


Implementation of Gender Inclusive Child Health Services in Mataram City: Challenges and Strategies

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Article Info	ABSTRACT
<p>Keywords: Child Health Services, Gender Inclusive Care, Health Policy,</p>	<p>The provision of child health services is a key indicator of public health quality; however, access and utilization are often influenced by gender-related factors. This study examines the implementation of gender-inclusive child health services in Mataram City, focusing on policy and programmatic strategies. A qualitative descriptive approach with a case study method was employed. Data were collected through in-depth interviews with healthcare providers, parents, and policymakers, as well as direct observations in health facilities and a review of relevant policy documents and program reports. Data were analyzed using the SWOT framework (Strengths, Weaknesses, Opportunities, Threats). Findings indicate that although gender-sensitive policies and service guidelines exist, practical implementation remains uneven. Strengths include dedicated healthcare staff, ongoing community health programs, and strong local government support. Weaknesses involve limited gender-sensitive training for healthcare providers, cultural norms affecting service utilization, and disparities in access between boys and girls. Opportunities exist through enhanced public awareness campaigns, collaborative partnerships, and policy reinforcement, whereas threats arise from persistent social norms, resource constraints, and variability in service quality across facilities. The study concludes that improving gender-inclusive child health services in Mataram City requires enhanced provider training, consistent monitoring, community engagement, and integrated policy strategies to ensure equitable access and quality care for all children.</p>
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INTRODUCTION

Child health is a crucial indicator for assessing the quality of healthcare services in a given region. Children are a vulnerable population, susceptible to various illnesses, and require special attention in terms of nutrition, immunization, and access to quality healthcare services (Perrin et al., 2024). In addition, gender factors significantly influence both access to and the quality of healthcare. Differences in roles, responsibilities, and social norms between males and females can affect how children receive healthcare services, including how parents utilize health facilities and how healthcare providers deliver care. In their study *Gender Role and*

Child Health Care Utilization in Nepal, demonstrated that although there may not always be significant differences between boys and girls in reporting illnesses, subsequent actions such as selecting healthcare providers or spending on treatment are influenced by gender roles within the family (Pokhrel et al., 2005). Similarly, (Lindsay & Kolne, 2020), in their research *The Training Needs for Gender-Sensitive Care in a Pediatric Rehabilitation Hospital: A Qualitative Study*, found that many healthcare professionals are insufficiently trained to provide gender-sensitive care, despite gender being a critical social determinant of child health.

Other studies, such as (Langarita et al., 2023) in *Child-Friendly Perspectives on Gender and Sexual Diversity*, emphasize that social and cultural norms, including gender norms, are key factors influencing children's and adolescents' utilization of healthcare services. This aligns with findings from Bangladesh and Malawi, which indicate that boys tend to receive more health attention than girls, as caregiver roles, social norms, and family structures influence access to healthcare (Zahra et al., 2021)

In Mataram City, improving child health has been a focus of local government through programs such as immunization, growth monitoring, and public health education. According to reports from the Mataram City Health Office, the prevalence of stunting among children under five in 2024 was approximately 7.6%, affecting around 1,900 children. The local government aims to reduce this rate to below 5% by the end of 2025. Despite this downward trend, disparities in access to and quality of services related to gender factors still require attention.

Therefore, it is essential to analyze child health services from a gender perspective to ensure that health policies and programs are targeted, inclusive, and capable of meeting the needs of all children without discrimination (Haq et al., 2022). This study aims to explore how child health and gender considerations are applied in healthcare services in Mataram City and to identify the challenges and opportunities in improving service quality.

METHODS

This study employs a qualitative descriptive approach to analyze the implementation of child health policies and programs from a gender perspective in healthcare services in Mataram City. This approach was chosen to gain an in-depth understanding of gender-sensitive child healthcare practices, including the factors that facilitate or hinder the implementation of such policies.

Data were collected through in-depth interviews with healthcare providers, program managers, and administrative staff, direct observations at health facilities to objectively assess program implementation, and document analysis, including child health policies, program reports, staff training records, and service evaluation results.

The collected data were analyzed using the SWOT method (Strengths, Weaknesses, Opportunities, Threats). Internal factors, such as the availability of human resources, healthcare personnel capacity, infrastructure, and adherence to service standards, were used to identify the program's strengths and weaknesses. External factors, including local government support, community engagement, socio-economic conditions, and

environmental dynamics, were examined to evaluate opportunities and threats to the implementation of gender-sensitive child health policies. The SWOT analysis enabled the study to assess the effectiveness of programs and policies while formulating strategic recommendations to strengthen the integration of gender perspectives in child healthcare services in Mataram City. This approach is expected to make a significant contribution to improving the quality of child health services that are equitable, inclusive, and gender-sensitive.

RESULTS AND DISCUSSION

This study was conducted at selected healthcare facilities in Mataram City, focusing on programs and policies related to child health and the integration of a gender perspective. The research employed a qualitative descriptive approach combined with SWOT analysis to evaluate the implementation of child health programs and to assess the extent to which gender considerations are incorporated into service delivery. The study aims to identify internal strengths and weaknesses within the facilities, as well as external opportunities and threats that influence the effectiveness of child health policies and the provision of gender-sensitive services.

Field Observation Results

Field observations were conducted at three primary child healthcare service locations in Mataram City: community health centers/clinics (puskesmas), integrated health posts (posyandu), and public health education areas. The following findings were recorded during the observation process.

Table 1. Field Observation Results

No	Observed Dimension	Empirical Findings	Interpretation
1	Gender-based Service Provision	Health professionals provide standardized services; however, parental behavior tends to prioritize male children in cases of illness.	Indicates implicit gender bias in care-seeking behavior; female children are occasionally brought only when conditions are severe.
2	Parental / Caregiver Involvement	Mothers predominantly act as primary decision-makers; fathers participate only in serious or emergency cases.	Reflects gendered dynamics of household decision-making affecting access to health services.
3	Facilities and Infrastructure	Health facilities are generally adequate; nevertheless, child-friendly spaces and gender-sensitive educational materials remain limited.	Suggests a need for integrating gender considerations to optimize child engagement and service effectiveness.
4	Program Implementation	Routine child health programs, including immunization, Posyandu, and growth	Variation in parental engagement is influenced by awareness and prevailing

No	Observed Dimension	Empirical Findings	Interpretation
5	Barriers and Challenges	monitoring, are implemented; however, family participation is heterogeneous. Limited gender-sensitive training for health workers; temporal and geographical access constraints; cultural norms influencing service utilization.	social norms. Highlights structural and cultural barriers to inclusive and equitable child health services.

Field observations indicate that child health services in Mataram City are technically adequate; however, the gender perspective has not yet been fully integrated. Caregiver roles, social norms, and limitations in child-friendly facilities are factors that influence both access to and the quality of services. Therefore, integrating a gender perspective into the planning, implementation, and evaluation of services is crucial to ensure that all children, both boys and girls, receive equitable and optimal healthcare (Morgan et al., 2024).

Interview Findings

Interviews were conducted with seven key informants involved in child health services in Mataram City, including two healthcare providers (a doctor and a nurse), two integrated health post (posyandu) managers, two parents/caregivers, and one health office officer. The interview findings provided valuable insights into child health perspectives and the influence of gender on healthcare services.

Table 2. Interview Findings

No	Theme	Research Findings	Representative Quote
1	Health Professionals' Perceptions	Service provision is ostensibly uniform across genders, yet parents tend to bring male children more promptly when sick.	<i>"Procedurally, we treat all children equally; however, parents often bring boys first, while girls are sometimes brought only when conditions worsen."</i> (Puskesmas Nurse)
2	Role of Parents / Caregivers	Mothers serve as the primary decision-makers, while fathers are less involved except in critical situations.	<i>"I usually arrange immunization schedules for my children; the father participates only when it's serious."</i> (Mother of a toddler)
3	Knowledge and Awareness	Parents demonstrate adequate knowledge regarding immunization and nutrition; attention to male children remains higher.	<i>"We focus more on boys' immunization and nutrition because we expect them to be healthier and stronger, whereas girls are sometimes assumed more resilient."</i> (Mother of a toddler)

No	Theme	Research Findings	Representative Quote
4	Service Barriers	Lack of gender-sensitive training for health professionals; limited accessibility and time; social norms affecting service prioritization.	<i>"It is sometimes difficult to bring children to Posyandu due to work or distance, and cultural practices often prioritize boys."</i> (Parent)
5	Expectations and Recommendations	Need for increased community education on child health for all genders; child-friendly facilities; gender-sensitive training for health personnel.	<i>"We hope all children receive equitable attention, and health workers are trained to recognize differences in needs between boys and girls."</i> (Puskesmas Doctor)

The interview findings indicate that perceptions and practices of child health services in Mataram City are influenced by gender norms and caregiver roles. Although formal services are available to all children, cultural biases and family dynamics affect service utilization, particularly for girls. Therefore, integrating a gender perspective into the planning, implementation, and evaluation of services is essential to ensure equitable, inclusive, and effective healthcare for all children (Da Silva, 2024).

Documentation Review Results

The documents analyzed included child health service plans, health and immunization reports, attendance records of parents/caregivers in posyandu programs, and internal monitoring records related to child health programs. The document review revealed that most child health service plans were developed at the outset of the programs; however, their implementation was not always consistently evaluated. Some child health and immunization reports remained incomplete, and internal monitoring results were not consistently followed by clear corrective actions to improve services. Furthermore, to assess the effectiveness and challenges in program implementation, a SWOT analysis was applied to evaluate the implementation of child health services from a gender perspective in Mataram City.

Table 3. SWOT Analysis of Child Health Services with Gender

Category	Identified Factors	Implications
Strengths	<ol style="list-style-type: none"> Established child health programs (immunization, Posyandu, growth monitoring). Health personnel trained in basic pediatric care. Institutional support from local government. 	Internal factors facilitating program sustainability and effective delivery of child health services.
Weaknesses	<ol style="list-style-type: none"> Program implementation lacks consistent evaluation. Incomplete child health and 	Internal limitations that impede service effectiveness and equitable delivery for both male

Category	Identified Factors	Implications
	immunization records.	and female children.
	3. Internal monitoring not always followed by corrective action.	
	4. Gender-sensitive facilities and services remain limited.	
Opportunities	1. Increasing community awareness regarding child health.	External factors that can be leveraged to improve inclusivity and quality of service delivery.
	2. Use of information technology for health monitoring.	
	3. Potential to enhance health worker capacity via gender	
	4. sensitive care training.	
Threats	1. Persistent gender-biased social and cultural norms affecting child attention.	External challenges that may compromise equitable access to child health services, particularly for female children.
	2. Limited resources, including personnel and facilities, for full coverage.	
	3. Unequal parental/caregiver engagement.	

Based on document reviews, field observations, and interviews, the implementation of child health services with a gender perspective in Mataram City demonstrates various strengths, weaknesses, opportunities, and threats. Child health services have a relatively strong foundation, as programs such as immunization, growth monitoring, and *posyandu* activities have been routinely conducted, supported by competent healthcare workers and strong local government commitment. Data indicate that the polio immunization coverage in Mataram City reached 100.6% of the target in 2024, while the stunting rate decreased from 7.6% (approximately 1,900 children) in 2024 to 6.6% (around 1,600 children) by July 2025. These strengths align with the findings of (Kuo et al., 2022), who emphasized that the availability of adequate facilities and qualified health personnel represents a critical internal factor in enhancing the utilization of child health services, as well as a key foundation for developing more inclusive and gender-sensitive care.

However, several significant weaknesses remain. Program implementation is not consistently evaluated, some child health and immunization reports are incomplete, and internal monitoring processes are not always followed by corrective actions. Gender-sensitive services are still limited, including child-friendly facilities, gender-based educational materials, and healthcare provider training on gender-sensitive care. This finding aligns with (Boniol et al., 2019), who noted that insufficient training on gender-sensitive care can restrict healthcare workers' ability to provide equitable and inclusive

services. These weaknesses highlight the need for improved management, monitoring, and human resource capacity to ensure effective service delivery for all children, including girls who often receive less attention due to cultural bias.

On the other hand, there are external opportunities that can be leveraged to enhance service quality. Public awareness of child health importance is increasing; the use of information technology can improve immunization and growth monitoring; and additional training for healthcare providers on gender-sensitive care can strengthen the quality of interactions with children and families. (Widiastuti et al., 2024) emphasized that utilizing external opportunities, such as community education and technology adoption, can improve parental awareness and family participation in child health programs, thereby reducing gender-based service disparities.

Nevertheless, threats persist in the form of gender-biased social and cultural norms, limited resources, and unequal participation among parents or caregivers, which may hinder program success. According to (Semahegn et al., 2025), social and cultural norms that influence caregiving patterns are major barriers to achieving equitable access to healthcare between boys and girls. These factors highlight that improvement strategies must not only focus on service provision but also include cultural advocacy and community education to promote gender equality in child health (Carandang et al., 2021).

Overall, this analysis shows that Mataram City possesses a strong foundation for child health services, as evidenced by high immunization coverage and declining stunting rates. However, the effectiveness and inclusiveness of these services can still be strengthened through the integration of gender perspectives in the planning, implementation, monitoring, and evaluation of programs. Such a systematic approach—supported by literature and empirical data—will help ensure that all children, both boys and girls, receive equitable, inclusive, and optimal healthcare services.

CONCLUSION

Child health services in Mataram City have a strong foundation, supported by routine programs such as immunization, posyandu (community-based health posts), and growth monitoring, as well as by competent healthcare personnel. Data indicate that polio immunization coverage exceeded the target (100.6%) and that the stunting rate declined from 7.6% in 2024 to 6.6% in 2025. However, program evaluation remains inconsistent, health reports are not always complete, gender-friendly facilities are limited, and training on gender-sensitive care requires further improvement. Social norms and unequal parental participation also present ongoing challenges. Integrating a gender perspective through community education, healthcare worker training, and data-driven monitoring is essential to ensure that all children—both boys and girls—receive equitable, inclusive, and optimal healthcare services.

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