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Health as a Social Issue: a Narrative of Service Amidst Unequal Access to Medical Services

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ABSTRAK

Health is understood as a universal basic right that is inseparable from human existence and requires state guarantees through fair and equitable access to services. Fulfillment of this right is not only related to the availability of medical facilities, but also to ensuring equal access without discrimination based on social, economic, or geographic status. The phenomenon of health service inequality in Indonesia shows the concentration of modern facilities in urban areas, while communities in rural and remote areas face structural barriers, including limited infrastructure, medical personnel, and funding. This condition not only increases morbidity and mortality but also reinforces social exclusion rooted in the unfair distribution of resources. On the other hand, narratives of the dedication of health workers in marginalized areas demonstrate dedication that transcends material limitations and becomes a form of social solidarity in fighting for the public's right to health. These narratives simultaneously critique the unequal distribution of health care systems and inspire the integration of empathy and compassion into medical services. This research uses a qualitative approach through a literature review, examining academic journals, policy documents, and international reports to identify key themes related to inequality in access and the social dimensions of health. The analysis was conducted using content analysis to reduce data, categorize issues, and synthesize relevant narratives to obtain a comprehensive picture of the links between health, social justice, and sustainable development. The study's findings confirm that health should be viewed as a strategic investment and a pillar of social justice, requiring data-driven policies, proportional resource distribution, and active community participation. Therefore, equitable fulfillment of the right to health is a crucial foundation for building a more equal, inclusive, and competitive nation.

Keywords: *Health, Social Rights, Inequality of Access, Health Workers, Social Justice.*

INTRODUCTION

Health is essentially a fundamental right of every individual inherent from birth, as stipulated in various national regulations and international human rights agreements. Fulfillment of this right includes not only the availability of adequate

medical services but also guaranteeing equal access for all levels of society without exception. In reality, many vulnerable groups still face structural barriers to accessing health services, whether due to geographic, social, or economic factors. This inequality creates a gap in health status between people living in urban areas and those in rural and remote areas. This phenomenon demonstrates that health is not merely a technical medical issue but also a social issue closely related to the fair distribution of resources. This situation further emphasizes the importance of the state's role in ensuring equitable service provision as a form of constitutional responsibility. Furthermore, differences in access to health services reinforce the argument that the right to health cannot be reduced solely to the availability of formal services (Haimi, 2023; Wiedermann et al., 2023). Rather, health must be viewed as an integral dimension of equitable human development.

Inequality in access to medical services in Indonesia reveals a complex picture of the distribution of health resources (Montesi & Calestani, 2021). Modern medical facilities tend to be concentrated in urban areas, requiring people in remote areas to travel long distances and incur high costs to access services that should be readily accessible. This disparity not only impacts morbidity and mortality rates but also fosters a deepening sense of social injustice. The imbalance in the distribution of medical personnel, medical equipment, and service infrastructure is a determinant factor exacerbating disparities (Bim & Nervi, 2019; Debie et al., 2022). Communities in lower economic strata experience a double burden: limited financial resources and limited access to basic services. This situation reinforces the cycle of poverty and increases the risk of social exclusion. This reality demonstrates that health is not merely a standalone medical technical issue but is closely linked to broader structural factors. Therefore, a multidimensional approach is needed to more comprehensively analyze health service disparities.

Amidst this inequality, narratives of dedication emerged from healthcare workers struggling in areas with significant limitations. Their stories illustrate how dedication and humanitarian commitment can bridge the gap between the disparities in medical services. Healthcare workers in remote areas often face serious challenges, such as limited facilities, logistical constraints, and inadequate system support. However, their spirit of dedication drives them to continue their role as the vanguard in safeguarding the public's right to health. This dedication is not merely a fulfillment of professional duties but also a reflection of the values of solidarity and social responsibility. The narratives born from these experiences reveal a different facet of healthcare services, one that is not solely institutionalized but also humanitarian. This dedication also serves as a social critique of the ongoing inequities in the distribution of medical services. Thus, the stories of healthcare workers' dedication can be seen as a symbolic form of resistance to structural inequality.

The role of health workers in underdeveloped areas is inextricably linked to the social systems that support them. Their presence often has a positive impact beyond simply providing medical services, as it builds trust and empowers

communities. When communities feel involved in the healthcare process, a collective awareness arises to maintain healthy lifestyles and support the sustainability of services (Fegert et al., 2020). This demonstrates that the social dimension of health plays a crucial role in fostering community resilience. The narratives of service that emerge from these practices offer a new perspective, emphasizing that health is not solely tied to technology and modernity, but also to deeply rooted social relations. The presence of health workers in marginalized spaces reflects a commitment to vulnerable groups. This service process often demonstrates how empathy can transcend material limitations. Thus, health can be understood as an arena for social interaction involving values, solidarity, and justice.

Health as a social issue demands analysis that goes beyond the purely medical, as social, economic, cultural, and political factors significantly influence access to services (Thelwall & Levitt, 2020; Tong et al., 2022). Inequality patterns are not only caused by limited physical facilities but also by social structures that place some groups in a less empowered position. Poverty, low education, and regional marginalization exacerbate barriers to accessing quality healthcare. When these inequities persist, health becomes a visible reflection of broader social inequalities. Therefore, understanding health as a social issue provides a more comprehensive analytical framework. This approach allows for the identification of structural root causes, not just superficial symptoms. Social analysis of health issues can also open up dialogue between involved actors, including government, medical personnel, and civil society. Through a broad understanding, health can be positioned as an integral part of an equitable development agenda.

The social dimension of health is also evident in its close relationship with economic dynamics. Limited access to medical services often exacerbates the vulnerability of the poor, as high healthcare costs have the potential to deepen poverty. This situation creates a cycle of injustice in which poor health reduces productivity, while economic constraints diminish the ability to access adequate care. Such inequalities demonstrate that health and the economy are inseparable, but rather mutually reinforcing. Under certain conditions, limited medical services can hinder social mobility and block opportunities to improve quality of life. Therefore, equitable distribution of health services is crucial not only for the sustainability of the health system but also for social stability and economic development. This awareness underscores the need for policies that favor vulnerable communities as an effort to break the cycle of injustice. In other words, health can be seen as a prerequisite for inclusive development.

Efforts to address health disparities require integrated policies based on the principles of social justice. The government is required not only to provide equitable medical services but also to address community empowerment. Effective health policies must involve community participation to ensure program sustainability (Rony, 2024). Furthermore, a more proportional distribution strategy for healthcare workers and facilities is needed to ensure marginalized areas are no longer left behind. The involvement of various parties, including civil society organizations, universities, and the private sector, is a

crucial factor in narrowing the gap. This collaborative effort can expand the reach of services while improving their quality. Equitable policy implementation will ultimately foster public trust in the national health system. Thus, health development can be carried out in a more inclusive and equitable manner.

The urgency of examining health as a social issue is increasingly relevant amidst the reality of persistent unequal access. An approach that positions health as part of human development emphasizes the importance of supporting vulnerable groups. The narrative of the dedication of health workers in difficult-to-reach areas symbolizes the persistence of solidarity and humanitarian commitment, even though the service structure is not yet fully equitable. Social analysis accompanying health issues can open up discussion about the values of justice, resource distribution, and collective responsibility. This awareness is not only crucial for policy formulation but also for shifting the societal paradigm in understanding health. Through a broader understanding, health can be viewed as a reflection of the quality of social relations and a measure of justice within a nation. When health is prioritized, development efforts will more fully address the essential dimensions of humanity. Thus, health as a social issue is not merely academic discourse, but rather a concrete agenda for achieving justice and shared prosperity.

RESEARCH METHODS

This study employed a qualitative approach with a literature review as the primary analytical framework. The qualitative approach was chosen because the research focuses on understanding the meaning, social dynamics, and narratives underlying health issues as social problems. The literature review was used to critically examine various relevant academic sources, including scientific journals, books, research reports, policy documents, and scholarly articles discussing inequality in access to healthcare services and narratives of healthcare worker dedication.

The data collection process was conducted by searching scientific databases such as Google Scholar, PubMed, ScienceDirect, and ProQuest, as well as policy documents from the Indonesian Ministry of Health and reports from international organizations such as the WHO and UNICEF. Inclusion criteria were based on publications published within the last ten years, with key topics surrounding inequality in health services, social perspectives on health issues, and the practice of health worker service in marginalized areas. Meanwhile, exclusion criteria were applied to sources that were not directly relevant to the research issue or had not undergone a scientific review process (peer-reviewed).

Data analysis was conducted using a content analysis approach, which allowed researchers to identify key themes from the various literature collected. The analysis process involved three main stages: data reduction, theme categorization, and narrative synthesis. The data reduction stage involved selecting key information relevant to the research focus, while theme categorization was used to group health-related issues into social rights, unequal access, narratives of service, and policy relevance. The results of the narrative

synthesis were then presented to build a comprehensive argument regarding health as a social issue fraught with dimensions of justice.

Research validity was maintained through source triangulation, which involves comparing findings from various types of literature to ensure data consistency and enrich the analytical perspective. Furthermore, this study also draws on expert perspectives to strengthen its theoretical foundation. For example, according to Greenhalgh et al. (2017), a qualitative literature review study can provide a deeper understanding of the complexity of health phenomena that cannot be explained solely by quantitative data. This aligns with Creswell's (2018) assertion that a qualitative approach aims to explore social meanings and human experiences tied to specific contexts.

This method is expected to yield a holistic understanding of health as a social issue inextricably linked to structural, cultural, and political factors. Furthermore, the results of this literature review can provide theoretical contributions to the development of public health studies, as well as practical recommendations for the formulation of more equitable health policies.

RESULTS AND DISCUSSION

1. Health as a Social Right and the Reality of Inequality of Access

Health is considered a fundamental social right, as without optimal health, individuals cannot function productively in society. This right has been affirmed by various international instruments, including the Universal Declaration of Human Rights, which places health as part of a decent standard of living. However, the fulfillment of this right remains far from ideal due to the unequal distribution of health services in many developing countries. This disparity is exacerbated by geographic differences, with urban areas tending to have better access to modern facilities than rural areas. This situation highlights the existence of structural inequalities rooted in differences in regional development. This inequality makes health an urgent social justice issue that requires comprehensive addressing (Handoko et al., 2024). Therefore, equitable access must be viewed not only as a technical matter of providing facilities, but also as a political and social issue. Without collective awareness of the right to health as a social right, this inequality will continue to persist.

Access to healthcare also reflects the social structures that govern the relationship between the state, society, and individuals. Groups with higher social and economic status generally enjoy more adequate services, while the poor often face barriers of cost and distance. Education also exacerbates the gap, as low health literacy reduces individuals' ability to utilize available facilities. This situation emphasizes that access to healthcare is not simply a matter of service availability, but also a connection to broader social factors. This gap ultimately creates a cycle of injustice, where the poor remain trapped in a state of vulnerability to disease (Santoso & Wardhana, 2025). This reality demonstrates that the right to health has not been fully realized as a universal right enjoyed equally. When healthcare is viewed as a commodity accessible only based on

economic ability, the value of this social right is diminished (Dewi et al., 2025). Therefore, health systems need to be designed with the principle of distributive justice in mind.

Limited access to healthcare is also closely related to the quality of infrastructure and the distribution of medical personnel. Many remote areas face shortages of healthcare workers, laboratory facilities, and even the availability of essential medicines. Geographical conditions such as island regions, mountainous areas, or conflict zones exacerbate these limitations. This leads to sharper inequalities, as people in these areas must travel long distances to access basic healthcare. Furthermore, the burden of transportation costs often poses an additional barrier for poor communities. This inequality indicates a development bias that is too concentrated in urban areas. This infrastructure gap also demonstrates that health development has not been aligned with the spirit of social rights (Bonati et al., 2021). If resource distribution is not improved, the gap of inequality will widen.

The dimension of unequal access to health care must also be understood as a structural issue closely linked to public policy. While health decentralization in some countries aims to bring services closer to the community, without proper oversight, it often creates new disparities between regions. Disproportionate budget policies reinforce central government dominance and weaken regions with limited fiscal capacity. This results in minimal health services in some regions, while others are more advanced. This policy misalignment underscores the need for equitable and participatory health governance. Fulfilling the right to health as a social right requires regulations that are not only normative but also implementable and just. If the state fails to guarantee equitable access, this social right will remain mere rhetoric without concrete realization. Therefore, health policy formulation must be based on the paradigm of equality and sustainability. This effort emphasizes that health is not merely a medical service, but also a manifestation of true social justice.

2. Narrative of Health Worker Service in Marginalizer Areas

The narrative of the dedication of health workers in marginalized areas reflects the ethical and social dimensions inherent in the practice of medical care, where limited resources do not diminish the quality of their dedication. Health workers working in remote areas often face the reality of a lack of basic infrastructure, such as limited transportation facilities and inadequate medical equipment. Nevertheless, their presence symbolizes a moral commitment to humanitarian values that transcends professional demands. Their willingness to serve under difficult conditions demonstrates an altruistic dimension that strengthens the profession's meaning as a calling. Their presence also serves as a link between the formal health system and the often-ignored social realities of the community. Thus, this dedication emphasizes the importance of integrating the value of empathy into health care (Krisnawati & Suhendra, 2025). It not only addresses the biological aspects of disease but also upholds human dignity in

every interaction. This demonstrates that health practices in marginalized areas are a tangible manifestation of social solidarity.

This story of dedication also showcases the courage of healthcare workers in facing logistical challenges that often hinder smooth service delivery. Difficulty accessing drug distribution channels, delays in equipment supplies, and safety risks due to limited transportation access are part of their daily work. Strong moral and spiritual resilience underpins healthcare workers' continued consistency in carrying out their duties. This steadfastness demonstrates that dedication stems not only from a commitment to the system but also from a personal drive to create positive change. The literature confirms that psychosocial resilience is a crucial factor in maintaining work motivation in situations of significant limitations. Armed with collective awareness, healthcare workers strive to transform limitations into opportunities to enhance community empowerment. This also demonstrates the resilience that emerges in stressful work contexts. Their dedication serves as concrete evidence that healthcare is not merely a technical matter but also a struggle to achieve social justice (Astuti et al., 2024).

In addition to providing medical services, health workers in marginalized areas often play the role of agents of social change. They not only perform curative measures but also actively participate in promotive and preventive efforts through health education. This approach demonstrates an awareness that public health is influenced by interrelated cultural, educational, and behavioral factors. Through outreach activities, training local cadres, and strengthening community-based social structures, they foster a sense of shared ownership of health. This empowerment process emphasizes that health is not simply a service provided, but also the result of a dynamic interaction between knowledge, awareness, and community participation. By fostering community independence, health workers help create sustainable social resilience. This narrative also demonstrates the importance of making communities active subjects in health development, not merely recipients of services. The success of this effort demonstrates that holistic health practices require broad social engagement. Thus, the service of health workers has a transformative dimension that extends beyond clinical boundaries.

Ultimately, the dedication of healthcare workers in marginalized areas demonstrates that true medical care depends not only on the availability of facilities, but also on the strength of human commitment and solidarity. The stories emerging from these regions, despite their limitations, teach that the values of empathy, caring, and courage can bring hope to vulnerable groups. This dedication reflects the need for healthcare professionals to consistently uphold the principles of social justice and equal access. Furthermore, these narratives of dedication inspire policymakers to heed the voices of those on the margins as an integral part of national health development. Experiences in marginalized areas demonstrate that health cannot be achieved without prioritizing those most in need (Ayu & KM, 2025). Therefore, policies based on realities on the ground will be more relevant and equitable. The dedication of healthcare workers in these

regions is not only a story of heroism but also a constructive critique of a health system that is not yet fully equitable. As such, their stories can serve as a moral and empirical basis for formulating more inclusive healthcare strategies.

3. Social and Policy Implications for Equitable Health Development

The social implications of equitable health policies emphasize that health cannot be viewed solely as a clinical matter, but rather as a reflection of the social structures that influence the distribution of resources and access to services. When people have equal opportunities to access health services, social disparities can be minimized and social solidarity strengthened. Equal access to medical services supports social cohesion, as people feel their basic needs are recognized and valued by the state. The literature also shows that inclusive health investments strengthen government legitimacy, as the public perceives a tangible commitment to collective well-being (Widjaja & Sijabar, 2025). This makes health policy a strategic instrument for building a more stable, secure, and competitive society. Thus, the social aspects of equitable health development have broad implications for the quality of relationships between citizens and between the community and the government. This dimension forms the foundation for the emergence of a social order based on equality and solidarity. Therefore, equitable health is a crucial pillar in building national unity.

From a policy perspective, the literature confirms that equitable health development requires the formulation of regulations that address the diverse needs of communities across regions. These efforts include the proportional placement of health workers, strengthening medical facilities in underdeveloped areas, and establishing equitable health financing mechanisms. Data-driven policy formulation and socioeconomic analysis are crucial to ensure that health interventions are tailored to local characteristics rather than uniform. Responsive policy implementation promotes the effectiveness of the health system in reducing disparities between regions. Furthermore, cross-sector collaboration between the government, civil society organizations, and the private sector is necessary for policies to have a more comprehensive scope. By integrating the interests of various stakeholders, health policies can strengthen a sense of shared ownership of the system being developed. This creates a solid foundation for a resilient and inclusive national health system. Consistent implementation will also enhance accountability and transparency in public services.

Equitable health development also has significant implications for empowering communities as active subjects in determining policy direction. Health literacy, strengthened through public education, is a crucial instrument for raising critical public awareness of health rights (Kuncoro & Prayitno, 2025). An educated public is able to provide constructive input on policies and participate in monitoring their implementation. This active participation creates a healthy democratic dynamic, as policies are not simply formulated from above but also reflect the real needs of citizens. Thus, equitable health policies can serve as a vehicle for strengthening community capacity to manage their own health. Community involvement in the decision-making process also fosters a sense of

collective responsibility for the sustainability of the health system. This reduces dependence solely on state authority, as communities become drivers of change. This type of participation creates a more adaptive, responsive, and accommodating policy ecosystem.

Furthermore, the implications of equitable health policies can strengthen sustainable economic development by increasing population productivity. Equitable health enables the workforce to contribute optimally in various development sectors (Olyvia et al., 2025). Reduced morbidity and mortality rates due to better access to health services also reduce the economic burden on families and the state. Improving the quality of public health will encourage foreign and domestic investment due to social stability and guaranteed workforce productivity. The literature emphasizes that countries that prioritize health are able to increase global competitiveness through healthy and quality human resources (Rahman et al., 2024). Equitable policies not only create social justice but also serve as a catalyst for inclusive economic growth. Therefore, equitable health development has a synergistic multiplier effect across social, political, and economic aspects. This integrative perspective strengthens the argument that health is a strategic investment, not simply a budgetary burden. Thus, equitable health should be viewed as a key foundation for sustainable development.

CONCLUSION

Health, as a fundamental social right, demands concrete recognition and fulfillment through a just system, because without equitable health, society cannot achieve collective well-being. The reality of unequal access demonstrates that the right to health is often reduced to a commodity dependent on socioeconomic status. The unequal distribution of services between urban and rural areas demonstrates a development bias that deepens the gap of injustice. This situation is exacerbated by weak infrastructure, a shortage of health workers, and disproportionate public policies. However, narratives of the dedication of health workers in marginalized areas demonstrate that human dedication and solidarity can bridge the gap between system limitations. Their presence not only provides medical services but also acts as agents of social empowerment, strengthening community resilience. This dedication emphasizes that true health care must be grounded in empathy, justice, and respect for human dignity. From a policy perspective, equitable health requires data-driven regulations that are responsive to local needs and involve active community participation. Cross-sector collaboration is key to creating an inclusive and resilient system. Furthermore, equitable health not only impacts quality of life but also drives productivity and sustainable economic growth. Thus, health must be viewed as a strategic investment and a pillar of social justice. Efforts to realize this are an important basis for building a more equal, competitive, and just nation

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