

Effectiveness of the GEDSI module in improving students' attitudes and understanding on gender, disability, and social inclusion

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Abstract. The phenomenon in society with high rates of child marriage, female circumcision, stunting, discrimination against women with disabilities, and exclusive attitudes between groups based on ethnicity, religion and race indicates that there are still high cases of violence based on Gender, Disability and Social Inclusion (GEDSI). The understanding of GEDSI should be an inherent concept in higher education, but starting from previous research which stated that the understanding of GEDSI at Aisyiyah Higher Education is still lacking among students. Therefore, this research will be more focused on research on the effectiveness of the attitude assessment module which aims to improve understanding and attitudes towards the GEDSI concept to students. In fact, the academic community should have sensitivity to that issue through the implementation of the four pillars of higher education namely in terms of teaching, research and community service. This study aims to test the effectiveness of the attitude assessment of the GEDSI concept at Muhammadiyah-'Aisyiyah Higher Education. The research method used is a quantitative method with data collection using a Likert scale and data processing and analysis using SPSS software. The results of this study that effective GEDSI module increase understanding and attitude student.

1 Introduction

GEDSI mainstreaming is not the only one way, but studies and research about GEDSI and analysis situation, namely representation women and people with disabilities disability show

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existence a number of contributing factors to the difficulty realize gender equality in various sector development in Indonesia, including in sector science and technology. [1].

Commitment international to gender equality (Education for All, SDGs 4: Sustainable Development Goals) must supported by the Indonesian government. The Ministry of Education and Culture and the Ministry of Religious Affairs in implementing the national GEDSI policy to meet the targets. The SDGs target that by 2030, all girls and boys have access to free, high-quality primary and secondary education that leads to lifelong success [2]. The government's commitment through the SDGs with the slogan No One Left Behind (no one should be left behind) both children, women, people with disabilities have the right to education, health, the right to life, decent economic and religious [3]. GEDSI is a holistic framework that aims to ensure that all individuals, regardless of gender, ability, or socio-economic status, have equal opportunities to participate and benefit from various societal processes. The GEDSI framework is rooted in the principles of equality, access, and empowerment, which seek to address systemic barriers faced by historically marginalized groups [4].

Even though the GEDSI policy has been established, many cases of sexual violence against women are still found. Data from the Ministry of Women and Children's Empowerment (KPPA) shows that 4,401 women have become victims of violence, both in the workplace and at home [5]. More specifically, violence against women with disabilities, they experience violence in the household, discrimination in education and economic access . On the other hand, cases of child marriage that have an impact on stunting are also still quite high, as well as cases of female circumcision are still cultured in Indonesia. Grassroots organizations also stated that many cases of child marriage, stunting and violence against women. Seeing these conditions, the Academic Community that carries out the mandate of the tri dharma of higher education (teaching, research and community service) should be responsive to these cases by analyzing the above problems with the GEDSI approach where each case certainly has an intersection (intersection) with other cases, for example cases of violence against women with disabilities can be analyzed from the perspective of gender and disability[4]

In line with the findings of Rokhmah et al. (2024), which showed that although some students were able to recognize cases related to gender, disability, and social inclusion, they still struggled to analyze them in depth using the GEDSI framework. This finding reinforces the theoretical basis for the importance of pedagogical module-based interventions that explicitly integrate the inclusion framework to strengthen students' conceptual understanding [6].

2 Method

Study this use design study quantitative, effectiveness test in research quantitative with pre-experimental design with the design used is a one group pretest-posttest design in college high 'Aisyiyah. This research will be conducted with a pretest before education (intervention) and a posttest after education. The form design according to Sugiono [7] as following:

$$O^1 X O^2$$

O1 : Pretest

X : intervention

O2 : posttest

Meanwhile, the pretest and posttest used the Likert scale method with processing and analysis results using SPSS.

2.1 Research Design

Quantitative Method with pattern one-group pretest– posttest design.

2.2 Instrument

35-item Likert -scale questionnaire (SS–STS, scored 4–1; with reverse scoring for negative items). Validity empirical and reliability tested before analysis main.

2.3 Procedure Analysis:

Validity empirical tested use corrected item-total correlation in SPSS, then invalid items were removed. Reliability assessed via Cronbach's Alpha. Analysis effectiveness use Wilcoxon Signed Rank Test.

In Analysis following divided into two parts namely regarding effectiveness testing GEDSI and related modules understanding participant about Health issues and discrimination towards women. Especially for Health here more focused on marriage children, because wedding child impact on reproductive health for Women.

3 Results and Discussion

3.1 RESULTS

3.1.1 Module Validity and Reliability

Research results showed that of the 35 questionnaire items, there were 8 items that were invalid on the pretest and 6 items that were invalid on the posttest, meaning that total score calculation only used valid items (27 pretest items and 29 posttest items).

Table 1. Reliability test

	Pretest Valid Items (n=27)	Posttest Valid Items (n=29)
Cronbach's Alpha	0.935	0.937
Mean Score	94.50	115.36
Std. Dev.	7.27	9.99

The reliability test results show a Cronbach's Alpha value of 0.935 for the pretest and 0.937 for the posttest, which confirms the instrument has very high reliability.

3.1.2 Module Effectiveness Test (Inferential Statistics)

The results of the paired Wilcoxon Signed Rank Test showed a significant difference between pretest scores (Mean = 94.50, SD = 7.27) and posttest scores (Mean = 115.36, SD = 9.99):

Table 1. Module effectiveness test

Statistics	Value
Wilcoxon Test (Z)	-4.532
Asymp. Sig. (2-tailed)	0.001

The result $p=0.001$ ($p<0.05$) indicates a significant increase post-intervention, showing that the GEDSI module was effective in increasing student understanding and attitude.

3.1.3 Descriptive results of attitude and understanding changes

The effectiveness of the module in changing attitudes and understanding related to gender, domestic roles, and discrimination is shown in Table II (the percentages represent the combined results from 14 participants).

Table 3. Understanding of Health Issues and Discrimination towards Women

No	Statement	Strongly Agree (SS)	Agree (S)	Disagree (TS)	Strongly Disagree (STS)
		Pre	Post	Pre	Post
1	Leader can be played by men and women	78.6%	81.3%	0.0%	18.8%
2	Domestic work can be done by men and women	64.3%	75.0%	28.6%	18.8%
3	Man is primarily responsible as head of household	28.6%	31.3%	57.1%	50.0%
4	Women are primarily responsible as homemaker	28.6%	6.2%	57.1%	50.0%
5	Domestic violence (KDRT) is an impact of gender inequality	50.0%	50.0%	42.9%	37.5%
6	Child marriage is permissible with dispensation	7.1%	0.0%	28.6%	18.8%
7	Marriage at age 17-18 years can be classified as child marriage	21.1%	25.0%	64.3%	68.8%

3.2 Discussion

3.2.1 GEDSI attitude changes and interpretation

Success in Egalitarian Roles: The Wilcoxon test ($p=0.001$) confirms the high effectiveness of the module in significantly improving participants' overall attitude. This success is primarily driven by positive changes in attitudes towards egalitarian issues, particularly public leadership (Statement 1) and domestic work sharing (Statement 2). The strong post-test consensus (99.1% Agree/Strongly Agree) on shared leadership and the increase in 'Strongly Agree' for shared domestic roles (from 64.3% to 75.0%) aligns with modern gender perspectives emphasized by scholars like Fakhri, M. [8] and Nasaruddin Umar[9], whose work advocates for women's public leadership based on contemporary interpretations of Islamic texts.

Resistance to Traditional Familial Roles: However, the module's impact was less pronounced on deeply ingrained traditional beliefs, specifically concerning the role of the head of the household (Statement 3). The majority (81.3% pre-test and 81.3% post-test) still agreed or strongly agreed that men are primarily responsible as the head of the household.

This persistence reflects the tension between contemporary gender discourse and persistent cultural-theological interpretations of familial leadership, particularly in the context of organizations like 'Aisyiyah [11]. This resistance of deeply embedded cultural norms (i.e., patriarchy) [11], despite educational intervention, highlights the need for longer and more intensive training approaches to dismantle traditional gender biases, which often clash with the ideal of gender justice in the domestic sphere [11, 12].

3.2.2 *Understanding of critical health issues and discrimination and interpretation*

The module showed remarkable success in modifying views on controversial legal and social issues. The significant shift in attitude regarding Child Marriage (Statement 6), evidenced by the drop in 'Strongly Agree' to 0% and the rise in 'Strongly Disagree' to 50%, demonstrates the module's effectiveness in educating participants on the negative legal and health consequences of early marriage. Furthermore, the consensus that marriage at age 17-18 years is classified as child marriage (Statement 7: 93.8% Agree/Strongly Agree post-test) is a critical shift, consistent with findings on the adverse reproductive health impacts of early marriage [13] and the Indonesian marriage law reforms.

The results for Domestic Violence (KDRT) as an impact of gender inequality (Statement 5) were mixed. While participants widely acknowledged the link (50% Strongly Agree pre and post), the minimal shift in 'Strongly Disagree' (0% to 12.5%) suggests that while participants acknowledge the phenomenon, the explicit link between structural gender inequality and KDRT as the root cause requires more intense, dedicated training. More focus is needed on the *relasi kuasa* (power relations) that underlie KDRT as the root cause of gender-based violence [14].

3.2.3 *Comparison with prior studies and theoretical implications*

The strong quantitative effectiveness ($p=0.001$) is consistent with earlier findings emphasizing the crucial need for strengthening gender mainstreaming and inclusion education in higher education [15]. The systematic design of this intervention successfully addresses the challenges faced by previous general inclusion education, which often struggled with fully integrating practical gender and social issues within the academic environment [15].

Theoretical Implication: The success of the module in cultivating critical and analytical understanding of GEDSI issues aligns with contemporary pedagogical needs. This proves that systematically designed interventions can effectively close knowledge gaps and strengthen social sensitivity regarding gender and inclusion issues, supporting the call for the integration of social inclusion values in the curriculum of Higher Education [15]. The decision to remove invalid items before final calculation ensured that the measured effectiveness was built upon a methodologically sound measurement tool (Cronbach's $\alpha > 0.93$).

3.2.4 *Practical Implications and Study Limitations*

Practical Implications: Given the module's proven effectiveness, it is strongly recommended that the curriculum based on GEDSI values be developed into a mandatory module within university teaching systems (especially within PTMA networks). This would significantly strengthen inclusion literacy in the domains of teaching, research, and community service.

Study Limitations: The interpretation of these results must consider the following limitations, which should be addressed in future research:

Small Sample Size: The study was conducted with a limited sample of 14 participants. While the non-parametric Wilcoxon test is appropriate for small samples, the generalizability of these findings to the broader university student population may be limited.

Lack of Control Group: The absence of a control group prevents the definitive attribution of attitude change solely to the GEDSI module intervention, as external factors cannot be entirely ruled out.

Short-Term Assessment: The measurement focused on immediate post-test results. A follow-up assessment (e.g., after 3 or 6 months) is needed to determine the long-term retention and sustainability of the positive attitude changes.

4 Conclusion:

The GEDSI Effectiveness Test Module is highly relevant and can be proposed as a learning module for inclusion in university curricula. The results of the paired Wilcoxon Signed Rank Test show there is difference significant between pretest scores (Mean= 94.50, SD = 7.27) and posttest (Mean= 115.36, SD = 9.99), $p= 0.001$ ($p < 0.05$). This show that effective GEDSI module increase understanding and attitude student. Improving students' understanding of GEDSI significantly influences their behavior and responsiveness to social issues related to gender, disability, and social inclusion.

Understanding of health from the GEDSI perspective, especially regarding gender roles and child marriage, can be improved by strengthening GEDSI material in universities, so that students have a more comprehensive understanding of GEDSI.

The weakness of this research is the small number of respondents, so it is recommended that further research be carried out with a larger target of respondents.

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