

THE CONCEPT OF JUSTICE IN MATERNAL AND CHILD HEALTHCARE SERVICES

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ABSTRACT; *Despite improvements in maternal and child healthcare (MCH) outcomes in Indonesia, significant disparities persist, particularly in remote and underdeveloped areas. This study examines the concept of justice in MCH services, focusing on how justice is perceived and experienced by women in these regions. The study aims to explore how justice is applied in MCH services, focusing on equitable access, quality of care, and the inclusion of marginalized groups, particularly women from disadvantaged communities. A descriptive qualitative approach was used, relying on secondary legal materials, including academic journals, health policies, and regulations. Data were analyzed through content analysis to explore how justice principles, especially distributive justice, are reflected in MCH services. Findings show that justice in MCH services encompasses both equal access and preferential treatment for those in greater need. Rawls' Theory of Justice as Fairness provides a framework for understanding how policies should reduce healthcare inequalities and ensure equal opportunities for vulnerable populations. The study emphasizes the need for policies that prioritize the most disadvantaged groups, such as impoverished mothers and children, ensuring that justice in healthcare is both normative and actionable.*

Keywords: Maternal and Child Healthcare; Justice as Fairness; Healthcare Disparities.

INTRODUCTION

Access to maternal and child healthcare (MCH) services serves as a crucial indicator in assessing the quality of a nation's healthcare system. These services not only reflect the state's capacity to protect vulnerable groups but also demonstrate the extent to which justice principles are applied in the distribution of health resources. In Indonesia, although there has been a significant decline in maternal and infant mortality rates over the past two decades, disparities in access to and quality of care remain a pressing issue, particularly in underdeveloped, remote, and border regions (Ministry of Health of the Republic of Indonesia, 2022).

Justice in MCH services encompasses both horizontal and vertical dimensions: equity among different societal groups and the provision of preferential treatment for those with greater needs. According to the principle of distributive justice, the allocation of healthcare resources should be based on medical and social needs, rather than economic capacity or geographical location (Daniels, 2008). However, empirical realities indicate that women from impoverished communities, ethnic minorities, or remote areas often receive substandard care (World Health Organization, 2020).

Furthermore, justice relates to the extent of women's participation in healthcare decision-making processes. In many cases, women lack full autonomy in determining the type of care they require during pregnancy or childbirth. This exacerbates existing structural inequalities and contravenes procedural justice, which emphasizes the importance of user involvement at every stage of service delivery (Rawls, 1999). Additionally, social stigma and cultural norms may further inhibit women's ability to access healthcare equitably (Yamin & Boulanger, 2014).

Several prior studies have addressed these issues, albeit without explicitly framing justice as a central analytical lens. For example, Hatt et al. (2013) found that health insurance-based interventions can increase antenatal care visits, yet these measures did not significantly reduce disparities between rich and poor regions. Similarly, Koblinsky et al. (2016) highlighted the need to improve the quality of maternity facilities, while acknowledging that inequality in access remains a major barrier to reducing maternal mortality. These studies underscore structural improvement but fall short of exploring justice as a lived experience from the perspective of service users. This reveals a research gap, the lack of inquiry into how justice is perceived and experienced by women navigating maternal and child healthcare systems.

Normatively, both national and international regulations have affirmed the right to equitable and inclusive MCH services. Indonesia's Law No. 17 of 2023 on Health affirms that every citizen is entitled to safe, high-quality, and affordable healthcare. The Sustainable Development Goals (SDGs) likewise emphasize the elimination of gender disparities and the improvement of maternal and child health as core components of the global development agenda (United Nations, 2015). However, the success of these frameworks largely depends on the readiness of local health systems and actors to uphold justice in consistent and meaningful ways (Gruskin et al., 2007).

From an ethical and legal standpoint, justice is not merely a moral abstraction, but a benchmark for evaluating the state's commitment to vulnerable populations. A qualitative approach to understanding the concept of justice in MCH services is thus particularly relevant, as it can reveal women's subjective experiences when accessing care. Existing literature tends to focus on quantifying access and service outputs, while the social experience of justice remains underexplored (George et al., 2018). Therefore, it is essential to examine how women interpret, experience, and evaluate justice in the healthcare services they receive.

This study seeks to explore the concept of justice in MCH services from the perspective of female service users, particularly those living in areas with limited access and systemic health support. The findings are expected to contribute to the formulation of more inclusive and equitable health policies, and to drive the transformation of MCH services into systems that are more responsive to the needs of marginalized populations. Ultimately, justice should not remain a normative ideal, but become a tangible reality embedded in everyday healthcare practices (Braveman & Gruskin, 2003).

Problem

Based on the background above, the problem formulation in this study is: *How is the Concept of Justice in Maternal and Child Health Services?*

Research Methods

This study employs a descriptive qualitative method aimed at systematically exploring the concept of justice in maternal and child healthcare services. The approach used is conceptual, focusing on legal doctrines and theoretical frameworks related to justice, health rights, and the protection of vulnerable groups, particularly mothers and children. The research relies on secondary legal materials, including legal literature, academic journals, national and international regulations, and official health documents. Data analysis is conducted through content analysis, to interpret and structure legal concepts of justice in healthcare and assess their normative implications. This method is intended to provide a comprehensive understanding of how justice should be integrated into healthcare practices for mothers and children, from both theoretical and normative legal perspectives.

Discussion

John Rawls' Theory of Justice as Fairness is a significant framework for understanding justice in various societal contexts, including maternal and child healthcare services. Rawls argues that a just society is one that treats every individual equally, particularly the most vulnerable. In the context of healthcare services, his theory emphasizes that justice is not only about equal access but also about addressing existing inequalities, especially those affecting vulnerable groups such as pregnant women and children. This makes Rawls' theory particularly relevant when discussing maternal and child healthcare, where access to quality care is often uneven across social and economic strata.

Rawls' theory is founded on two key principles. The first principle is the Principle of Equal Liberty, which asserts that every individual should have the same rights to basic liberties, including the right to healthcare. In the context of maternal and child healthcare, this means that all individuals, regardless of their social or economic background, should have the right to access adequate healthcare services. This principle emphasizes that healthcare access should be universal, ensuring that every pregnant woman and child has equal access to high-quality healthcare services, free from discrimination or structural barriers.

The second principle is the Difference Principle, which allows for social and economic inequalities only if they benefit the least advantaged members of society. In terms of maternal and child healthcare, this principle justifies affirmative policies aimed at reducing the disparities in healthcare access. For example, in areas with limited healthcare facilities, affirmative policies such as subsidized healthcare or community-based health services could help ensure that marginalized groups, particularly pregnant women and children, have access to the care they need.

Rawls' theory also introduces the concepts of the Original Position and the Veil of Ignorance as a method for designing principles of justice. In the original position, individuals choose principles of justice without knowing their social status or position in society. Under the veil of ignorance, individuals are more likely to choose policies that ensure the well-being of all, especially the most vulnerable. In the context of maternal and child healthcare, this suggests that policymakers should design healthcare systems with a focus on equity and accessibility, ensuring that policies protect and prioritize the needs of the most disadvantaged groups.

Thus, justice in maternal and child healthcare is not solely about equal access but also about addressing the existing imbalances. Rawls provides a philosophical foundation for policies that focus on the specific needs of vulnerable groups, such as pregnant women and children. The implementation of policies based on the Difference Principle—such as providing free or subsidized healthcare to impoverished mothers and children—becomes crucial in achieving social justice in healthcare.

Moreover, Rawls emphasizes that justice is not only about the distribution of resources but also about ensuring equal opportunities for all individuals to thrive and exercise their rights. In the case of maternal and child healthcare, this means that healthcare systems should safeguard the health of both mothers and children, who are among the most vulnerable populations. A healthcare system that is inclusive and equitable is essential to ensure that these groups not only have access but also receive adequate protection to live healthy and fulfilling lives.

Rawls also underscores the importance of public participation in decision-making regarding the distribution of resources. Principles of justice must be reflected in the policymaking process, which should include the voices of vulnerable groups such as mothers and children. Their participation in the planning and implementation of healthcare policies ensures that these policies meet their needs and rights, preventing the marginalization of those who are most in need of care.

Ultimately, the application of Rawls' Theory of Justice in maternal and child healthcare strengthens the principle of human rights, which asserts that every individual has the right to

adequate healthcare. In this sense, justice is not just about the equal distribution of healthcare services but also about creating equal opportunities for pregnant women and children to attain optimal health. Rawls' theory provides an important foundation for developing a healthcare system that is just, focusing on the needs of the most vulnerable and ensuring that justice is realized in every aspect of maternal and child healthcare services.

Conclusion

In conclusion, John Rawls' theory of Justice as Fairness provides a strong philosophical foundation for understanding and implementing the concept of justice in healthcare services, especially for mothers and children. Rawls emphasizes the importance of the principle of equal liberty and the difference principle, which prioritize equal access and affirmative policies for the most vulnerable groups. In the context of maternal and child healthcare services, applying these principles ensures that this group receives special attention through policies that reduce inequalities and provide adequate protection. Additionally, Rawls' theory highlights the importance of community participation in policy planning, ensuring that decisions made truly reflect the needs of vulnerable groups. Thus, applying this theory in the healthcare system will result in inclusive, just, and socially fair services that not only provide access but also equal opportunities to achieve optimal health for mothers and children.

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