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Gender-Responsive Health Service Accountability In South Sulawesi's Islamic Hospitals: A Cross-Sectional Study

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Abstrak

Health services are included as indicators in the Women's Empowerment Index and the Gender Development Index. Therefore, health policies must be gender-sensitive to achieve equality in access, participation, control, and benefits of health services. However, data shows that women still face various health problems, such as high maternal mortality rates (MMR) and morbidity. Improving health insurance coverage and promoting childbirth in medical facilities are important strategies to lower MMR. This study aims to analyze the accountability of gender-responsive health services in hospitals in South Sulawesi. A descriptive analytical method with a cross-sectional approach was used. Data were collected using a gender-responsive service accountability questionnaire, which was distributed to respondents in three hospitals in South Sulawesi. The study found variations in the accountability of gender-responsive services among the hospitals. Faisal Hospital showed the highest accountability, with 65 respondents (62%) indicating gender-responsive services, while Ibnu Sina Hospital had the lowest, with only 45 respondents (44%). There are still disparities in the implementation of gender-responsive health services in hospitals in South Sulawesi. Further research is recommended, particularly at the hospital management level, to support the development and improvement of gender-sensitive health services

Keywords: Health Services, Gender, Responsive, accountability, Islam

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PENDAHULUAN

Women's Development and Empowerment (IPG and IDG) in Indonesia refers to international regulations and commitments. This was achieved through the issuance of Presidential Instruction (Inpres) No. 9 of 2000 concerning Gender Mainstreaming (PUG) As mandated by Presidential Instruction (Inpres) No. 9 of 2000, the government (central) and regional (local/regional) are obliged to implement and mainstream PUG in all development in Vietnam, Indonesia starting with the following stages: development planning, implementation, monitoring and evaluation. According to Presidential Instruction No. 9 of 2000 which is outlined in the National Long-Term Development Plan (RPJPN) for the 2005-2025 period, among other things, attention to gender mainstreaming (PUG) in the national development of the family (Ministry of Women's Empowerment and Child Protection, 2007)

Nowadays, the issue of equality between men and women is increasingly popular or often referred to as gender equality. If this question is deepened, then it becomes a problem of inequality of status and position between men and women. This problem arises when women have limited opportunities compared to men, who have many opportunities related to programs and activities in society. Gender discrimination in different regions has different nature and degrees. Gender itself, if understood, is the differentiation of roles, attributes, traits, attitudes and behaviors that grow and develop in society. Furthermore, gender roles are divided into productive roles, reproductive roles, and social roles (Aulinah et all, 2020). There are clear differences that have long been associated with various social requirements regarding the suitability of behavior and, therefore, rights, resources, and power. There are social groups that determine a person's way of life and participation in social life and economic activities. For example, in a family, the mother plays the role of the parent, and the father plays the role of the worker. Conditions like this can sometimes change drastically if there is a change in political and economic issues (Baobeid, et al, 2022).

Gender equality itself is not only seen as equal rights and obligations that are not taken into account. When issues arise regarding gender equality, it is defined that everything, whether a right or an obligation, is fully equal to men. (Asnan&Fatahillah, 2022). Women will certainly not be able to shoulder the responsibilities of men, and vice versa. Therefore, it needs to be developed in a sustainable manner, where all goals do not forget to uphold human rights to achieve gender equality and improve the status of women so that women can have a proper position, not for the sake of their kindness, but from the hard work that affects those around them. (Dawud, et al, 2021).

The increase in AHH in women and men is different. The increase in AHH for women from 2015 to 2019 was 0.55, while for men it increased by 0.51. Although AHH is higher in women, many health problems, such as maternal mortality (MMI) and morbidity, remain high. According to the 2015 Inpatient Survey (SUPAS), Indonesia's maternal death reached 305 per 100,000 live births 2. This number decreased to 187 live births in 2016 and 177 births per 100,000 live births in 2017. This is still far from the SDG target of 70 per 100,000 live births by 2030 (Diana, 2017).

The percentage of women with past national health problems in 2018 was 32.58%, or about three in ten women experiencing health problems in the past month. Over the past five years, health problems experienced by women tend to increase even slightly, from 29.90% in 2014 to 2.68 percentage points in 2018. Women are considered to have a disease if the health problem interferes with daily activities. In contrast to health problems, in the last 5 years the number of sick women has decreased. The proportion of sick women nationally in 2018 was 1.36% The data is consistent with the nature of health insurance for women. 6.7% of women have higher health insurance coverage than men. There are still 9 provinces where less than 60% of women have health insurance, namely Central Kalimantan, Riau, Bengkulu, NTB, Lampung, Maluku, North Sumatra, Jambi and West Kalimantan (Ministry of Women's Empowerment and Child Protection, 2007).

In addition to health insurance, giving birth in a medical facility causes a lower maternal death to be. As many as 82.67% of maternity mothers were examined at health facilities by province in the last two years, but there are still provinces that have access to health services at health facilities less than 50%, namely Southeast Province. Sulawesi, Central Kalimantan, North Maluku and Maluku. Giving birth to a child alive is a woman's dream. Births in health facilities with medical personnel reached 93.58%. Some provinces, except North Maluku, Maluku and Papua, only 60-70% of deliveries are assisted by medical personnel (Ministry of Women's Empowerment and Child Protection, 2007). This research is interesting because it explores the intersection of gender equity, health service accountability, and faith-based healthcare, an area that remains largely underexamined. Islamic hospitals play a vital role in health service delivery in South Sulawesi, yet

there is limited empirical evidence on how gender-responsive accountability is practiced within these institutions. Given that religious values, gender norms, and organizational governance can significantly influence service provision, studying these dynamics provides important insights into whether accountability mechanisms effectively address the different needs and experiences of women and men. By focusing on South Sulawesi's Islamic hospitals and using a cross-sectional approach, this study fills a critical knowledge gap and generates evidence that can inform more inclusive, culturally responsive, and equitable health service policies and management practices in Indonesia and similar contexts.

METODE

Study Design

This study employed an analytical survey design using a descriptive analytical method with a cross-sectional approach.

Setting

The research was conducted at three hospitals in Makassar, namely Haji Hospital, Faisal Hospital, and Ibnu Sina Hospital, from January to June 2023.

Research Subject

The study population consisted of all inpatients at Haji Hospital, Faisal Hospital, and Ibnu Sina Hospital Makassar, with a total of 317 patients. The sampling technique used was total sampling. Inclusion criteria: Inpatients who had been treated for at least one week, were compos mentis (fully conscious), and were willing to participate as respondents. Exclusion criteria: Patients with memory impairment or those who refused to participate as respondents.

Instruments

Data were collected using a gender-responsive service accountability questionnaire that had been tested for validity and reliability.

Validity

In this study, the validity test of the gender-responsive health service accountability questionnaire was conducted in several hospitals in Makassar through the distribution of a Google Form questionnaire to 30 respondents. If the calculated r value (r count) is greater than the r table value at a specified significance level, the questionnaire item is considered valid. The r table value for 30 respondents is 0.3610. Therefore, items with $r > 0.361$ are declared valid, while items with $r < 0.361$ are declared invalid.

Reliability

The reliability test of the measurement instrument was conducted using Cronbach's alpha. A Cronbach's alpha value greater than 0.6 indicates that the questionnaire items are reliable. The results show that the questionnaire used in this study falls into the category of moderate reliability.

Data Analysis

Descriptive statistical analysis was used to present the frequency and percentage of gender-responsive service accountability in each hospital.

Ethical Consideration

This study has obtained ethical clearance from the Research Ethics Committee of Alauddin Islamic State University with approval number No. 157/KEPK/FKIK/VII/2023

HASIL DAN PEMBAHASAN

Based on the results of data collection carried out at Haji Hospital, Faisal Hospital and Ibnu Sina Makassar Hospital, the following research results were obtained:

Table 1.1 Frequency Distribution of Respondent Characteristics by Age, Gender, Education, Marriage Characteristics

Characteristic	Frequency	Percentage %
Age		
<40	105	33%
40-45	98	31%
46-50	79	25%
>50	35	11
Gender		
Man	197	62%
Woman	120	38%
Education		
Primary Education	205	64%
Bachelor/Master	114	36%
Doctoral	0	0 %
Marital Status		
Unmarried	205	31%
Marry	65	51%
Widow/Widower	47	18%
Work		
Civil Servant	35	11%
Non-Civil Servant	79	25%

Contract	98	31%
Others	10	33%

Based on the table above, it can be interpreted that for the age of the most respondents at the age of < 40 years or 33% and at least at the age of > 50 years or 11%, the gender characteristics of the most respondents are in the male sex 197 or 62% and the least in the female sex is 120 reaponden or 38%, the educational characteristics of the most respondents are in basic education or 64% and at least at the doctoral level 0 or 0 %, The characteristics of marital status of the most respondents were unmarried or 31% and the least were widows/widowers 47 or 18%, the characteristics of the employment status of the respondents were the most in other status (housewives, unemployed) 105 or 33%

Table 1.2. Distribution of Frequency of Accountability for Gender Responsive Services at Haji Makassar Hospital, Ibnu Sina Hospital and Faisal Makassar Hospital

Haji Hospital	**Frequency**	**Presented**
Good	65	62 %
Keep	25	24%
Not Good	15	14 %
Total	**105**	**100%**
Ibnu Sina Hospital	**Frequency**	**Presented**
Good	45	44 %
Keep	25	24 %
Not Good	33	14 %
Total	**103**	**100%**
Faisal Hospital		
Good	56	51 %
Keep	42	39 %
Not Good	11	10 %
Total	**109**	**100%**

Based on the table above, it can be seen that the distribution of gender responsive service accountability in Haji Hospital is the most in the good service category of 65 or 62% and the least in the poor category of 15 or 14%, Ibnu Hospital is the most in the good service category of 45 or 44% and the least in the medium category of 25 or 24 % while Faisal Hospital is the most in the good service category of 56 or 51% and the least in the poor category of 11 or 10%

The results of the study show that of the three hospitals in South Sulawesi, Faisal Hospital has the accountability of gender responsive services, which is as many as 65 respondents (62%), while Ibnu Sina Hospital has the lowest accountability or 45 respondents or 44%. In line with what was conveyed by [8]. Gender roles are roles performed by women and men in accordance with the status of the environment, culture and structure of society. Among the descriptions and indications of efforts to realize gender justice is accepting and viewing the differences in men and women in a reasonable way, because there is respect for differences including the manifestation of gender injustice, discussing how to overhaul the structure of society that distinguishes the roles and relationships between men and women, as well as balancing them, examining the abilities and talents of each citizen, both men and women, to be involved in the development of society, to solve their problems and prepare for their future, to continuously fight for human rights, where gender is one of its inseparable parts, to seek the development and enforcement of democracy and good governance in all social institutions, by involving women at all levels, education is the key to gender justice, Because it is a place where people transfer their norms, knowledge, and abilities (Gender, 2020)

In this study, it was found that there were 99% of respondents who said that very often health workers serve politely. Manners and ethics are an important part of the practice of healthcare workers and there are many reasons why they are important. Manners provided by health workers can increase patient satisfaction. Patients who feel treated with respect and courtesy tend to feel more comfortable and satisfied with their treatment. Manners build a good relationship between healthcare workers and patients. Good relationships can facilitate communication and collaboration in patient care. Manners are an important aspect of building trust between healthcare workers and patients. Patients who feel well treated tend to trust the recommendations and advice provided by healthcare workers.

Professional ethics require health workers to provide dignified services and respect the rights of patients. Manners are an integral part of this etiquette. Health workers are representatives of the health profession. Their manners reflect the professionalism of the profession and can affect the image of the entire health sector. Manners can also have an impact on a patient's mental health. Respectful and courteous care can reduce the patient's stress and anxiety. Patients who feel treated politely tend to be more compliant with the treatments recommended by health workers. Many health professions have codes of ethics that require their members to behave politely and respectfully towards patients. Serving politely is a fundamental principle in health practice that positively impacts patients and helps build a good relationship between healthcare workers and patients.

The results of this study also illustrate that 95% stated that health workers always protect their sensitive areas from being seen by others when performing medical procedures. Healthcare professionals must always protect your sensitive areas from being seen by others when performing medical procedures because this is related to the principles of medical ethics, patient privacy, and patient trust. Each individual has the right to their own privacy, including the privacy of their body.

Protecting sensitive areas is a way to respect patients' privacy and maintain their dignity. The healthcare profession has high ethical standards, which include respect for patient privacy. Healthcare workers are expected to treat patients with respect and protect their privacy in accordance with their professional code of ethics. Trust is a key factor in the relationship between patients and healthcare workers. Patients need to feel comfortable and trust their healthcare professionals in order to be able to talk openly about their health issues. Protecting patient privacy is one way to build and maintain this trust.

Patients who feel their privacy is respected tend to be more satisfied with their treatment. Opening a patient's sensitive area to others without permission can interfere with the patient's feelings and affect their satisfaction with medical treatment. In many countries, there are laws and regulations governing the privacy and protection of patient health data. Health workers are required to comply with these rules, including maintaining the confidentiality of sensitive areas of patients (Hamid, 2018).

There were 94% of respondents stating that female and male patients were separated and placed in separate rooms. The separation of female and male patients in separate spaces in a medical care environment can have something to do with ethical principles and Islamic law. In Islam, there are sharia legal principles that regulate the interaction between men and women who are not mahrams (relatives who are forbidden to marry). This principle is called the "hijab," which mandates separation between men and women in a variety of situations, including the medical care environment. Devout Muslim patients may respect their religious principles and want to abide by sharia law even during medical treatment. They can feel more comfortable and confident that their care is aligned with Islamic religious values and rules if there is a separation between the sexes. Gender segregation in medical treatment rooms can also be considered a step to maintain patient privacy and honor. This is important in Islam because individual privacy is highly valued, and exposure of the body in front of a non-mahram person can be considered a violation of privacy.

Gender separation can also avoid potential inappropriate physical or social interactions or create situations that could give rise to temptation or ethical issues. In many countries with a majority Muslim population, the practice of gender segregation in hospitals reflects local cultures and values that are based on Islam. It is important to note that the practice of this gender separation may vary across different countries, hospitals, and medical care settings. (Hamid, 2018).

Furthermore, there were only 35% of respondents who stated that there were clergy/ustadz who were in charge of giving prayers in my room every day. The provision of clergy or ustadz in hospitals can have various benefits and reasons why it is considered important in health services, especially for patients who need spiritual support. When facing serious health issues or surgery, many patients seek spiritual support and calmness. The ustadz or chaplain can provide spiritual support, talk to the patient about their beliefs, and provide prayers to strengthen the patient emotionally and spiritually.

The hospital strives to meet the spiritual and emotional needs of patients in addition to their physical needs. This ministry reflects a holistic approach to health care, which recognizes the importance of physical, mental, and spiritual health. In difficult situations, such as severe illness or severe injury, prayer and spiritual support can provide comfort to the patient and his or her family. It can also provide hope and strength to face a long journey of healing or recovery. Patients who feel that the hospital is attentive to their spiritual needs and provides appropriate support tend to be more satisfied with their care. This can have a positive impact on the patient experience and their level of satisfaction with healthcare services. Spiritual support can also help the patient's family in dealing with difficult situations and understanding the healing or recovery process. This

can reduce stress and conflict in the family. Some hospitals have policies or programs that facilitate spiritual support for patients. This can be realized in the form of clergy or ustadz services available at hospitals.

In many cases, hospitals work closely with local religious leaders or religious institutions to provide spiritual support for patients. However, it is important to respect the patient's preferences and beliefs. If the patient does not want spiritual services, then it must be respected as well. With spiritual support, the hospital strives to provide holistic care and support the needs of the whole individual, including the spiritual aspects of healthcare.

There were 73% of respondents who thought that female patients were cared for by female doctors/nurses/midwives, while male patients were treated by male doctors/nurses/midwives The selection of doctors, nurses, or midwives based on the gender of the patient or health worker can be related to various social, cultural, and religious factors. This practice is often an attempt to respect certain norms and beliefs in society. Adherence to Culture or Religion: Some cultural or religious groups have norms and beliefs that govern interactions between men and women. The practice of gender segregation in healthcare can be considered a way to adhere to these norms and respect certain religious beliefs.

Some patients feel more comfortable or feel that their privacy is more maintained when they are cared for by health workers of the same gender. For example, a female patient may feel more comfortable undergoing a gynecological examination by a female doctor. This practice can also be related to cultural comfort attached to certain social norms. In some societies, interacting with members of the same sex in certain situations is considered a social norm.

The practice of gender segregation can also be used to prevent potential misunderstandings or misinterpretations in interactions between patients and healthcare workers, especially in the context of physical examinations. In some cases, patients have the option to choose a doctor or nurse according to their desired gender. Hospitals that understand these preferences can provide patients with options to meet their needs.

However, it is important to remember that not all hospitals or healthcare institutions implement this practice of gender separation, and these practices can vary significantly across different places and cultures. In addition, in many countries, anti-gender discrimination laws may prohibit the selection of doctors based on gender, except in certain cases that require special care such as in gynecological care. The main principle in health services is to provide safe, effective, and quality care to patients regardless of gender. However, in some situations, patient preferences can be respected and accommodated, as long as they do not violate individual rights or medical ethical principles. (Kemen PPPA, 2020)

Gender equality is a form of the same condition of men and women in obtaining their rights as human beings in order to be able to play a role and participate in political, economic, socio-cultural activities and equality in enjoying the results of development. Gender Equality and Justice (KKG) has become a commitment of the nations of the world which was affirmed in the Global Declaration of the 'Fourth World Conference of Women' in 1995 in Beijing, of which one of the member countries is Indonesia. The concept of KKG is a milestone of success for the development of Human Resources (Kemhumkam, 2007).

Gender justice usually refers to the application of social justice in terms of providing equal opportunities between men and women. Justice here does not mean that men and women are equal in every way, but what is meant is that the granting of an opportunity or access does not depend on

gender differences. Gender justice thus means that men and women have the opportunity to realize their rights and potentials to contribute to political, economic, social, and cultural development, and can equally enjoy the fruits of that development (Indonesian Government, 2019).

The research location in this study does not have special protection regulations for women. In fact, regulations from the head of the hospital regarding the protection of women in hospitals are very important because they aim to maintain the safety, privacy, and welfare of women in the hospital environment. Some of the reasons why such regulations need to exist are that they can ensure that female patients feel safe and comfortable during their treatment in hospitals. This involves separating the sexes within the treatment room and ensuring that female patients are not exposed to inappropriate or disruptive situations.

These regulations regarding the protection of women can help prevent and protect women from harassment, abuse, or unethical behavior by medical staff or other patients. This includes sexual, verbal, or physical abuse. Most countries have laws and regulations governing women's rights and protections(Rahmawati, 2015). Hospitals must comply with these laws to maintain compliance and avoid potential lawsuits. These regulations reflect the principles of medical ethics, including respect for privacy, dignity, and the interests of patients. It helps maintain ethical standards and integrity in medical practice(Manalu et al, 2024). Providing appropriate protection to female patients can increase patient satisfaction with healthcare services and help build trust between patients and hospitals. The implementation of this regulation can avoid potential conflicts or problems arising from non-compliance with women's protection standards in hospitals. This regulation can also promote women's empowerment in the health care environment(Andayani, 2020). This means giving women control over decisions that affect their care and respecting their rights. This regulation should be carefully designed, taking into account the views and needs of women under hospital care (Fitria, 2016). It should also include training of medical staff on the importance of protecting women and how to deal with them with sensitivity and ethics. It is important to note that these regulations must also take into account the legal and ethical frameworks applicable in a particular country or region, as well as apply the principles of human rights and gender equality.

Haji Hospital, Faisal Hospital, and Ibnu Sina Hospital do not have special regulations for disability protection, where hospitals should need to establish regulations to protect people with disabilities in order to provide inclusive, fair, and meet the needs of all patients, including those with disabilities. Many countries have laws that require hospitals and other healthcare facilities to comply with disability protection regulations. This includes laws such as the Americans with Disabilities Act (ADA) in the United States and similar laws in many other countries. Compliance with this kind of law is a legal obligation (Hambali, 2017). Human rights include the right of every individual, including those with disabilities, to receive proper and non-discriminatory medical care. Disability protection regulations help safeguard these rights.

This regulation aims to ensure that patients with disabilities receive treatment that suits their needs. It involves the accessibility of healthcare facilities, effective communication, appropriate equipment, and training of medical staff to care for patients with disabilities. These regulations can promote the empowerment of patients with disabilities, give them control over decisions that affect their care, and ensure that they have access to the information and support they need. Disability protection regulations help avoid discrimination against patients with disabilities in the healthcare process. This means that patients should not be treated worse or get worse treatment just because they have a disability. This regulation encourages hospitals to develop better, inclusive, and

accessible health services for all patients. This can improve the quality of service and the overall patient experience.

Patients with disabilities who receive treatment that suits their needs tend to be more satisfied with health services. This can help build a good relationship between patients and healthcare providers. It also protects care providers (including doctors, nurses, and other medical staff) by providing clear guidelines on how to properly and ethically care for patients with disabilities. As such, disability protection regulations are an important step in ensuring that hospitals provide equal, inclusive, and equitable care to all patients, regardless of their disability condition or status. It also helps build a more inclusive society that respects the rights of each individual.

KESIMPULAN

The study assessed gender-responsive public health services' accountability in three hospitals in South Sulawesi. It found that Faisal Hospital had the highest accountability at 62%, followed by Haji Hospital (51%) and Ibnu Sina Hospital (44%). Key factors contributing to higher accountability included polite service by health workers, respecting patient privacy, and gender-sensitive practices. However, gaps in services such as the absence of regulations for women's and disability protection were noted. The advantages of this study are highlights how gender-sensitive policies can improve health service accountability and patient satisfaction, The use of descriptive analysis with validated instruments provides reliable insights into service disparities, and Findings can directly inform policy revisions and implementation of gender-sensitive protocols in healthcare institutions. The limitations of this study are the research was limited to three hospitals in South Sulawesi, which may not represent other regions, The cross-sectional approach limits understanding of trends over time, No specific regulations for women's and disability protection were identified, which could impact comprehensive service evaluations, the imbalance in gender and age representation among respondents may affect generalizability.

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