

## **Psychological Policy For Women: A Strategy Towards Gender Equity In Indonesia**

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### *Abstract*

Women in Indonesia face high vulnerability to mental health problems due to gender inequality, gender-based violence, and a lack of gender-responsive psychological services. This study aims to analyze existing psychological policies and evaluate their impact on gender equity. Using a literature review approach of policy documents, scientific journals, and national and international reports from the last five years (2020–2025), it was found that the integration of a gender perspective in mental health services remains limited. Lack of training for mental health workers, weak coordination between sectors, and suboptimal community-based advocacy are key obstacles. Evidence-based policy reform, increasing human resource capacity, and strengthening women's roles in policy processes are important strategies towards gender equity in mental health

**Keywords:** mental health, women, gender justice, psychological policy, Indonesia.

### **Abstrak**

Perempuan di Indonesia menghadapi kerentanan tinggi terhadap masalah kesehatan mental akibat ketidaksetaraan gender, kekerasan berbasis gender, dan kurangnya layanan psikologis yang responsif gender. Studi ini bertujuan untuk menganalisis kebijakan psikologis yang ada dan mengevaluasi dampaknya terhadap kesetaraan gender. Dengan menggunakan pendekatan tinjauan pustaka terhadap dokumen kebijakan, jurnal ilmiah, dan laporan nasional dan internasional dari lima tahun terakhir (2020–2025), ditemukan bahwa integrasi perspektif gender dalam layanan kesehatan mental masih terbatas. Kurangnya pelatihan bagi pekerja kesehatan mental, koordinasi yang lemah antar sektor, dan advokasi berbasis komunitas yang suboptimal merupakan hambatan utama. Reformasi kebijakan berbasis bukti, peningkatan kapasitas sumber daya manusia, dan penguatan peran perempuan dalam proses kebijakan merupakan strategi penting menuju kesetaraan gender dalam kesehatan mental.

**Kata kunci:** kesehatan mental, perempuan, keadilan gender, kebijakan psikologis, Indonesia.

## INTRODUCTION

With the growing global awareness of the interconnection between mental health, human rights, and gender equality, issues surrounding women's mental health and psychological well-being have gained increasing international attention. In Indonesia, women are more vulnerable to mental disorders due to the complex social, economic, and cultural challenges they face. Women's mental health is largely influenced by various factors, including the double burden of public and domestic life, gender-based violence, unequal access to healthcare services, and the deeply entrenched patriarchal system (Subandi, M. A et.al,2020).

According to GoodStats (2024), more than 15.5 million adolescents in Indonesia experience mental health problems, with women accounting for the majority of these cases especially those living in environments with high social pressure and limited access to psychosocial support ( GoodStats, 2024). Meanwhile, research by the National Commission on Violence Against Women (Komnas Perempuan, 2023) found that around 68% of women victims of violence suffer from psychological problems such as anxiety, depression, and post-traumatic stress disorder (PTSD) (Komnas Perempuan, 2023). These findings indicate that women's psychological issues are not only personal but also systemic and structural in nature.

Unfortunately, Indonesia's mental health regulations have yet to adequately address this vulnerability. Although Law No. 18 of 2014 on Mental Health plays an important role in recognizing patients' rights, it does not explicitly incorporate a gender-based approach in the delivery of mental health services. Likewise, while Presidential Instruction No. 9 of 2000 on Gender Mainstreaming in National Development has created opportunities for more inclusive institutional change, its implementation remains largely formalistic and fails to address the root causes of psychosocial inequality faced by women (Instruksi Presiden Nomor 9 Tahun 2000).

Women often experience double marginalization neglect within both the healthcare system and broader society particularly those belonging to vulnerable groups such as single mothers, impoverished women, survivors of violence, and disaster victims. According to the Ministry of Health (2022), only 13 out of 34 provinces in Indonesia provide gender-responsive psychosocial services at primary healthcare

facilities such as community health centers (Puskesmas) (Kementerian Kesehatan RI, 2022). The shortage of mental health professionals, such as psychologists and psychiatrists, in rural areas, combined with limited public awareness of rights-based and justice-oriented psychological recovery, further widens the gap in service access.

Women's psychological health should no longer be regarded merely as a sectoral issue, but rather as an integrative indicator of national progress in achieving social welfare, gender equality, and the protection of human rights. According to UN Women (2021), policies addressing women's mental health must expose and transform the sociocultural systems that perpetuate women's subordination, making them both therapeutic and revolutionary in nature (UN Women, 2021).

The COVID-19 pandemic has further underscored this urgency. Women have faced increasing psychological burdens due to job loss, domestic violence, and marital instability. A study by UNFPA Indonesia (2022) revealed that one in three women reported feeling more anxious and depressed during the pandemic, yet only a small portion were able to access counseling services due to social and financial barriers (UNFPA Indonesia, 2022).

These realities highlight the urgent need for psychological policies that build comprehensive support networks grounded in gender equality and human rights, rather than merely offering medical assistance. Indonesia's mental health policies must therefore re-evaluate their direction and approach by adopting intersectional and participatory perspectives that view women as active subjects, not merely objects of protection.

Accordingly, the aim of this article is to examine the current status of women's mental health policies in Indonesia, explore their implications for gender equality, and propose a more inclusive, equitable, and transformative policy approach to strengthen the nation's mental health system.

## **LITERATURE REVIEW**

### **Public Policy Theory: Problem Representation and Structural Response**

Understanding how an issue is framed within policy documents has a significant impact on the types of solutions developed in public policy studies. The "What's the

Problem Represented to Be?” (WPR) approach, introduced by Carol Bacchi (2009), emphasizes the importance of analyzing how issues are represented in policies. Policies that frame women’s mental health problems as gender-neutral often fail to address structural inequalities and women’s unique lived experiences (Bacchi, C, 2009).

According to Bacchi, policies are not neutral; they are social, political, and intellectual constructions that reflect power relations. Therefore, to avoid being overly simplistic or technocratic, psychological policies for women must reflect women’s experiences holistically (Bridgman, P., & Davis, G, 2013). This idea is particularly relevant to Indonesia’s policy context, where mental health needs of men and women are often treated equally without considering their distinct sociocultural vulnerabilities.

### **Community Mental Health Theory and Rights-Based Services**

The community perspective on mental health emphasizes that social structures, power dynamics, and community support play critical roles in determining psychological well-being, alongside biological and personal factors. The WHO Community Mental Health Service Guidelines (2022) advocate for a rights-based and person-centered approach that views individuals not merely as service recipients but as rights holders (World Health Organization, 2022).

This paradigm calls for more inclusive policies for vulnerable groups such as homemakers in need of protection, survivors of gender-based violence, and informal sector workers. UN Women (2021) stresses that knowledge of social determinants—such as poverty, gender inequality, and domestic violence—must form the foundation of mental health initiatives. To provide psychological support as well as social, legal, and financial assistance for women, a fair mental health system must be sensitive to their unique life circumstances (UN Women, 2021).

### **Feminist Theory and Gender Justice**

From an intersectional feminist perspective, gender, social class, culture, and patriarchy interact to shape women’s mental health experiences. According to Cornwall and Rivas (2015), the concept of “women’s empowerment” is often applied normatively in policy without giving women genuine agency in decisions that affect their lives (Ornwall, A., & Rivas, A.-M, 2015). Hence, gender justice which views women as subjects of

policy rather than mere objects of intervention is essential, beyond the pursuit of simple gender equality.

Subandi, Prihatna, and Suryani (2020) note that cultural norms in Indonesia, which expect women to serve as the “emotional anchors of the family,” expose them to invisible psychological pressures. However, women often avoid or resist seeking psychological help due to cultural norms that prioritize sacrifice and subordination (Subandi, M. A., Prihatna, K. R., & Suryani, L. K., 2020). Therefore, effective policy must not only provide services but also challenge the social norms that sustain inequality.

### **Policy Evaluation Theory and Public Service Performance**

To ensure that a policy effectively reaches its target group and achieves its intended outcomes, policy evaluation is essential. According to Patton (2008), utilization-focused evaluation which emphasizes evidence-based decision-making and continuous policy improvement is crucial for policy effectiveness.

However, in practice, reports on the implementation of psychological recovery policies for women in Indonesia often lack clear evaluative metrics, especially regarding their impact on the psychological well-being of female survivors of violence. Data from the Ministry of Women’s Empowerment and Child Protection (2021) indicate that only 38% of Integrated Service Centers (PPTs) have counseling programs that incorporate a gender perspective. This finding implies that despite the existence of progressive normative frameworks, such as the Law on Sexual Violence (UU TPKS), appropriate implementation and monitoring mechanisms remain necessary to ensure real effectiveness.

### **Research Methodology**

To investigate, evaluate, and synthesize policies related to women’s psychological well-being in Indonesia within a framework of gender justice, this study employs a qualitative literature review methodology. This method was chosen because it enables the researcher to uncover problematic patterns of representation, solution orientations, and the practical application of policies for vulnerable women’s groups, while systematically mapping the distribution of various sources of policy knowledge over time (Snyder, H, 2019).

According to Bardach and Patashnik (2019) who emphasize the importance of identifying actors, objectives, instruments, and the context of public policy implementation the literature review was conducted using a narrative method combined with a policy content analysis approach. The gender policy analysis framework developed by Bacchi (2009), which examines how women's challenges are framed within policy and how policy solutions are guided through structural or symbolic frameworks, was integrated into this approach.

### **Data Sources**

Secondary data sources include laws and regulations, presidential and ministerial decrees, policy evaluation reports, national and international scholarly journals, as well as reports from independent agencies and international organizations addressing gender and mental health issues. The following primary sources were also utilized:

1. Law No. 18 of 2014 on Mental Health
2. Law No. 12 of 2022 on the Crime of Sexual Violence (UU TPKS)
3. Presidential Instruction No. 9 of 2000 on Gender Mainstreaming
4. Komnas Perempuan Reports (2022, 2023)
5. Reports from the Ministry of Health of the Republic of Indonesia (2021–2023)
6. WHO and UN Women Guidelines on gender-based psychosocial services and mental health policies

Only papers and publications from the last five to ten years were selected, and their legitimacy was assessed based on academic credibility, source reliability, and substantive relevance (Booth, A., Sutton, A., & Papaioannou, D., 2016). Using keywords such as "*mental health policy for women*," "*gender and psychological well-being*," and "*Indonesian women's mental health policy*," four journal articles were identified through various databases, including Google Scholar, ResearchGate, and DOAJ.

### **Data Analysis Techniques**

The data were analyzed thematically to identify key themes within the policies, including:

1. Representations of women's psychological problems;

2. Policy solution orientations;
3. Implementation methods; and
4. Impacts on gender equality.

Indicators derived from intersectional feminist theory, public policy theory, and community mental health theory were used to explain each theme (Braun, V., & Clarke, V., 2006). Following the post-positivist paradigm in policy studies, this research is interpretive in nature and focuses on how policies are socially constructed. This method highlights the notion that policy is not neutral; rather, it is the outcome of prevailing social values, power dynamics, and discursive formations embedded within social structures (Fischer, F., Miller, G., & Sidney, M. S., (2007).

## **RESULT AND DISCUSSION**

### **Trends in Women's Mental Health in Indonesia (2020–2023)**

According to the Indonesian Health Survey (SKI, 2023), approximately 1.4% of the population aged 15 years and above experienced depression, with the highest proportion (2%) found among individuals aged 15–24. Using the MINI instrument (Kementerian Kesehatan RI, 2023), this figure suggests that about two out of every hundred adolescents experienced depressive symptoms during the previous two weeks. More specifically, statistics indicate that women are more likely to experience depression than men (1.8% vs. 1%) (KumparanWoman, 2024). Out of Indonesia's estimated population of 281 million in 2023, this means that roughly one million women suffer from depression annually.

Adolescent girls continue to experience significant anxiety levels (28.2%), slightly higher than adolescent boys (25.4%) (GoodStats, 2024). According to WHO estimates, around 19 million Indonesians aged 15 years or older live with neuropsychiatric disorders, accounting for approximately 10.7% of the total national disease burden (World Health Organization, 2022). Between 2020 and 2023, women's mental health in Indonesia exhibited a concerning pattern shaped by complex social, economic, and cultural factors in addition to medical determinants. Based on Global Burden of Disease estimates, nearly 8 million Indonesian women (2.9% of the population) suffer

from depression—higher than the 2.0% prevalence among men (about 5 million individuals). Moreover, women are almost twice as likely to experience anxiety disorders, with a prevalence rate of 4.5% (Katadata, 2023).

Persistent gender inequalities in Indonesian society are closely linked to these issues. High social expectations, shame surrounding emotional disclosure, and the overlapping of domestic and public responsibilities contribute significantly to women's psychological burden. The COVID-19 pandemic and its aftermath have further exacerbated women's psychological distress, particularly among housewives, informal sector workers, and female heads of households. Low levels of mental health literacy and limited community support for women facing severe psychological stress compound these problems (Riskseddas, 2018).

According to the 2018 Basic Health Research (Riskseddas), around 14 million people (6.1% of the population aged 15 years and above) experience emotional mental disorders. However, reports from the National Commission on Violence Against Women (Komnas Perempuan) and the Indonesian House of Representatives (DPR RI) indicate a sharp increase in suicide cases in 2023, with a growing number of female victims in provinces such as East Java and Central Java. A total of 663 suicide cases were reported between January and June 2023 a 36.4% increase compared to the same period in 2021—most involving individuals with untreated mental disorders (Komnas Perempuan, 2023).

A key obstacle to addressing these challenges is limited access to mental health services. In 2021, Indonesia had only 1,053 psychiatrists, with highly uneven distribution, meaning one psychiatrist served approximately 250,000 people. By 2023, there were about 2,917 practicing clinical psychologists, still insufficient for the country's population (DPR RI, 2023). Most primary health facilities, especially in rural and eastern Indonesia, cannot provide adequate mental health care. Many women remain unaware that mental health treatment costs are covered under the BPJS Health Insurance scheme, largely due to low literacy and limited public awareness.

Social stigma surrounding mental illness remains a significant barrier. Women suffering from trauma, anxiety, or depression are often socially ostracized by families or communities, being labeled as weak or unfaithful. Research consistently shows that

structural factors such as poverty, domestic violence, gender inequality, and the lack of institutional support have profound effects on women's mental health. These conditions exemplify structural injustice that demands systemic and cross-sectoral attention within a gender justice framework (Basrowi, Ray Wagiu et al. 2024).

The Government of Indonesia has begun incorporating mental health issues into the 2020–2024 National Medium-Term Development Plan (RPJMN). However, implementation faces major challenges related to funding, human resources, and cross-sectoral collaboration. Despite ongoing political efforts, the revision of the National Health Law, intended to strengthen legal protection for women and people with mental disorders, has not produced significant outcomes (WHO 2020).

With limited formal services, digital mental health platforms have emerged as accessible alternatives, especially for urban young women. Applications such as Riliv, Bicarakan.id, and Sehat Jiwa provide remote counseling that is more accessible and less stigmatizing. Yet, women in rural and underdeveloped areas remain excluded from these innovations, as access depends on internet connectivity and digital literacy (GoodStats.id, 2023).

Overall, the structural inequalities tied to gender disparities are deeply reflected in Indonesia's women's mental health trends. Compared to men, women face greater stigma, fewer resources, and higher psychological distress. Hence, gender-sensitive social and legislative reforms must accompany medical treatment in addressing women's mental health—through community- and digital-based care systems, active female participation in policymaking, and gender-responsive mental health education.

To achieve gender equity in mental health, the state must build a fair, gender-responsive mental health system that dismantles socio-cultural barriers silencing women's voices and suffering in both public and private spheres.

### **Social Factors and Gender-Based Violence as Determinants**

According to Komnas Perempuan (2023), about 68% of sexual dysfunction survivors experience psychological disorders such as PTSD and depression. Violence prevalence among youth—roughly one in four individuals aged 15–64—is a structural determinant of young people's mental health (UNFPA Indonesia, 2025). As noted by

Subandi et al. (2020), cultural norms encouraging women to remain resilient, passive, and stigma-averse contribute to these conditions.

In Indonesia, women are highly vulnerable to intimate partner and non-partner violence due to structural societal imbalances. Based on the 2024 SPHPN survey conducted by the Ministry of Women's Empowerment and Child Protection (KemenPPPA) and Statistics Indonesia (BPS), one in four women aged 15–64 has experienced physical and/or sexual violence in her lifetime a slight decrease (–2%) from SPHPN 2021. About one in three women reported intimate partner violence (IPV), while one in four experienced violence in the past 12 months (including physical, sexual, emotional, economic, and activity-related abuse) (Indonesian National Women's Life Experience Survey (SPHPN), 2024).

The Komnas Perempuan 2023 Annual Report found that 79% of all domestic violence cases involved violence against wives, indicating that homes—supposed to be safe spaces—often become sites of trauma for many women, exacerbating social isolation and obstructing recovery. The psychological effects of sexual violence and revictimization are long-term. According to a 2024 study in the *INSAN Journal of Psychology and Mental Health*, 90% of adolescent survivors report anxiety, 70% hopelessness, and 40% stress. Revictimization—such as re-encounters with perpetrators or social rejection—acts as a psychosocial stressor that worsens mental health and hinders recovery (Komnas Perempuan, Catatan Tahunan, 2023).

Patriarchal norms intensify daily stress for women, who often face social penalties for reporting violence, shame in disclosing trauma, and pressure to conform to traditional roles. Chronic psychosocial stress within such systems heightens the risk of stress-related disorders and depression. The SKI 2023 survey found that depression is more prevalent in rural areas and among women of lower socioeconomic status (e.g., 2.8% among young women) than among men.

To address these realities, gender equality in mental health policy is essential. Alegra Wolter, National Professional Officer for Gender Equality and Human Rights at WHO Indonesia, promoted the RESPECT framework, emphasizing social norm change, victim rehabilitation, and structural protection (WHO, 2023). This aligns with broader

global frameworks advocating women's empowerment, psychosocial and legal support, and transformative cultural change.

In the 2023 Annual Report, the National Commission on Violence Against Women (Komnas Perempuan) identified femicide, cyber violence, sexual violence, and specific vulnerabilities such as those experienced by women migrant workers as critical issues requiring special intervention within the framework of national policy practices (Rizky et al.,2023). Therefore, through repeated trauma, social isolation, and challenges in accessing resources, gender-based violence and gendered social constructions directly affect women's mental health risks. As a comprehensive response to the social determinants of gender-based violence, gender justice strategies require cross-sectoral interventions, ranging from normative education and gender-sensitive psychiatric care to the provision of legal protection and the economic and social empowerment of women.

#### **Access to Psychological Services: The Gap Between Policy and Practice**

With only one mental hospital per five million people and uneven distribution of mental health professionals, WHO (2022) estimates that less than 1% of Indonesia's total health budget is allocated to mental health care. According to the Indonesian Ministry of Health (2022), gender-responsive psychological services at the primary health care level (Puskesmas) are available in only 13 of 34 provinces. The lack of gender-based evaluation indicators and shortage of professionals, particularly at local levels, impede implementation of the 2022 Sexual Violence Elimination Law (UU TPKS), which mandates psychological rehabilitation for survivors.

#### **Policy Representation: Theoretical Analysis from WPR and Gender Policy Perspectives**

Bacchi (2009) emphasizes that the effectiveness of policy solutions depends on how problems are represented. Gender-neutral portrayals of women's mental health issues often fail to capture their specific lived experiences. In Indonesia, gender mainstreaming tends to be symbolic, overlooking structural integration in policymaking. Similarly, Cornwall and Rivas (2015) argue that women's empowerment programs often promote formal equality without granting women true agency as policy subjects.

### **Strategic Recommendations Based on Expert and Institutional Insights**

Experts and international organizations advocate for cross-sectoral and sustainable frameworks to strengthen gender equality strategies, particularly in women's mental health. Drawing from Basrowi et al. (2024), addressing women's mental health requires multifaceted strategies involving intersectoral collaboration, multi-practice community services, and targeted advocacy. WHO (2022) recommends integrating psychosocial services into primary care while ensuring human rights-based and community-centered approaches. UN Women (2021) stresses that effective policies must consider socioeconomic, cultural, and legal determinants.

The RESPECT Women Framework, introduced by WHO, UN Women, UNFPA, UNICEF, UNDP, and UNAIDS, outlines seven key strategies: relationship skills strengthening, empowerment, service provision, poverty reduction, safe environments, child and youth violence prevention, and social norm transformation (UNDP Indonesia, 2025). In Indonesia (2023), workshops and capacity-building initiatives trained government and civil society participants as agents of change, integrating RESPECT principles into the National Strategy for the Elimination of Violence Against Women (Stranas PKTP) (UN Women & UNFPA & Bappenas, 2024).

The inclusion of RESPECT principles in the 2025–2029 RPJMN demonstrates the government's commitment to gender justice as a national priority, supported by KemenPPPA, UNFPA, and Bappenas (Alegra Wolter, 2023). The UNDP Gender Equality and Social Inclusion (GESI) Strategy 2021–2025 further reinforces this through gender-transformative investments, cross-unit integration, and participatory monitoring systems (Ray Wagiu Basrowi et al, 2024). Based on national mental health expert reviews (Basrowi et al., 2024) and legislative leaders such as Nova Riyanti Yusuf, strategic recommendations include:

1. Incorporating RESPECT principles into provincial and national prevention programs;
2. Enhancing gender-responsive primary care by training psychologists at Puskesmas and community centers;
3. Promoting gender-sensitive mental health literacy in households and schools;

4. Empowering women through partnerships with feminist and regional women's organizations (WROs);
5. Implementing learning-based monitoring and evaluation to ensure long-term accountability and effectiveness.

### **Policy Implications: Toward Gender Justice**

A more focused policy approach can be developed through the following measures:

1. Integrating gender perspectives into primary care provider training on trauma-informed and mental health services;
2. Expanding community-based services, including local women's organizations and public health centers;
3. Reforming data systems to include gender indicators such as women's depression rates, access to treatment, and psychosocial impacts;
4. Encouraging multi-stakeholder advocacy involving government, academia, NGOs, and survivors as policy contributors.

### **CONCLUSION AND RECOMMENDATIONS**

Rather than focusing solely on medical treatment, Indonesia's psychological policy for women must be grounded in revolutionary gender justice. This approach emphasizes the integration of national academic guidelines, gender mainstreaming strategies, and global frameworks such as RESPECT to ensure a holistic and transformative policy direction.

Key strategies include:

1. Ensuring wide availability, affordability, and gender-responsive psychosocial services across all regions and levels of care.
2. Promoting mental health literacy and education to eliminate stigma and enhance women's knowledge and agency in seeking help.
3. Establishing inclusive referral systems and legal protection mechanisms for survivors of gender-based violence.
4. Empowering women as policy agents through participatory governance and using advocacy campaigns to reshape social norms.

5. Strengthening cross-sectoral collaboration involving international donor organizations, social services, health institutions, human rights bodies, and the education sector.

The effective implementation of gender justice oriented psychological policy requires political commitment, gender-responsive budgeting, technical capacity building, and an organizational culture that fosters evidence-based innovation and accountability. This vision calls for an intersectional, rights-based, and participatory mental health framework one that not only heals but also transforms Indonesia's social structures toward equality, dignity, and justice for all women.

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