one of the indicators to see the degree of health of a country and also as one of the components of the public health development index and the quality of life index (Sumarmi, 2017). Ensuring a healthy life and promoting well-being for all people of all ages, including maternal and child health, is the third 132 goal in the *Sustainable Development Goals (SDGs)*. This is also related to the fifth goal of the *Millennium Development Goals (MDGs)*, namely improving maternal health, which must be achieved by 191 UN member countries around the world, including Indonesia (Susiana, 2019). The Maternal Mortality Rate in Indonesia is still the third highest in Southeast Asia which was recorded at 177 deaths per 100 thousand live births in 2017 (Lidwina, 2021). Meanwhile, the target for reducing the AKI ratio in the SDGs by 2030 is to reach less than 70 per 100 thousand live births (SDGs, 2023). Some of the causes of high AKI which is a complex event in Indonesia can be caused by direct or indirect causes of maternal death. As well as cultural factors in certain areas and also limited women's access to quality reproductive health service facilities. Various efforts to reduce AKI that have been carried out by the government, such as the placement of midwives at the village level on a large scale which aims to bring maternal and newborn health services closer to the community, so that the utilization of health services also increases (Susiana, 2019). Efforts to reduce AKI that have been established and carried out

by the government will not be effective if only relying on programs from the government without the participation of all parties, especially from the mother herself and coordination within the family in decision-making during the process of using health services that will be determined later. Decision-making is the first step of what action will be taken and according to a person's calculations it is the most appropriate action for the problem that occurs (Damayanti *et al.*, 2023).

Freedom in decision-making encourages the establishment of mutual respect and respect between family members. Gender dynamics is a power relationship between women and their environment, including husbands and relatives in determining the use of health services, which in one of the studies was discussed related to access to health services (Damayanti *et al.*, 2023). This is also in accordance with the *gender equality* or gender equality in the Regulation of the Minister of Women's Empowerment and Child Protection of the Republic of Indonesia, (2022) where the conditions and positions between men and women in getting opportunities and rights are the same as human beings, so that later they can play a role and participate together in activities and also in making decisions. Gender equality in decision-making provides freedom and encourages mutual respect and respect between family members. High-income countries typically have higher levels of gender equality than low-income countries. In Indonesia itself, there are still barriers in accessing health services, especially experienced by women. This is due to the status of women who do not have permission from their husbands regarding who helps with childbirth. Retrieval most of the decisions on childbirth are still determined by the husband, so that there is subordination to women with women's limitations in making decisions for their own interests (Damayanti *et al.*, 2023). According to the theory *Health Service Use* (Krzyż *et al.*, 2023), one of the factors in the process of utilizing health services is the existence of health worker services and the ease of getting information. Based on the problems presented, this study focuses on decision-making on the use of health services in pregnant women and postpartum mothers. Therefore, the purpose of this study is to analyze gender equality in utilization of feeding health mother and children at Tk.III Brawijaya Hospital Surabaya.

RESEARCH METHODS

The research design is a qualitative research with a case study approach, conducted at Tk. III Brawijaya Hospital Surabaya. In November 2024, interviews were conducted with 4 inpatients at Tk. III Brawijaya Hospital Surabaya. The main instrument is that the researcher herself is supported by a voice recorder (mobile phone), interview guidelines, and observation sheets. Qualitative data collection is carried out through interviews, observations and documentation. The credibility of qualitative data is carried out through triangulation techniques. The analysis of research data was carried out through four stages, namely data reduction, data presentation, data interpretation and drawing conclusions.

RESULTS AND DISCUSSION

RESULT

The use of health services as one of the things that can improve the quality of health services by increasing access to services and the ease of access for people to get health services (Permatasari *et al.*, 2021). Based on the results of observations and interviews conducted related to gender equality in decision-making on the use of health services in the maternal and child inpatient room of Tk. III Brawijaya Hospital Surabaya, the following results were obtained:

a. Decision

Based on interviews with main informant 1 (IU1), main informant 2 (IU2), main informant 3 (IU3) and main informant 4 (IU4), decision-making in the use of maternal and child health services is carried out deliberation either with the husband, parents or in-laws of the mother.

“.. if I was more panic indeed. I am here in Surabaya just with my husband. My in-laws in Blitar, if my parents are in NTT, scattered. I got used to it myself. Usually I discuss it first with my husband. Why doesn't it seem to be okay? I usually go straight to the clinic myself. Actually, with my husband I can't do it, I mean to see it first, at home first, but I'm not allowed to do it. I know myself. I think it's better to finish it sooner, that's it. When I first got pregnant, I told my husband, don't go to the clinic first, don't check it out first. but I'm already nauseous with laundry perfume. and indeed want to have children, so just check it out. My husband thought he didn't need to be hospitalized, but I wasn't strong anymore, so I decided to be hospitalized. The one who determines where to be treated is the husband. The problem is that I don't know, I rarely go out of the house, most of the time I go out of the house near the house. My husband chose to take the hospital here..” (IU1)

".. I was told to choose from health facility 1 to be referred to, then my husband and I chose this hospital because it is close to home.." (IU2)

".. I have been to this hospital often since I was pregnant, because the house is close to the hospital, I decided to come here immediately because I was afraid of the child, the child was also still small, I didn't know which one was sick, we as parents had to move quickly. But I still negotiated with my husband first. My parents and in-laws also supported my decision. (IU3)

".. My husband and I decided to take our child to this hospital for treatment because the child has had diarrhea 7 times since this morning. (IU4)

b. Access to Health Information

Based on interviews with main informant 1 (IU1), main informant 2 (IU2), main informant 3 (IU3) and main informant 4 (IU4), access to health information in the use of maternal and child health services is relatively easy in this digital era. The average young mother understands the use of gadgets and uses applications on the internet to access health information.

"... I control the pregnancy to Mrs. Midwife K, my family has nurses and some church members work in the hospital. Some are pharmacists, some are nurses, so they do know what it's like. So I've been wondering a lot. If I was explained about health I didn't understand, I opened it from tiktok. So collect the videos of doctors. Now many doctors are making content. Like yesterday, for example, I was afraid that my pregnancy was 7 weeks old and the fetus was not visible. Even though I saw in the TikTok video that there was already a fetus. so I looked up the videos again, so all the videos I watched. So tiktok is quite helpful for today's children. On YouTube, I never even found the answer because it was long. If it's TikTok, it's direct. I bought pregnancy vitamins also from TikTok info. If on TikTok as soon as you write keywords, everyone enters. Information other than pregnancy also comes out like what diseases are. So the information on tiktok now... If there is a question in the comments, the doctor answers. His statement can relate to our question. Then the doctor will explain. That way I understand in making decisions.." (IU1)

".. I got information about this hospital from neighbors, many people there are all here. I mean the average neighbor here, so I just followed. I got health information from my parents who participated in the Posyandu because I worked." (IU2)

".. Every time my child is sick I browse. Every time I was given medicine from the health center, I also browsed." (IU3)

"... For children's health, I often read on TikTok. Many pediatricians who are live, can provide information.." (IU4)

c. Utilization of Health Services

Based on interviews with main informant 1 (IU1), main informant 2 (IU2), main informant 3 (IU3) and main informant 4 (IU4), the use of maternal and child health services is relatively easy to reach even though the location of Tk. III Brawijaya Hospital Surabaya is not on a major road. Based on the family's pleasant experience with health facilities, making all the main informants loyal and trusted in health facilities, be it puskesmas, clinics or Tk. III Brawijaya Hospital Surabaya.

".. If you go to Brawijaya Hospital, it's easy because it's close to home. I have checked my ears here, fast and friendly people, didn't wait long. The obstacle does not exist because it is close to home. Usually follow the control schedule to the midwife once a month. My health center is a bit unsuitable, I have been to Puskesmas X because the same clinic was told to do an ultrasound but I was rejected because of my ID card in Y. I went to Puskesmas Y I was also not served, why was it because of BPJS why I was being scolded. The health center staff was also not friendly, finally I went to Midwife Mrs. K. (IU1)

".. There are no obstacles to this hospital, easy vehicles, neighbors here because it is famous for being good here. My mother's experience of being treated in this hospital, my mother being crushed by the midwives here, is delicious." (IU2)

“.. I got information about this hospital from my mother who often comes here, near home too, through social media as well. I often go to the health center for treatment. health services are good even though they use BPJS. Alhamdulillah, they are well served at the health center and hospital, all are well served and not discriminated. (IU3)

“.. My house is close to here, so if there is anything to go to the emergency room, it will be handled immediately. My son has been treated in this hospital as well. (IU 4)

d. Socio-Cultural Aspects

Based on interviews with main informant 1 (IU1), main informant 2 (IU2), main informant 3 (IU3) and main informant 4 (IU4), socio-cultural aspects are obtained in a harmonious and complementary role of husband and wife. Although there are many prohibitions from parents and in-laws as cultural relics of the past, the informants responded wisely. The attitude of the surrounding community is very supportive, loving and protecting pregnant women and toddlers.

"... In my opinion, husbands and wives must work together. The problem is that husbands sometimes have weaknesses, wives too. If you think they complement each other, support each other. If I am still new, we are indeed obliged if there is a problem to be discussed first. Because the decision cannot be one-sided. I am indeed Javanese, getting pregnant is not allowed. can't do this, can't do that.. Later the bath should be like this. If it is for us young people, we also don't believe it. To balance our parents, yes, I think it's better to be considered a form of affection. The attitude of the people around us after pregnancy is indeed different, so care even though it is not family. (IU1)

“.. If my husband and I work together, we will work together. From the first child, my mother often advised me to go for a walk often, to wipe the birth normally. When I was pregnant, there must be someone who was seated when waiting in line." (IU2)

“.. If the husband does work, but he has to help take care of the children, take care of the children, help with housework as well. So don't do all the work for your wife. For decision-making, we negotiate with the husband. I follow the parenting style now, for example, the child is swaddled at night, the powder is also not allowed to be much later and it will be affected by breathing too. If there are small children, people who smoke should stay away so that they don't get smoke. (IU3)

"... If I was in the office when I was pregnant, I would definitely not be allowed to participate in strenuous activities. Pumping time is also allowed and there is a separate place. From the parents there are many prohibitions, for example, no one should be wrapped around the neck. My husband from Sumbawa is also rich in culture. Sometimes I do it, sometimes I don't, sometimes I forget my mother's messages to bring scissors when the baby leaves the house. Fortunately, my husband is also modern, so he never forbids me." (IU4)

DISCUSSION

a. Decision

The results of interviews with four female patients consisting of pregnant women and mothers with toddlers showed positive developments in terms of gender equality in decision-making related to maternal and child health services. The four informants showed initiative in making decisions for the use of health services, which indicates the empowerment of women in the context of reproductive health. These findings point to a positive shift from the traditional pattern where women are often dependent on the decisions of others. The initiatives shown by the four informants reflect an increasing awareness of their rights and responsibilities towards their own and children's health. This is in line with the findings (Damayanti *et al.*, 2023) which states that when women become independent in communicating their need to get health care, this supports increased utilization of health services.

b. Access to Health Information

The results of interviews with four informants consisting of pregnant women and mothers with toddlers showed a pattern of searching for health information that utilizes advances in digital technology, especially the internet. The four informants stated that they actively accessed health information through the internet to gain knowledge related to maternal and child health. This phenomenon reflects the digital transformation in the way women access health information, which shows progress in terms of equal access to health information. This condition also illustrates the increase in digital literacy among mothers in seeking the health information they need.

Access to health information through the internet owned by the four female respondents reflects the important role of digital technology in supporting maternal health literacy. This is in line with the findings of the study (Anindya *et al.*, 2020) which show that exposure to the internet is one of the significant predictors of JKN membership status, where women who are exposed to the internet at least once a week have a 1.46 times higher probability of registering as a JKN participant than those who are not exposed to the internet (95% CI = 1.09-1.97). Ease of access to health information through the internet can encourage awareness of the importance of health insurance and the use of maternal health services. However, it should be noted that equal internet access does not necessarily guarantee the quality of health information obtained. Therefore, the role of health workers is still needed to validate information and provide appropriate education related to maternal and child health. This is important considering that the optimal use of maternal health services requires a good understanding of the benefits and procedures of these services.

c. Utilization of Health Services

The results of interviews with four female respondents consisting of pregnant women and mothers with toddlers show that there is easy access to maternal and child health services. This finding is in line with the results of research in the article which states that in general, women access health services more often than men (Mentari & Susilawati, 2022). The ease of access felt by the four respondents also supports the concept that women have a higher level of health service utilization than men. This can be attributed to women's special needs for maternal and child health services that require regular visits to health facilities, both for pregnancy check-ups and monitoring of children's growth and development. These findings also indicate that Tk. III Hospital Brawijaya Surabaya has succeeded in providing access to gender-responsive health services, especially in the context of maternal and child health services.

d. Socio-Cultural Aspects

Based on interviews with four female respondents at Tk. III Brawijaya Hospital Surabaya, it was revealed that there are positive socio-cultural dynamics in the context of maternal and child health services. The respondents showed a good understanding of the differences in sociocultural views between their generation and their parents and in-laws. This is in line with the observation in the article (Meerpohl, 2019) which describes the characteristics of Indonesian society that values politeness and respect for older people, but is still able to adapt to the times. The support of husbands expressed by the four respondents reflects a positive shift in gender dynamics in the health sector, which contrasts with the findings of the article on gender dominance in the health profession (Natasya & Dewi, 2022). The social environmental concern felt by the respondents also shows the importance of the role of the community in supporting maternal and child health, which is in line with Indonesia's efforts to achieve the sustainable development goals (SDGs), especially in the aspects of women's empowerment and gender equality as mentioned in the article. This condition illustrates a positive transformation in socio-cultural aspects that supports the improvement of access and quality of maternal and child health services.

CONCLUSION

Research on the issue of gender equality in the use of maternal and child health services at Tk. III Brawijaya Hospital Surabaya shows positive developments in various aspects. In terms of decision-making, mothers have shown initiative and independence, where health-related decisions are taken through deliberation between husband and wife with open communication. Access to health information in the digital era is very open and easy to reach, with social media such as TikTok and YouTube becoming popular sources of information, although it still prioritizes information from health professionals as the main reference. The use of health services at Tk. III Hospital Brawijaya Surabaya is relatively easy with an affordable location and a positive experience that increases patient loyalty, although there are still some administrative obstacles in certain health facilities. From the socio-cultural aspect, it can be seen that there is a harmonious and complementary relationship between husband and wife, supported by the positive attitude of the community towards pregnant women and toddlers, as well as a good adaptation between traditional and modern values in health care. Although progress has been shown in gender equality related to the use of maternal and child health services, continuous efforts are still needed to improve access and quality of health services for women.

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REFERENCE

- Anindya, K., Lee, J. T., McPake, B., Wilopo, S. A., Millett, C., & Carvalho, N. (2020). Impact of Indonesia's national health insurance scheme on inequality in access to maternal health services: A propensity score matched analysis. *Journal of Global Health, 10*(1), 1–12. <https://doi.org/10.7189/JOGH.10.010429>
- Damayanti, N. A., Wulandari, R. D., Ridlo, I. A., Azzahra, L., Akrimah, W. D., Rahmah, F., & Anis, W. (2023). Gender Equality in Decision Making on the Utilization of Health Services in Urban and Rural Areas, Indonesia. *Indonesian Journal of Health Management, 11*(2), 132–142. <https://doi.org/10.14710/jmki.11.2.2023.132-142>
- Ministry of Health. (2023). *Indonesian Health Profile 2023*. Ministry of Health of the Republic of Indonesia.
- Lidwina, A. (2021). *Maternal Mortality Rate in Southeast Asia (2017)*.
- Meerpohl, H. (2019). *OPINION : Roots and Wings : Indonesia ' s way to improvements of women ' s health care*. 27(3), 90–93.
- Mentari, G. B., & Susilawati, S. (2022). Factors Affecting Access to Health Services in Indonesia. *Journal of Health Science, 3*(6), 767–773. <https://doi.org/10.46799/jhs.v4i06.512>
- Natasya, M., & Dewi, R. (2022). *Analysis of Gender Mainstreaming in Health Programs in Indonesia: Sustainable Public Health Development Solutions*. December.
- Regulation of the Minister of Women's Empowerment and Child Protection of the Republic of Indonesia*. (2022).
- Permatasari, P., Cahya, A., & Wenny, D. M. (2021). Determinants of Health Service Utilization in South Tangerang City in 2020. *Ikraith-Economics, 4*(3), 54–63.
- SDGs, S. N. (2023). *SDGs KNOWLEDGE HUB*.
- Sumarmi, S. (2017). Socio-ecological model of health behavior and a continuum of care approach to reduce maternal mortality rates. *The Indonesian Journal of Public Health, 12*(1), 129. <https://doi.org/10.20473/ijph.v12i1.2017.129-141>
- Susiana, S. (2019). *Maternal Mortality Rate: Causative Factors and Efforts to Handle It*.
- WHO. (2023). *Gender Equality in Healthcare Access: Southeast Asia Report*. World Health Organization.
- Krzyż, E. Z., Antunez Martinez, O. F., & Lin, H. R. (2023). Uses of Andersen health services utilization framework to determine healthcare utilization for mental health among migrants—a scoping review. *Frontiers in Public Health, 11*(December), 1–13. <https://doi.org/10.3389/fpubh.2023.1284784>