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Students' Understanding of Health and Social Issues: A GEDSI Perspective At Two Islamic Universities in Indonesia

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ABSTRACT

The Gender Equality, Disability, and Social Inclusion (GEDSI) framework explicitly seeks to address the structural barriers faced by marginalized groups, yet institutionalizing these frameworks within higher education settings often faces deep implementation gaps. While macro-policies and empirical violations are widely documented, understanding how university students conceptualize these intersecting issues is crucial for developing genuinely responsive campus ecosystems. This study aims to analyze the level of GEDSI understanding among Indonesian university students. An explanatory sequential mixed-methods design was conducted concurrently at Universitas 'Aisyiyah Yogyakarta and Universitas Muhammadiyah Makassar. The quantitative phase utilized a 17-item Likert scale questionnaire administered to 71 purposively sampled undergraduate students from various health and technical programs. Subsequently, the qualitative phase involved semi-structured interviews and focus group discussions with a subset of 15 students selected based on survey score variations. The quantitative data underwent descriptive statistical analysis, while the qualitative audio recordings were transcribed verbatim and examined using thematic analysis. The findings reveal a distinct dualism in how university students conceptualize the GEDSI framework. In the public sphere, students demonstrated progressive perspectives, with 97.2% supporting equal leadership roles for female and 98.6% agreeing that classroom religious differences must be accommodated. Conversely, deeply internalized stereotypes persisted in the domestic domain, with 95.7% maintaining that the role of head of household belongs exclusively to men. Furthermore, despite 100% support for physical campus accessibility, 90.1% of respondents perceived individuals with disabilities through a traditional charity-based model rather than a structural, rights-based framework. A clear divergence persists between students' public endorsement of equity and their internalized, traditional beliefs regarding domestic gender roles and charity-focused models of disability.

Keywords: Gender equality; disability inclusion; social inclusion; higher education; university students

INTRODUCTION

Since 2017, the Indonesian government has actively encouraged the Gender Disability and Social Inclusion (GEDSI) program, including research initiatives by the National Research and Innovation Agency (BRIN). This commitment is formally integrated into national policies such as the Long-Term Development Plan, the National Medium-Term Development Plan (RPJMN), the Government Annual Work Plan (RKP), and Presidential Regulation Number 59 of 2017 (1) (2). However, translating these frameworks into reality remains a complex challenge, particularly within science and technology sectors where representation remains low(2). To bridge this gap, the Academic Community carrying out the mandate of the *tri dharma* of higher education (teaching, research, and community service) must be responsive in analyzing and addressing these societal problems using a holistic GEDSI approach (3)(4).

This national framework aligns with global commitments, such as Education for All and SDG 4 (Sustainable Development Goals), which assert that all individuals, including children, female, and people with disabilities, have equal rights to high-quality education and societal processes under the principle of "No One Left Behind" (1)(5). As a holistic framework rooted in equity and empowerment, GEDSI explicitly seeks to address the structural barriers faced by marginalized groups (5). However, evidence suggests that institutionalizing these frameworks often faces deep implementation gaps, meaning that policy existence does not automatically guarantee inclusive practice within higher education settings (6).

Despite these policy ideals, severe empirical violations persist in Indonesia. Data from the Ministry of Female and Child Empowerment shows that 4,401 female continue to face domestic and workplace violence (7). More specifically, female with disabilities experience intersecting vulnerabilities, including domestic violence and systemic discrimination in educational and economic access (8)(9)(10). Furthermore, cultural practices such as child marriage and female circumcision remain highly prevalent, severely undermining the core principles of social inclusion (11–15).

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While these macro policies and empirical violations are widely documented, a significant research gap exists regarding how university students actually understand these intersecting issues such as violence against female with disabilities (16). This gap mirrors global conditions, where higher education students often support gender equality conceptually but fail to recognize actual structural inequalities on their own campuses, underscoring the urgency of examining local students' GEDSI conceptualization (17). Therefore, this study aims to analyze the level of GEDSI understanding among Indonesian university students. Utilizing a mixed-methods design, this research combines quantitative instruments to measure the breadth of student comprehension with qualitative insights to explore their nuanced attitudes, providing a crucial empirical foundation for developing genuinely GEDSI-responsive campus ecosystems.

MATERIAL AND METHODS

This study employed an explanatory sequential mixed-methods design (18). Quantitative survey data were collected and analyzed first, followed by a qualitative phase to contextualize and explain the statistical trends. The research was conducted concurrently at Universitas 'Aisyiyah Yogyakarta and Universitas Muhammadiyah Makassar from September 2024 to January 2025.

Using purposive sampling, undergraduate participants were recruited based on explicit criteria:

a. Inclusion: Active students in their 3rd or 5th semester, enrolled in health-related programs (Anesthesia Nursing, Nursing, Midwifery, Medical Laboratory Technology) or technical programs (Architecture, Information Technology, Biotechnology).
b. Exclusion: Students on academic leave or undergoing external full-time clinical clerkships.

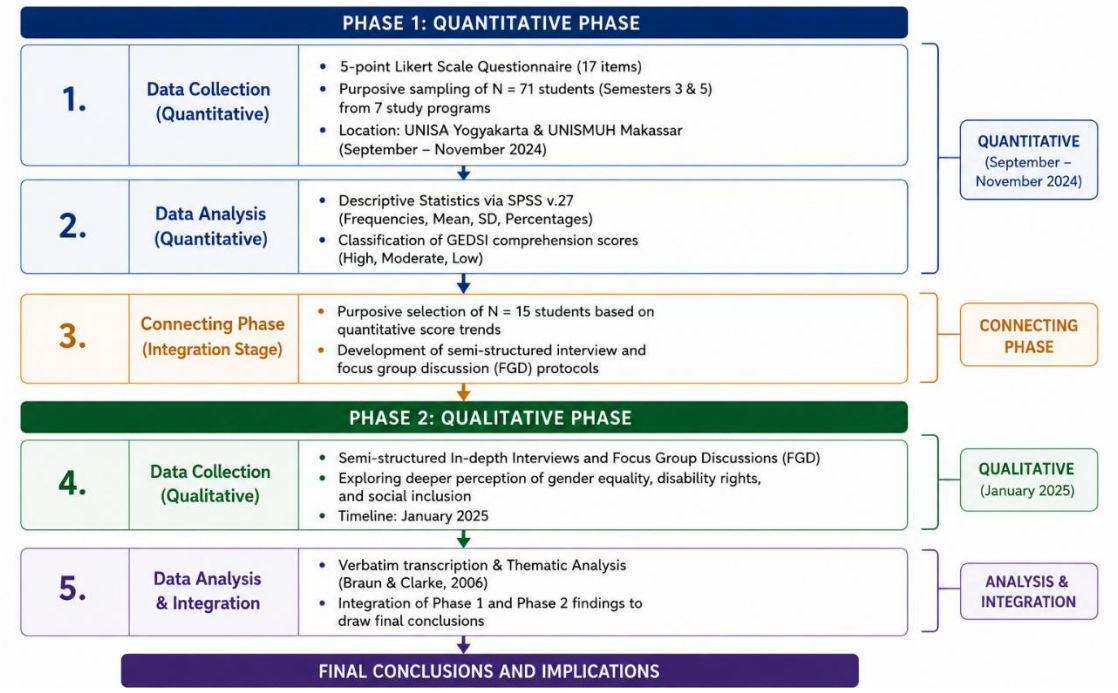

Figure 1. Explanatory Sequential Mixed- Methods Design

Figure 1 illustrates the explanatory sequential mixed-methods design employed in this study. The research began with a quantitative phase involving questionnaire-based data collection and descriptive statistical analysis to assess students' comprehension of GEDSI concepts. The quantitative findings were then used to guide the connecting phase, in which selected participants were purposively chosen for further qualitative exploration. Subsequently, the qualitative phase consisted of in-depth interviews and focus group discussions to obtain deeper insights into participants' perceptions and experiences.

The quantitative phase involved N: 71 respondents. For the subsequent qualitative phase, a subset of N = 15 students was purposively selected from the initial cohort based on their survey score variations to ensure diverse perspectives.

Data were collected using a 5-point Likert scale questionnaire consisting of 17 items, was deployed to measure three GEDSI dimensions: (1) gender equality, (2) disability inclusion, and (3) religious and social diversity. The instrument was validated by experts and demonstrated high reliability (Cronbach's alpha = 0.872). Qualitative data were gathered via semi-structured interviews and Focus Group Discussions (FGD) centering on

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structural gender barriers, disability rights, and social inclusion. Audio recordings were transcribed *verbatim* and analyzed using thematic analysis (19).

Trustworthiness was secured via investigator triangulation and member-checking. Data integration occurred by using the quantitative trends to build the qualitative inquiry and combining both datasets in the final synthesis. This study obtained formal ethical clearance from the Health Research Ethics Committee of Universitas 'Aisyiyah Yogyakarta (No. 4015/KEP-UNISA/X/2024). All respondents provided written informed consent, and participant anonymity was strictly maintained.

RESULTS

The quantitative phase of this study involved a total cohort of N = 71 respondents. The detailed demographic and academic distribution of the participants is presented in Table 1.

Table 1. Respondent Characteristics

No	Characteristic	Amount	%
	Study Program		
1	Anesthesia Nursing	12	16,9
2	Nursing	6	8,5
3	Midwifery	13	18,3
4	Medical Laboratory Technology	12	16,9
5	Architecture	5	7,0
6	Information Technology	7	9,9
7	Biotechnology	16	22,5
		71	**100**
	Gender		
1	Male	11	15
2	Female	60	85
		71	**100**
	Semester		
1	Semester 3	30	42
2	Semester 5	41	58
		71	**100**

To evaluate the breadth of students' baseline perspectives, a 17-item Likert scale questionnaire measuring core dimensions of gender equality, disability rights, and social inclusion was analyzed. The consolidated quantitative frequencies are detailed in Table 2

Table 2. Likert Scale Statement GEDSI

No	Statement	Strongly Agree %	Agree %	Disagree %	Strongly Disagree %
1	Child Marriage Dispensation should be permitted	4,2	18,40	45,20	36,40
2	Age of Marriage	43,70	45,00	11,30	-
3	Educational performance and capacity differ between male and female	3,97	37,40	49,83	8,80
4	Domestic work is inherently the primary responsibility of female	58,30	40,80	0,90	-
5	Both leadership roles can be played equally by male and female	66,29	25,31	4,20	4,20
6	The role of head of household belongs exclusively to male	74,80	23,90	1,02	0,28

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No	Statement	Strongly Agree %	Agree %	Disagree %	Strongly Disagree %
7	Gender inequality is a major driver of domestic violence against female	47,90	35,20	15,51	1,39
8	Mention Disability with disabled	12,70	40,80	26,80	19,70
9	People with disabilities primarily require sympathy and compassion	32,40	57,70	9,90	-
10	Individuals with disabilities should be given opportunities to lead organizations	28,20	56,30	15,50	-
11	Campuses must provide structural accessibility facilities for persons with disabilities	73,20	26,80	-	-
12	Access to campus facilities (e.g., elevators) must prioritize persons with disabilities	74,60	25,25	0,15	-
13	Religious differences within the classroom environment must be accommodated	84,50	14,10	-	1,40
14	Appreciation of religious and cultural diversity strengthens student harmony	85,90	13,14	0,96	-
15	I prefer to choose close friends based strictly on shared religious beliefs	6,93	16,90	47,97	28,20
16	I feel comfortable socializing and making friends with individuals of different religions/tribes.	74,90	19,70	3,94	1,46
17	The principle of "No One Left Behind" means equal opportunities regardless of gender, disability, or religion.	36,60	58,20	1,48	3,72

The mixed-methods sequential integration consolidated the statistical data with qualitative feedback from focus groups and interviews. The findings are clustered into two major domains: health-related problems and social issues within the GEDSI framework.

Table 3. Thematic Analysis of Students' Perspectives on GEDSI and Health Issues

Theme	Sub theme	Keywords	Selected Quotes
	Child Marriage	Free socialization, economic vulnerability, parental pressure, legal age	1. " Nowadays, early marriage is common among children due to unrestricted socialization, including premarital pregnancy. Additionally, in rural areas, marriages often occur simply because a proposal has been made... (Nrl, Midwifery Study Program, UNISMUH) 2. "Child marriage occurs because of family economic hardship... because their parents can no longer afford to finance their child's education..." (Als, Midwifery Study Program, UNISMUH) 3. " Early marriage is driven by parenting styles, environmental influences, and unrestricted peer socialization." (N, Nursing Student, UNISA YK)
Health Problems & Services	Stunting Trajectories	Malnutrition, foster care misconception, economic constraints, maternal health	1. " Regarding family caregiving practices, there are common misconceptions within families concerning the fulfillment of a child's nutritional needs." (MHB, Public Administration Student, UNISA YK) 2. " Malnutrition or undernutrition lies at the root of the stunting problem, which is still heavily influenced by cultural factors and economic constraints..." (S, Nutrition Student, UNISA YK) 3. " The causes of stunting originate from within the womb, specifically stemming from the nutritional

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Theme	Sub theme	Keywords	Selected Quotes
			intake of pregnant women." (N, Nursing Student, UNISA YK)
	Healthcare Accessibility	Equal access, financial constraints, gender-segregated service	1. "Certain healthcare services remain inaccessible to specific groups due to financial constraints in meeting their medical needs...." (MHB, Public Administration Student, UNISA YK) 2. "There is a distinct need for gender-segregated services, particularly in providing separate examination rooms for male and female patients." (Fb, Midwifery Study Program, UNISMUH)
Social Issues in the GEDSI Realm	GEDSI & Gender Conceptualization	Holistic inclusion, cultural constructs, social roles vs biological sex	1. " GEDSI encompasses gender, disability, and social inclusion. I gained a deeper understanding of gender concepts through various discussions and literatur." (FGD) 2. " Gender focuses more on roles, culture, environment, and the sexes specifically male and female. It is primarily concerned with socially constructed factors rather than biological determinants." (SN/ MHB, UNISA YK)
	Disability Perceptions	Physical/intellectual limitations, curriculum integration, charity model vs rights	1. "Disability involves intellectual and physical limitations that hinder individuals from actively contributing to social life." (MHB, Public Administration Student, UNISA YK) 2. " Education regarding disabilities needs to be integrated into the curriculum so that we can understand the appropriate supporting methods for them" (FGD) 3. " I don't understand the concept of disability. Some individuals with disabilities choose to transfer schools because they are ostracized (Rz, Radiology Student, UNISA YK)
	Social Inclusion Traits	Inclusion school, religious/ racial diversity, harmony, tolerance	1. "Inclusive schools are open institutions that welcome diversity in religion, race, ethnicity, skin color, and disability." (FGD)
	Females Public Leadership & Education	Public capacity, nation building, equal access, double-role friction	1. " Nation- building is not solely the responsibility of male; female are equally capable of contributing to it." (MHB, Public Administration Student, UNISA YK) 2. " Female have the right to become leaders, although they often carry a double burden, balancing both domestic and public roles (N, Nursing Student, UNISA YK)
	Gender-Based Violence	Catcalling, structural inequality, male victims, societal taboo, social media	1. " The prevalence of catcalling in society is often perceived as stemming from female provoking male" (MHB, Public Administration Student, UNISA YK) 2. "Gender- based violence is a widespread issue that affects not only female; male can also become victims of such behavior.." (NPD, Psychology Student, UNISA YK) 3. " Numerous female experience gender-based violence, yet they remain reluctant or afraid to speak out about their experiences." (FGD)

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DISCUSSION

Students' Conceptualization of GEDSI: The Public-Private Divergence

The empirical findings reveal a distinct dualism in how university students conceptualize the Gender Equality, Disability, and Social Inclusion (GEDSI) framework. In the public sphere, students demonstrate progressive, egalitarian perspectives. This is evidenced by the near-unanimous statistical support for female public leadership, where 66.29% strongly agree and 25,31% agree that leadership roles can be played equally by male and female, totaling 91.50%. This progressive outlook aligns with a broad ideological commitment to the global "no one left behind" mandate, which garnered 94.80% cumulative agreement (36.60% strongly agree and 58.20% agree). This public tolerance further extends to religious and ethnic dimensions. Students exhibit highly inclusive behaviors regarding classroom diversity, with 98.60% (84,50%strongly agree and 14.10%agree) agreeing that religious differences must be accommodated, and 99.04% (85.90% strongly agree and 13,14% agree) stating they feel completely comfortable socializing with peers from different tribes or religions. Qualitatively, informants reinforce this by stating that nation-building is a collective responsibility shared equally by both male and females. This civic open-mindedness reflects progressive Islamic educational perspectives, which assert that leadership capacity and intellectual competence are determined by individual merit and capability rather than biological gender.

However, this progressive stance fragments sharply when applied to the domestic domain. While championing female executive leadership, an overwhelming 99.1% (58.30% strongly agree and 40.80% agree) of respondents simultaneously confine domestic chores to female, and 98.70% (74,80% strongly agree and 23,9% agree) maintain that the role of head of household belongs exclusively to men. This stark contradiction perfectly illustrates the "gender-equality paradox" documented by (20) their global study demonstrates that even as societies achieve higher levels of formal educational equality and economic development, deep-seated essentialist gender stereotypes paradoxically persist or even strengthen.

This critical cognitive dissonance can be evaluated through the lens of Eagly and Karau's Role Congruity Theory (21). The misalignment between perceived communal/domestic feminine expectations and agentic/public leadership roles triggers deep-seated cultural friction. Even within an educated student demographic, traditional patriarchal structures dictate that a female primary accountability remains domestic, reinforcing structural barriers and systemic role incongruities. Consequently, while education has successfully normalized political correctness regarding gender equality in the public sphere, it has yet to dismantle deeply internalized domestic gender stereotypes.

This localized finding also corroborates (17) which highlights that university students frequently support gender equality conceptually, yet fail to recognize or actively challenge actual structural inequalities and domestic role incongruities within their own environments. Viewed through Eagly and Karau's Role Congruity Theory (21), the systemic misalignment between expected communal feminine duties and agentic leadership roles triggers deep cultural friction. Consequently, while Indonesian higher education has successfully promoted the rhetorical acceptance of equal opportunity, it has failed to substantively dismantle the "double burden" imposed on educated female.

Disability Rights: Moving From Pity to Structural Access

The study highlights an implementation and conceptual gap regarding disability rights among higher education students. Quantitatively, students overwhelmingly support physical campus accessibility (73.2% strongly agree and 26.8% agree, totaling 100%) and assert that access to campus infrastructure like elevators must prioritize individuals with disabilities (74.6% strongly agree and 25.4% agree, totaling 100%). Additionally, a substantial 84.5% support organizational leadership opportunities for disabled individuals. This strong institutional support aligns with recent higher education mandates advocating for inclusive campus ecosystems that protect the rights of marginalized students to obtain decent services.

Nevertheless, the qualitative and survey narratives show that students' foundational understanding remains tethered to a traditional medical or charity-based model rather than a social, rights-based framework. The fact that 90.1% of respondents perceive individuals with disabilities as targets for pity and compassion with 32.4% strongly agreeing and 57.7% agreeing that they require a pity- based or charity-oriented perception demonstrates an internalized paternalistic bias. This perspective effectively reduces structural human rights to individual benevolence."

This lack of a comprehensive understanding is further highlighted by linguistic choices: 53.5% of respondents still agree or strongly agree that it is appropriate to use the socio-culturally derogatory term "disabled" (*cacat*). This dynamic directly parallels findings by (6), which argues that the mere existence of inclusive macro-policies or physical ramps does not automatically guarantee inclusive pedagogical practices or cultural shifts within higher education settings.

Qualitatively, multiple informants exhibit a blurred conceptualization of disability, with some explicitly conflating physical or learning limitations with clinical psychiatric diagnoses like people with mental disorders or noting that disabled peers often face total social ostracization in educational settings. As argued by Rokhmah (16)

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and Fakih (22), true inclusion requires moving away from patronizing naming conventions and charity perspectives toward systemic adaptations that dismantle institutional barriers. Integrating disability models directly into the multidisciplinary university curriculum as explicitly suggested by qualitative informants who wish to learn appropriate support and interaction strategies is crucial to achieving this conceptual shift."

Intersecting Health Challenges: Child Marriage, Stunting and Localized Resistance

In the health domain, students display strong structural literacy regarding the legal parameters of child marriage, strongly backing the age thresholds set by Law No. 16 of 2019, which restricts the legal marriageable age to a minimum of 19 years old for both male and female. Quantitatively, 81.60% of respondents oppose granting early marriage dispensations (45.2% disagree and 36.4% strongly disagree), while 88.7% (43,70 strongly agree and 45,00% agree) explicitly agree that marriages at 17–18 years old fall under child marriage definitions. However, the qualitative insights uncover a deep awareness of ongoing empirical violations driven by localized economic pressures, parental upbringing limitations, and free socialization risks. Informants highlight that in rural areas, structural economic weaknesses force parents to accept early marriage proposals to transfer financial accountability, while societal taboos surrounding premarital pregnancies further drive families to seek dispensations.

These socioeconomic dynamics directly fuel regional stunting trajectories. While students correctly link stunting to nutritional intake deficits, parental upbringing misconceptions, and family financial boundaries, the intersection between adolescent pregnancy and growth faltering requires deeper exploration. Empirical evidence by Ganchimeg et al. (23) and Yoto et al. (24) demonstrates that children born to teenage mothers are significantly more vulnerable to severe stunting, low birthweight, and adverse obstetric outcomes. This growth faltering risk intensifies by more than three times as the child reaches 12–23 months of age, a critical window corresponding with complementary feeding where sub-optimal nutritional choices are heavily exacerbated by young, economically disadvantaged mothers who lack adequate health literacy.

Crucially, addressing these intersecting GEDSI and health challenges requires confronting household-level power dynamics. As noted by (25), community-based healthcare programs like the integrated health post (*Posyandu*) often face systemic bottlenecks not from a lack of maternal trust, but from localized domestic resistance, such as spousal or extended familial opposition to health interventions. Therefore, mitigating health crises like stunting cannot rely solely on generic public health campaigns aimed at university students; it demands gender-transformative strategies that specifically address the patriarchal domestic barriers limiting females healthcare access.

CONCLUSION AND RECOMMENDATION

While Indonesian higher education students demonstrate progressive attitudes toward religious diversity, public leadership, and campus accessibility, their holistic understanding of GEDSI remains fragmented. A clear divergence persists between public endorsement of equity and internalized, traditional beliefs regarding domestic gender roles and charity-focused models of disability. Furthermore, localized socio-economic dynamics continue to drive health crises like child marriage and stunting, independent of students' theoretical awareness.

To bridge this cognitive gap, universities must implement structured, evidence-based curriculum integrations. This can be achieved by establishing standardized general education core modules that focus on human rights, diversity, and social inclusion. Concurrently, applied integration is necessary to embed the intersectional complexities of child marriage, adolescent pregnancy, and stunting directly into health-related curricula, such as Midwifery and Nursing. This curriculum reform must also facilitate a profound paradigm shift within social science and psychology courses, transitioning academic discourse from a charity-focused "pity" model to a structural, rights-based disability framework that empowers individuals rather than fostering dependency.

Beyond academic adjustments, these findings yield critical policy implications at both macro and micro levels. At the macro level, the Ministry of Education, Culture, Research, and Technology (Kemendikbudristek) should integrate explicit GEDSI performance indicators within the Higher Education Key Performance Indicators (*Indikator Kinerja Utama*/ IKU) to ensure nationwide institutional accountability. At the micro level, institutional university policies must extend beyond mere physical accessibility. Higher education institutions must formulate formal gender-mainstreaming protocols, robust anti-sexual violence regulations, and comprehensive guidelines that actively normalize shared domestic and leadership responsibilities among the student demographic, thereby institutionalizing systemic equity

AUTHORS' CONTRIBUTION STATEMENT

All authors contributed meaningfully to this work. IR conceptualized the study, led data collection, and drafted the manuscript. WR contributed to the study design, data analysis, and critical revision of the manuscript. ERW assisted with data collection in the field and conducted verbatim transcription of interview and focus group

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discussion recordings. DN contributed to quantitative and qualitative data collection**.** All authors reviewed and approved the final version of the manuscript prior to submission.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest, financial or otherwise, related to the research, authorship, or publication of this article.

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