



Human-Centered Design for Gender-Responsive Maternal and Child Health Long-Term Care in Indonesia

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Introduction

- Women in Indonesia face intersecting barriers including limited decision-making power, financial dependency, and restricted mobility for healthcare access.
- Lack of detailed mapping and understanding of these vulnerabilities hinders the development of targeted and equitable health interventions.** Research from the demand-side needs of vulnerable populations in accessing health services in Indonesia remains limited.

Objectives

To gain a better overall understanding of the intersecting barriers faced by women in Indonesia, particularly those most vulnerable to reproductive, maternal, neonatal, and child health behaviors and outcomes, as well as poor nutrition, in relation to access to primary health care and long-term care services

Methods

- A human-centered design approach developed by *Pathways* (Johnson & Wendland, 2022) was applied to stratify and better understand the population according to the **biopsychosocial vulnerabilities associated with maternal and child health outcomes in Indonesia**.
- Using a pre-established segmentation framework, we conducted qualitative research between 2023–2024 to gather insights from women in **6 different household segments in four districts In Indonesia: Pidie, Garut, Badung, and West Sumbawa**.



- In-depth interviews with **120 women and 57 healthcare providers** informed the **analysis of six gender-related themes** to identify needs and tailor solutions for greater relevant impact.



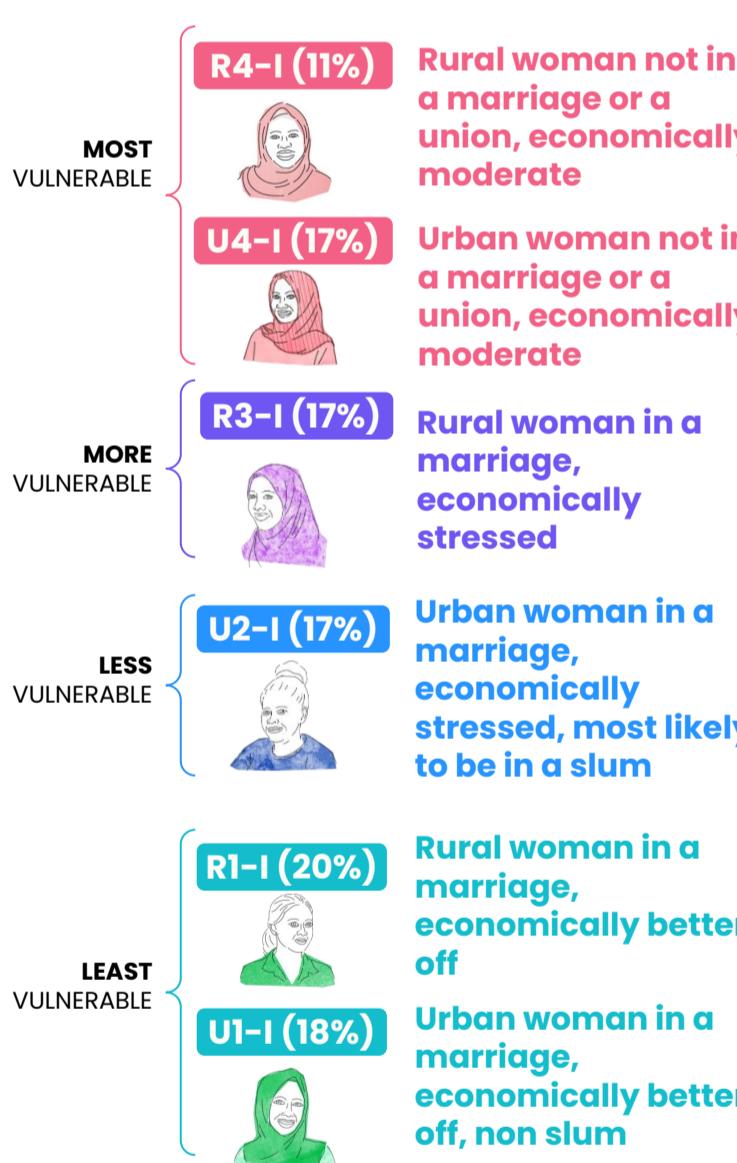
	SPRINT 1 - INTERVIEWS	SPRINT 2 - INTERVIEWS	TOTAL
6	HOUSEHOLD SEGMENTS ACROSS 4 DISTRICTS	4	120
88	WOMEN ACROSS 6 INDONESIA SEGMENTS	32	57
30	PROVIDERS SERVING SAME LOCATIONS	29	

WOMEN INTERVIEWS
INTERVIEWS ACROSS 6 INDONESIA SEGMENTS

PROVIDER INTERVIEWS
INTERVIEWS ACROSS 4 DISTRICTS

Results

There are 6 segments in Indonesia. The segments are clustered by their vulnerabilities and context, including rural/urban, as well as bio-psychosocial vulnerabilities which lead to poor health outcomes. Each segment's vulnerability profile remain the same across the districts despite cultural and environment variations.



- U4-I and R4-I (most vulnerable)**, focuses on ever-married women facing time poverty, economic stress, limited digital access, and community stigma. Preference is towards informal care.
- R3-I (more vulnerable)** has low risk perception, mixed care-seeking patterns, and low digital behavior.
- U2-I (less vulnerable)** often lacks partner support, causing delayed care despite a preference for formal providers and moderate digital use.
- R1-I (Rural) and U1-I (Urban)**, the least vulnerable, have strong health understanding, preference for formal care, and moderate-to-high digital access, though R1-I faces some access barriers.

Conclusion & Policy Recommendations

Understanding women's vulnerabilities to health outcomes in Indonesia enables the design of more effective, targeted care.

- Strengthening the PHC system** requires increasing women's participation in health programs and decision making, activating the underutilized role of the CHW, enhancing the current reporting mechanisms, and reinforcing current referral and reverse referral pathways. Integrating the role of providers at informal, semi-formal, and formal care to as an effort to ensure demand is met.
- Ensuring and improving availability, acceptability, and quality according to the needs of women to access long-term care services** is needed to increase the overall quality of care in Indonesia's PHC system. Increasing trust, which eventually leads to its utilization, towards formal touchpoints is fundamental for developing an informal and semi-formal to formal referral pathway and its reverse and improving the successful implementation of health programs.

Key References:

Johnson, T.P. and Wendland, M., 2022. A Role for Design in Global Health: Making the Concept of Vulnerability Actionable. *She Ji: The Journal of Design, Economics, and Innovation*, 8(4), pp.486-503.