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Evaluating Accessibility of Medical Rehabilitation Services in Indonesia: Challenges and Solution

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Abstract

Limited access and uneven quality of medical rehabilitation services remain major challenges in improving patients' quality of life in Indonesia. Many patients, especially in remote areas, face difficulties accessing adequate rehabilitation facilities due to limited human and infrastructure resources. Additionally, a lack of public awareness and insufficient psychosocial support reduce therapy adherence. This study aims to evaluate the barriers and potential solutions within Indonesia's medical rehabilitation system. The research method employs a qualitative descriptive approach using a literature review technique based on secondary data such as scientific articles, policy documents, and relevant research reports. Findings reveal key obstacles including limited facilities, insufficient health insurance coverage for rehabilitation services, and inconsistent service standards across facilities. The discussion highlights the need for strengthening referral systems, improving public health literacy, and developing integrated rehabilitation models that include psychosocial components. The study concludes that enhancing access, service quality, and active participation of patients and families in the rehabilitation process is essential for accelerating recovery and improving patient outcomes.

Keywords

Health Literacy, Medical Rehabilitation, Psychosocial Support, Right to Health.

1. Introduction

The shift in disease patterns in Indonesia, from infectious diseases to non-communicable diseases (NCDs) and chronic-degenerative diseases, presents new challenges for the national healthcare system. Chronic diseases such as stroke, spinal cord injury, cancer, and musculoskeletal disorders are now the leading causes of long-term disability. According to a WHO report, the prevalence of disability in Indonesia has reached 39%, indicating a high need for medical rehabilitation services. Medical rehabilitation not only aims to restore physical function but also encompasses mental and social aspects so patients can live independently and participate in society. However, access to medical rehabilitation services in Indonesia remains unequal. The availability of adequate facilities, trained professionals such as medical rehabilitation specialists, physiotherapists, occupational therapists, and clinical psychologists, as well as supporting infrastructure such as assistive devices and adequate transportation, remains a challenge in many regions, particularly in rural and island areas. Furthermore, low public awareness of the importance of medical rehabilitation prevents many patients from completing rehabilitation programs optimally.

Hospitals, as referral-level healthcare facilities, are responsible for providing comprehensive rehabilitation services, from the acute, subacute, to chronic stages. This aligns with the promotive, preventive, curative, and rehabilitative principles of Indonesia's comprehensive health paradigm. Unfortunately, the guidelines for medical rehabilitation services, developed in 1997, have not been comprehensively updated to reflect advances in science and technology, the decentralized regional government system, and the increasingly complex needs of the community. Various studies indicate that social support, family support, and patient motivation are crucial factors in the success of the rehabilitation process. Asa et al. (2020) reported that families of patients with disabilities in Indonesia face significant psychosocial and economic burdens due to limited services and a lack of understanding of the recovery process. Research by Jannah and Azam (2018) highlighted the importance of family involvement in post-stroke rehabilitation as a significant factor in increasing patient independence.

The COVID-19 pandemic has further worsened access to rehabilitation services. Nugraha et al. (2020) suggested a transformation in rehabilitation service models, including the development of telerehabilitation that can reach patients remotely. This is also supported by Parauba et al. (2021), who recommend early rehabilitation and a hybrid approach between face-to-face and online (Parauba et al., 2021). On the other hand, Silakarma and Suminar (2023) emphasized the crucial role of medical rehabilitation in palliative care as an effort to improve the quality of life of terminally ill patients through a multidisciplinary and supportive approach. Although numerous studies have highlighted the benefits of medical rehabilitation, including the integration of psychosocial support and the importance of patient adherence, there has been limited research that comprehensively examines the effectiveness of the medical rehabilitation system in Indonesia from the perspective of policy implementation and service gaps at the grassroots level. In particular, studies linking existing regulations with actual service conditions, particularly in remote areas and primary healthcare facilities, remain limited. Furthermore, research on community-based service integration and digitalization models in the Indonesian context is still underdeveloped, even though this is crucial amidst limited infrastructure and medical personnel. Legislation such as the Health Law, the Ministerial Regulations (Permenkes), and the Ministerial Decrees (Kepmenkes) have recognized the importance of medical rehabilitation. However, these regulations have not yet addressed operational aspects, such as mechanisms for equal access, incentives for human resources, or integration of services at the community and community levels.

This study aims to evaluate the reach and effectiveness of medical rehabilitation services in Indonesia, identify the structural and operational challenges faced, and formulate strategic solutions to improve patients' quality of life through more inclusive, integrated, and sustainable services.

2. Literature Review

Medical rehabilitation services in Indonesia are implemented in stages through hospitals, Puskesmas, and the community, adhering to national policies and service standards. In hospitals, services focus on a multidisciplinary approach for complex cases such as stroke and spinal cord injuries. Accreditation is a key indicator in maintaining service quality (Kusumawardhani et al., 2023). In Puskesmas, basic rehabilitation services such as early detection and early intervention are prioritized. Puskesmas also play a strategic role in connecting the community with advanced services through the Community-Based Rehabilitation (CBR) program (Luthfia and Alkhajar, 2019). CBR itself is a community empowerment strategy to support people with disabilities independently through simple rehabilitation and strengthening the roles of families and communities, which has been proven to improve quality of life and reduce institutional burden (Hastono et al., 2021).

The medical rehabilitation paradigm has evolved from a compassionate approach to a holistic model encompassing physical, mental, and social aspects to enhance patient independence. This service involves collaboration between various healthcare professionals and takes into account the local context. Community-Based Rehabilitation (CBR) has become a strategic approach in remote areas because it involves families and communities in the rehabilitation process and bridges gaps in institutional services. Service quality is key to successful patient recovery, influenced by factors such as reliability and empathy (Tarigan et al., 2024). However, regulatory implementation challenges remain, particularly in areas with limited resources. The limited number of facilities and trained personnel, such as physiotherapists and rehabilitation doctors, is a major obstacle, particularly in remote areas (Surwanti and Puspitosari, 2019). Furthermore, social stigma and low public literacy regarding rehabilitation services exacerbate access barriers (Tarsidi, 2011). Economic factors also play a role, with high costs and limited coverage of the National Health Insurance (*Jaminan Kesehatan Nasional/JKN*) making it difficult for the poor to access adequate services. Despite regulations such as Minister of Health Decree No. 97 of 2014, implementation in the field is not even and public facilities are often not disability-friendly (Pramashela and Rachim, 2022).

Technological developments offer new opportunities through tele-rehabilitation, enabling remote consultations and therapy, particularly beneficial in remote areas (Syahril Syamsuddin and Jusliani, 2024). However, infrastructure barriers, digital literacy, and public trust still limit effective implementation (Lukito and Gani, 2024). Innovations in assistive devices such as wheelchairs and communication devices also play a crucial role in increasing the independence of people with disabilities. Multisectoral collaboration is essential for overcoming technological barriers and improving the quality of digital services (Pasaribu et al., 2018). The Indonesian government has integrated rehabilitation services into the primary health care system through Puskesmas and strengthened cross-sectoral coordination. However, gaps between policy and implementation persist, primarily due to limited services at the primary level (Nasution et al., 2024). A community-based approach is a crucial strategy for tailoring services to local characteristics and increasing rehabilitation effectiveness (Idris et al., 2024).

The JKN has expanded access, but equity and quality of services remain challenges. Strengthening comprehensive primary services is essential, especially for chronic diseases and vulnerable groups such as the elderly (Zulfitri, 2017). Kasim et al. (2010) highlighted key challenges in providing quality rehabilitation services in

Indonesia, including limited resources and funding, as well as socio-cultural barriers. Solution strategies include leveraging technology and policy decentralization. Imas (2016) emphasized the importance of implementing Law No. 8 of 2016 as a basis for fulfilling the rights of persons with disabilities, with cross-sector collaboration and community empowerment as key pillars. Recent research also underscores the importance of innovation in assistive technology and services that are responsive to local needs, which are expected to serve as a benchmark in developing a more inclusive and sustainable rehabilitation system.

3. Methods

This study uses a qualitative descriptive approach with a literature review method to evaluate the reach, quality, barriers, and policy framework of medical rehabilitation services in Indonesia. This method relies on secondary data systematically collected from various sources, such as scientific articles, research reports, government policy documents, and relevant laws and regulations. Literature was collected through databases such as PubMed, Google Scholar, and ScienceDirect using keywords such as “medical rehabilitation Indonesia,” “access to health services,” “psychosocial support,” and “national health policy.” Literature selection was based on topic relevance, source credibility, and data recency, with a focus on publications published between 2010 and 2024. Analysis was conducted descriptively and thematically to identify problem patterns in the implementation of medical rehabilitation services, including structural challenges such as limited infrastructure, unequal distribution of health workers, low public health literacy, and limited coverage of the JKN. This study also examines the alignment of rehabilitation service policies with the national legal framework, specifically Law No. 36 of 2009 concerning Health, which guarantees the right of every citizen to obtain health services, including rehabilitation, and Law No. 8 of 2016 concerning Persons with Disabilities, which emphasizes the importance of human rights-based rehabilitation. In addition, several technical regulations, such as Minister of Health Regulation No. 104 of 1999 concerning the Implementation of Medical Rehabilitation and Minister of Health Decree No. 378/Menkes/SK/IV/2008 concerning Technical Guidelines for Rehabilitation Services in Hospitals, were also used as evaluation materials to assess implementation in the field. Using this method, the research aims to develop comprehensive and contextual strategic recommendations, such as strengthening community-based services, integrating technology through tele-rehabilitation, and more inclusive and implementable policy reforms, to address the gap in access and quality of medical rehabilitation services in Indonesia.

4. Results and Discussion

4.1. Access and Literacy Issues in Medical Rehabilitation

Medical rehabilitation services in Indonesia still face significant challenges in terms of equity, particularly in remote and rural areas. Field reports indicate that limited facilities, a lack of professional staff, and low public awareness are key barriers to accessing these services. Nugraha et al. (2018) stated that the rehabilitation system in Indonesia still faces various obstacles, particularly in the availability of human resources and the provision of services in remote areas. This is reinforced by the findings of Gunawan et al. (2024), who highlighted that administrative barriers such as complicated service procedures and limited information dissemination further limit public access to rehabilitation services, including at the community health center level. This situation becomes even more complex for people with disabilities from poor families, who face multiple barriers ranging from poor parental understanding, limited access to information, and non-

disability-friendly infrastructure. This situation highlights the need for a national strategy that is not only technical but also addresses social and cultural aspects in an effort to expand and strengthen the scope of medical rehabilitation services throughout Indonesia.

Safei and Darwis (2022) emphasize that the primary goal of medical rehabilitation is to optimize the physical and psychosocial function of patients with chronic diseases and disabilities. This means that rehabilitation is not only curative but also preventive and promotive. However, the effectiveness of these services depends on the active participation of patients. A study by Jannah and Azam (2018) found that stroke patients' adherence to rehabilitation was significantly influenced by personal motivation and family support, while factors such as family knowledge, income, and the quality of healthcare services did not show a significant impact. This indicates that community-based interventions and strengthening non-medical factors are key to successful rehabilitation.

These field findings align with the literature review, which emphasized the need for a tiered and integrated service approach, from referral hospitals to community health centers (*Pusat Kesehatan Masyarakat/Puskesmas*) and communities. The Community-Based Rehabilitation (CBR) strategy, although adopted as a national policy to reach remote areas, still faces implementation challenges due to the unequal distribution of trained personnel and low public health literacy. Furthermore, social stigma surrounding disability and the lack of inclusive facilities exacerbate the gap in access to services. Therefore, increasing access to medical rehabilitation in Indonesia must be comprehensive: not only by improving infrastructure and referral systems, but also by strengthening the capacity of local health workers, simplifying administrative procedures, increasing public literacy, and encouraging cross-sector collaboration. Only with a contextual and sustainable approach can rehabilitation services truly reach and empower those most in need.

One of the main obstacles to utilizing medical rehabilitation services in Indonesia is the public's lack of awareness of their importance. Nugraha et al. (2021) revealed that a lack of public awareness of the need for rehabilitation and limited information about service availability are key factors why many patients do not obtain or access these services. This low health literacy results in patients not understanding that rehabilitation is an integral part of the recovery process, not simply an optional option.

This finding is reinforced by the findings of Jannah and Azam (2018), who demonstrated that patient motivation and family support are key determinants of stroke patients' adherence to medical rehabilitation programs. Knowledge and positive attitudes toward rehabilitation services directly influence patient behavior. Furthermore, Marbun et al. (2021) highlighted the public's limited understanding of the importance of administrative aspects such as medical records, which also impact the continuity and effectiveness of healthcare services in general. This lack of awareness of the basic functions of healthcare facilities highlights the urgent need for comprehensive health education for the public.

The importance of public education is increasingly apparent in the context of the COVID-19 pandemic, where medical rehabilitation plays a significant role in the long-term recovery of patients after infection. Nugraha et al. (2020) emphasized the vital role of rehabilitation from the acute phase through recovery, although this study did not directly address the issue of public literacy. Meanwhile, a study by Wahyu et al. (2024) examining elderly patients' knowledge of low back pain in a medical rehabilitation clinic found that the majority of patients had a poor understanding of their condition. Factors such as advanced age, low education level, type of employment, and previous experience with low back pain significantly influenced this level of understanding. These findings emphasize that increasing

public awareness and education are key elements in improving the effectiveness of medical rehabilitation services.

4.2. Literacy and Structural Barriers in Medical Rehabilitation Services

The research findings indicate that low public knowledge is a significant structural and cultural barrier to the utilization of rehabilitation services. The literature review reinforces this by highlighting the role of social stigma surrounding disability and low health literacy, which exacerbate community distrust and reluctance to participate in rehabilitation programs. Although the Community-Based Rehabilitation (CBR) approach has been adopted as a strategic model for reaching communities at the grassroots level, its effectiveness depends heavily on the extent to which health education is provided sustainably and culturally. Therefore, efforts to increase the utilization of rehabilitation services cannot be separated from contextual, participatory, and technologically advanced communication strategies. Interventions that combine a community-based educational approach with digital media support and the empowerment of local leaders are expected to improve rehabilitation literacy and encourage widespread and sustainable community behavior change.

The quality of medical rehabilitation services in Indonesia shows significant variation across healthcare facilities. Nugraha et al. (2018) emphasized the importance of strengthening rehabilitation services at the national level to ensure consistency and equity in service quality across regions. Lack of public awareness of the existence and importance of rehabilitation services is a major barrier to their utilization. Jannah and Azam (2018) found in their study of stroke patients that patient motivation and family support were key factors determining adherence to medical rehabilitation programs. Meanwhile, Marbun et al. (2021) identified that public knowledge about the importance of medical records in healthcare facilities remains very limited, indicating the need for more systematic and sustained educational efforts.

Nugraha et al. (2020) also highlighted the crucial role of medical rehabilitation in patient management during the COVID-19 pandemic, from the acute phase to long-term recovery. Conversely, Wahyu et al. (2024) found that the majority of elderly patients with low back pain had low levels of knowledge about their condition, with age, education, occupation, and previous experience being factors influencing this understanding. These findings collectively indicate that efforts to increase public awareness and education regarding rehabilitation services and medical information are crucial steps to improve the quality of life of the community and expand access to effective and inclusive medical rehabilitation services.

The variation in the quality of medical rehabilitation services between healthcare facilities in various regions is also reflected in a literature review that emphasizes the role of accreditation as a quality indicator. However, in reality, service quality is not uniform because it still depends on the availability of specialist human resources and adequate facilities. The literature review indicates that services in hospitals tend to be more comprehensive with a multidisciplinary approach, while those in Puskesmas are still limited to early detection and early intervention. This disparity highlights the need to strengthen services at the primary level through training healthcare workers and continuous adherence to quality standards.

Sahlan (2020) noted that although the JKN program has expanded access to healthcare services, the capacity to provide rehabilitation services remains limited and cannot fully meet community needs. This indicates the need for greater investment in infrastructure and strengthening the rehabilitation workforce. Nugraheni et al. (2023) added that although JKN coverage reached approximately 93% of the population in 2021, challenges in the program's implementation and effectiveness remain in various regions. Therefore, improving service distribution

and increasing resource capacity are urgently needed to ensure more equitable and comprehensive access to rehabilitation services.

Nugraha et al. (2020) emphasized that the COVID-19 pandemic has highlighted the need for medical rehabilitation services from the acute to long-term phases, not only for COVID-19 patients but also for non-COVID-19 patients. Salim (2020) pointed out that a legal framework exists that supports the right to healthcare, including the allocation of a minimum of 5% of the national budget and 10% of regional budgets for the health sector. However, the realization of this budget in the form of investment in rehabilitation services has not been fully optimized. Sahlan (2020) reiterated that improving rehabilitation services can only be achieved through strengthening infrastructure, the availability of professional personnel, and sustainable policies. Meanwhile, according to Nugraheni et al. (2023), ongoing monitoring, evaluation, and action are essential for the JKN program to truly drive improvements to the national health system as a whole, including its rehabilitative aspects. Research has noted limited JKN funding as a systemic barrier, despite JKN's extensive quantitative coverage. A literature review similarly highlights that limited JKN coverage and high costs hinder access for the poor to adequate rehabilitation services.

This disparity is exacerbated by the limited budget allocation for rehabilitation facilities in the regions. Therefore, in addition to strengthening policies and budget allocation, it is also necessary to evaluate the effectiveness of JKN funding in financing rehabilitation services as part of the primary healthcare system. Psychosocial support is a crucial aspect of the rehabilitation process, yet it is often overlooked in healthcare practices in Indonesia. Nugraha et al. (2018) emphasize the importance of a holistic approach to rehabilitation, including psychosocial support as an integral part of improving patients' quality of life. Pratiwi (2020) demonstrated that family support is significantly related to post-stroke patients' motivation to undergo rehabilitation, indicating that emotional and social aspects significantly influence the success of the recovery process.

4.3. Psychosocial Integration and Medical Rehabilitation Regulatory Reform

Psychosocial rehabilitation approaches have also been shown to be beneficial for patients with mental disorders. Kartikasari et al. (2024) noted that this intervention can improve health behaviors, individual functioning, and independent living skills. Widianingsih and Astanto (2023) added that in patients with schizophrenia, psychosocial rehabilitation contributes to improved personal and social functioning and promotes independence in social, emotional, intellectual, and economic aspects. These findings collectively confirm that successful rehabilitation relies heavily on the integration of psychosocial support into comprehensive health care.

The conclusion that psychosocial support plays a crucial role in successful rehabilitation is reinforced by a literature review that highlights the importance of a holistic approach, including social and emotional aspects. Current rehabilitation models have evolved to be multidimensional, focusing not only on physical but also on mental and social well-being. The literature review also highlights examples of effective community-based interventions that support mental health and promote social independence. This emphasizes that the integration of psychosocial components is not merely an add-on, but a key element of a successful rehabilitation system.

Pradipta et al. (2025) found that 57% of chronic disease patients in Indonesia are non-compliant with their medication, which can affect rehabilitation outcomes. The lengthy rehabilitation process often frustrates patients. Lack of information regarding the duration and stages of recovery can also impact adherence to therapy. Jannah and Azam (2018) demonstrated that patient motivation and family support are key factors in adherence to stroke rehabilitation programs.

The COVID-19 pandemic has highlighted the need to improve rehabilitation services, from acute to long-term care, for both COVID-19 and non-COVID-19 patients. According to Aotama and Mandome (2020), effective health communication strategies are crucial for addressing low patient adherence, particularly in medical rehabilitation settings. These findings underscore the importance of patient education, family engagement, and tailored communication approaches to improve adherence to rehabilitation programs. Improving rehabilitation services and patient adherence can accelerate recovery, reduce hospital readmissions, and optimize return-to-work outcomes for patients with chronic conditions such as stroke.

Studies have found that lengthy rehabilitation processes and limited information about recovery stages reduce patient adherence. This aligns with literature reviews that emphasize the importance of effective health communication strategies and the role of families in supporting patients. In the context of CBR, family and community involvement in providing information and motivation is crucial for sustainable rehabilitation. Therefore, rehabilitation strategies need to include an educational approach that is easy to understand and consistent throughout the patient's recovery phase.

Medical rehabilitation services in Indonesia are regulated by various laws, including laws, government regulations, and decrees and regulations issued by the Minister of Health. While these legal frameworks generally acknowledge patients' rights to recover their physical and mental functions, evaluations indicate that the scope of services remains very limited. While most regulations, such as Law No. 23 of 1992 and Law No. 29 of 2004, affirm the right to health services and standards of medical practice, they do not explicitly address the obligation to ensure equitable access to rehabilitation services, particularly in remote areas and primary healthcare facilities. Human resource challenges also arise, as specialist personnel and supporting professions such as physiotherapists and occupational therapists are limited and unevenly distributed. Institutionally, a strong structure has not yet been established within the Ministry of Health or hospitals specifically responsible for managing rehabilitation services.

Solutions to these challenges include regulatory improvements through updating outdated Ministerial Regulations (Permenkes), adding specialized medical rehabilitation units within the Ministry of Health's structure, and integrating rehabilitation into the JKN and National Health Insurance (*Sistem Kesehatan Nasional/SKN*) systems as a basic healthcare service. Expanding services to Puskesmas and community levels, implementing technologies such as tele-rehabilitation, and training non-specialist personnel can be strategies to increase outreach. Furthermore, strengthening the distribution system and incentives for healthcare workers, as well as hospital accreditation policies, require rehabilitation services. With these steps, the medical rehabilitation system in Indonesia can become more inclusive, more accessible, and contribute directly to improving the quality of life of patients, particularly those living with disabilities or chronic post-morbid conditions.

Research highlights gaps in regulations related to equitable access and the institutional structure of medical rehabilitation. The literature review confirms that despite the existence of a legal basis, such as Ministerial Decree No. 97/2014, its implementation has been inconsistent. The lack of trained personnel, weaknesses in the organizational structure, and minimal integration within the JKN system suggest that regulatory reforms must be directed toward practical implementation on the ground. The literature review also highlights the importance of policy decentralization, cross-sector collaboration, and community empowerment in creating a responsive, sustainable, and inclusive rehabilitation system.

Table 1. Regulations regarding medical rehabilitation services

No	Regulasi	Main Contents	Outreach Evaluation	Challenges	Solutions
1	Law No. 23 of 1992 concerning Health	Affirms citizens' rights to health services, including rehabilitation.	Coverage remains limited, especially outside major cities.	There has been no strengthening of rehabilitation as a basic service.	Revise the law to include rehabilitation in primary care; expand access based on the National Health Insurance (<i>Badan Penyelenggara Jaminan Sosial/BPJS</i>).
2	Law No. 29 of 2004 concerning Medical Practice	Regulates medical practices, including medical rehabilitation specialists.	Guarantees the legality of practice, but does not yet address the need for human resource quantity.	There is a shortage of medical rehabilitation physicians, with uneven distribution.	Placement incentives and specialist doctor education in the regions.
3	PP No. 32 of 1996 concerning Health Workers	Regulates the types and roles of health workers.	Medical rehabilitation has not been prioritized for distribution.	There are few physiotherapists/occupational therapists in regional health facilities.	Strengthen vocational education; mandatory placement programs in the regions.
4	Minister of Health Regulation No. 585/Menkes/Per/IX/1989	Procedures for providing medical rehabilitation services.	Provides initial guidelines, but lacks comprehensive coverage of current practices.	There is no capacity to accommodate the role of technology and community-based services.	Revisions are needed to adapt to the digital era and home-based services.
5	Minister of Health Regulation No. 104/Menkes/Per/II/1999	Specifically regulates medical rehabilitation services.	Regulatory coverage is clearer, but implementation is weak.	Many health facilities do not comply with or are unable to meet standards.	Regular supervision and training; operational incentive funds.
6	Minister of Health Regulation No. 1575/Menkes/Per/XI/2005 → Minister of Health Regulation No.	Organization of the Ministry of Health and its facilities.	Provides an institutional basis for rehabilitation services.	There has been no creation of a strong and integrated rehabilitation service structure.	Addition of special directorates for medical rehabilitation within the Ministry of Health and regional hospitals.

No	Regulasi	Main Contents	Outreach Evaluation	Challenges	Solutions
	1295/Menkes/Per/XII/2007				
7	Minister of Health Regulation No. 1045/Menkes/Per/XI/2005	Guidelines for hospital organization within the Ministry of Health.	Supports the integration of rehabilitation services in vertical hospitals.	It is only effective in large hospitals or type A and B hospitals.	Standardization of rehabilitation services in all hospital types; incentives for type C and D hospitals.
8	Minister of Health Decree No. 131/Menkes/SK/II/2004	National Health System (<i>Sistem Kesehatan Nasional</i> /SKN), rehabilitation inclusion.	Positions rehabilitation on as an integral part of the health system.	It remains only a conceptual framework; it has not yet been implemented in regional operations.	Must be translated into regional strategic plans and the Health Office.
9	Minister of Health Decree No. 378/Menkes/SK/IV/2008	Technical guidelines for rehabilitation services in hospitals.	Technical guidance is essential for hospitals.	Not all hospitals are able to implement the standards due to limited human resources and equipment.	Budgetary support, private-public partnerships, and routine supervision by the Ministry of Health.

5. Conclusion

Medical rehabilitation services in Indonesia still face unequal access, low health literacy, and structural and systemic challenges. Key factors hindering service optimization include the uneven distribution of health facilities and personnel, a lack of public understanding of the importance of rehabilitation, and the weak integration of psychosocial services into the service system. These disparities directly impact the quality of life of patients, particularly those from remote areas and vulnerable groups such as people with disabilities and chronic illnesses. Strategic legal and policy reforms within the national health system are needed. The government needs to strengthen the implementation of Law Number 36 of 2009 concerning Health, particularly Articles 19 and 24, which guarantee the public's right to health services, including rehabilitation. Revisions to sectoral regulations such as Ministerial Regulation No. 104/Menkes/Per/II/1999 and optimization of Ministerial Decree No. 378/Menkes/SK/IV/2008 are necessary to ensure that medical rehabilitation services become a basic service that must be available at every primary health facility. In addition, strategies for digitizing services, training non-specialist personnel, strengthening Community-Based Rehabilitation (CBR), and community-based public education need to be implemented sustainably. This study is limited by its use of secondary, qualitative data. The lack of primary data collection limits the generalizability of the findings at the local and regional levels. Future research is recommended to include field studies, in-depth interviews with stakeholders, and quantitative approaches to measure the effectiveness of implemented interventions and policies. This will allow for more applicable and contextual recommendations for strengthening the medical rehabilitation system in Indonesia.

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Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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