

Gender-Responsive Rehabilitation for Female Survivors

Icha Dwi Habsari¹, Marsya Zaliyanti¹, Maya Anjar Enjelina Tilawah¹, Alifia Candra Puriastuti^{1*}

¹Malang State University, Semarang Street 5, Malang, 65145, Indonesia

*Corresponding author, email: alifia.candra.fk@um.ac.id

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Abstract

Following an illness, addiction, or trauma, rehabilitation is an essential process that aims to restore a person's physical, mental, and social functioning. Because it frequently involves survivors of sexual violence, domestic abuse, human trafficking, or substance misuse, rehabilitation is especially important for women. But there is still a lack of access to quality rehabilitation programs, particularly in settings with limited resources, which prolongs recovery and makes people more likely to relapse. This study seeks to emphasize the importance of comprehensive and gender-sensitive rehabilitation for women with a focus on the integration of health, psychological, legal, economic, and reproductive health services. Women's rehabilitation is often hampered by obstacles such as restricted access to services, a lack of family support, and gender discrimination in the health and social systems. Through women-only counseling, trauma-informed treatment, and financial empowerment initiatives, a gender-sensitive strategy can improve recovery results, lessen stigma, and encourage survivors to be self-reliant. In order to provide comprehensive and equitable care, the discussion emphasizes the significance of a multidisciplinary approach that crosses the boundaries between the social, legal, and health sectors. In order to increase engagement and guarantee long-term rehabilitation success, it is also critical to address systemic inequity and societal stigma. Putting gender-responsive and integrated rehabilitation into practice not only enhances recovery results but also gives women the tools they need to start anew with resilience, dignity, and full involvement in society, promoting gender equality and general well-being.

1. Introduction

Rehabilitation is the recovery process that aims to return a person's lost physical, mental, social, and functional abilities due to an illness, accident, addiction, or any other medical condition so that the person can function optimally in daily life. There are five types of rehabilitation, namely medical, social, drug, psychological, and physical (related to buildings or the environment). In essence, rehabilitation is a vital part of the health system, which leads to the recovery of functions, reduction of disability, and enhancement of individuals' quality of life. The necessity for such services as rehabilitation has been emphasized by studies that reported the case of one-third of the world population being in need of such services at some point in their lives. The demand for rehabilitation is believed to have reached billions worldwide from 1990 to 2019 (1). According to the World Health Organization (WHO), a large number of people in low- and middle-income

countries who need rehabilitation services still do not have fair access to such services despite this enormous need. More than 50% of these people are not in a position to obtain the required services mainly due to shortage of facilities, inadequately trained staff, limited financing, as well as services that are mainly concentrated in the central/urban areas. The results of such situations are a series of health conditions that can be avoided, lowered productivity, and increased socio-economic burdens. To solve the problems, WHO came up with the Rehabilitation 2030 project. The World Health Assembly in 2023, among other things, passed the Resolution WHA76.6, which acknowledged the need for rehabilitation services to be strengthened within national health systems as a component of universal health coverage (2).

Rehabilitation in Indonesia can both the community level and in hospitals. Community-Based Rehabilitation (CBR) is mostly implemented by local governments but has a limited capacity to manage it according to areas. There is also the utilization of differences of the services in CBR in various regions. Some of the challenges that can cause the rehabilitation system not to be running well are in shortage of rehabilitation professionals, the limit facilities in remote areas, problems with financing, and low public awareness. Moreover, social factors such as stigma towards disability and post-illness situations also significantly impact the participation of rehabilitation in long-term programs (3). In addition, rehabilitation is closely related to gender, as it is possible both male and female could be the recipients. Most often, women are rehabilitated who have been through or are in the following cases: drug and alcohol abuse, sexual harassment and rape, domestic violence, human trafficking, natural disasters and war, accidents, chronic diseases, and exploitation and neglect. Rehabilitation of women not only concentrates on physical recovery but also psychological and social aspects are included in it. Women's recovery is more complex than men because of gender vulnerability, social stigma, and the double role of domestic and public work. Those women who have become victims of violence, exploitation, or abuse of substance before are likely to be deeply traumatized, which consequently influences their mental health, self-esteem, and social functioning. In this way, rehabilitation programs have to be holistic and consider the gender factor.

In order to empower the victims to recover and be able to function optimally in society, comprehensive rehabilitation must involve integrated services that are not limited to support from the health sector but should also include psychological, legal, and economic assistance (4). Moreover, the rehabilitation of women is frequently confronted with issues such as the inability to access services, lack of support from the family, and gender discrimination in the health and social care systems. These factors may prolong the recovery process and at the same time increase the chance of relapse especially in the case of drug abuse and sexual violence. Thus, employing a gender-sensitive approach in the rehabilitation process is very important. This can be facilitated by means of women-exclusive therapy sessions, trauma-informed treatment, and programs delivering financial aid and promoting the concept of self-reliance after rehabilitation. According to research, such methods serve better to the goal of the survivors getting their lives back, at the same time, the stigma associated with being women victims of violence and addictions is getting lowered (5). Alongside social trauma, violence, and addiction problems, reproductive health forms an integral part of women's rehabilitation. The majority of rape survivors have to deal with a number of reproductive health issues such as unwanted pregnancies, acquisition of sexually transmitted infections (STIs), and mental health problems resulting from reproductive function (6). Women who are on drug or alcohol abuse are more prone to have pregnancy complications, menstrual disorders, and fetal health problems. Consequently, rehabilitation should not be a matter of social and psychological recovery only but also consisting of a full spectrum of reproductive healthcare services. These services should include contraceptive counseling, reproductive health checkups, STI prevention, and support for pregnant women going through trauma or addiction. It is very important that the

two sectors, rehabilitation and reproductive health, are working closely together and, therefore, there should be no hesitation in this regard since in most cases women are being stigmatized not only as victims of violence but also as individuals with reproductive health issues - both factors which can significantly obstruct the process of recovery if left unaddressed (6).

2. Method

This research employed a descriptive qualitative literature review design and was informed by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. This design aimed to systematically select, examine, and integrate existing literature pertaining to women's rehabilitation, gender equality, empowerment, and reproductive health services within rehabilitation. A qualitative approach was chosen to allow deep thematic meaning as opposed to statistical measurement, in line with the objectives of the study to determine patterns, ideas, and strategies from diverse literature. The "participants" in the present research were academic articles, policy papers, and journal articles between the years 2019 to 2024 that met the inclusion criteria and remained six studies shortlisted after a systematic screening process. The population under study included national and international journals focusing on gender-responsive rehabilitation, and purposive sampling for inclusion of only reliable and relevant studies. Data were accessed using a structured literature review matrix that provided information such as author, year of publication, study design, objectives, population, interventions, and key results. The instruments applied in this research were documentation and content analysis tools to assess the quality and relevance of the selected studies. Measurement tools employed were critical reading processes and data extraction templates to systematically determine findings, methodological details, and conclusions of every source. The reliability of inclusion consistency was double-checked through the course, and validity was ensured through the application of PRISMA guidelines, which encourage transparency, replicability, and methodological integrity. The research process progressed in successive steps of identification, screening, eligibility assessment, and final inclusion as dictated by the PRISMA flow. The processes involved assessing relevance, duplicates' removal, and full-text inspection at each step. Since the study was non-experimental, no intervention or manipulation was done, and the process was for evidence synthesis. The data analysis involved qualitative thematic analysis, which involved coding the data extracted, themes grouping, and pattern identification among the studies. Analysis revealed connections among gender-based rehabilitation approaches, psychological recovery, and women's empowerment. The synthesis procedure employed a narrative approach in interpreting results as a whole and in concluding in line with global and contextual issues of the rehabilitation of women.

3. Results and Discussion

3.1 Results

The journal was prepared based on the analysis of six studies that used the literature review method and were derived from both international and national journals. These studies speak about the topics of rehabilitation, gender equality, and reduction of gender disparities and also the most efficient ways to help the empowerment of women who are in need of rehabilitation by spreading the awareness and looking into factors that are involved in the urgency of women's needs in the rehabilitation centers.

Table 1. Comparison of Journals as Sources for the Literature Review

No	Author (Year)	Title	Design	Respondents	Assesment Procedure	Key Findings
1	Priyono (2019)	A gender-responsive employment recovery: Building back fairer.	Descriptive quantitative (policy analysis)	Literature and policy analysis	Literature and policy analysis	focuses on gender-responsive economic recovery to lessen gender gaps in post-crisis employment(5).
2	UNFPA (2021)	Gender Equality Strategy 2018–2021.	Qualitative (policy/strategy analysis)	UNFPA global programs	Organizational strategy analysis	creates frameworks to incorporate gender equality into women's protection, reproductive health, and services(6).
3	Ghebreyesus, T.A. (2022)	Rehabilitation in the context of WHO's mandate.	Qualitative (narrative / policy)	Global health system (WHO mandate)	Narrative analysis of WHO mandate	emphasizes fair access across nations and emphasizes rehabilitation as a fundamental WHO duty and necessity for UHC (10).
4	Ott, J.; Champagne, S.N.; Bachani, A.M.; Morgan, R. (2022)	Scoping 'sex' and 'gender' in rehabilitation: (mis)representations and effects.	Qualitative (scoping review)	65 research article	Scoping literature analysis	Men exhibit higher access, adherence, and rehabilitation results than women; the terms "sex" and "gender" are used inconsistently (11).
5	Safitri, R. (2024)	Counseling on the Importance of Maintaining Women's Reproductive Health.	Quantitative (quasi-experimental / counseling intervention)	Women of reproductive age	Counseling intervention, pre-post observation and evaluation	Counseling promoted preventative measures and raised women's understanding of the significance of reproductive health (12).
6	Suryani, N.; Putri, A.; Rahman, F. (2023)	Gender-based approach in rehabilitation for women survivors of violence and addiction in Indonesia.	Qualitative (field study & in-depth interviews)	Women survivors of violence and addiction in Indonesia	In-depth interviews, thematic qualitative analysis	demonstrates how gender-based rehabilitation techniques successfully enhance women survivors' psychological healing and reproductive health (13)

3.2 Discussion

The rehabilitation process for women is highly complex, encompassing various dimensions, including physical, psychological, social, and reproductive health. The main barriers to recovery often stem from factors such as social stigma, gender inequality, limited access to services, and a lack of family support(7). Women frequently face a double burden — being victims of violence while also bearing heavy domestic responsibilities. Therefore, effective rehabilitation requires a comprehensive and gender-sensitive approach that prioritizes women's specific needs, such as trauma healing, mental well-being, and ensuring social protection(8). Collaborative cross-sectoral strategies that integrate medical assistance, psychosocial support,

legal aspects, and economic empowerment have been proven to enhance rehabilitation outcomes while strengthening the independence and quality of life of women survivors(9).

4. Conclusion

Rehabilitation for women survivors encompasses interconnected physical, psychological, social, and reproductive dimensions. The recovery process is often hindered by gender inequality, stigma, and insufficient support systems. Integrating gender-sensitive and holistic rehabilitation combining medical, psychosocial, legal, and economic empowerment interventions has been shown to enhance women's recovery and independence(14). To achieve equitable rehabilitation outcomes, governments and health institutions must adopt inclusive policies, expand community-based services, and promote collaboration across sectors. Strengthening these systems will not only improve women's quality of life but also advance gender equality within broader public health goals(15).

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6. Declaration of Conflict Interest

The author declared no potential conflicts of interest with respect to the research, authorship, and/ or publication of this article.

7. Data availability statement

The datasets generated during and/ or analysed during the current study are available from the corresponding author on reasonable request.

Author Contributions

1. M.A.E.T. contributed to the manuscript by producing the Abstract, Introduction, Results and Discussion, and References. She made sure that the general structure of the paper was done and that the major findings were well presented and in a logical manner.
2. M.Z. was responsible for the preparation of the Discussion, Conclusion, Acknowledgement, and References sections. She worked hard on findings interpretation and on synthesizing the study implications in comparison to the research objectives.
3. I.D.H. developed the Method section and prepared the References. She made methods clear and according to the PRISMA method, maintaining the rigor and transparency of the research procedure.
4. A.C.P. was the In Charge Person and led the entire research process, coordinated the effort of the authors, and conducted the final review of the paper to maintain academic quality, uniformity, and ethical standards.

Declaration of using AI in the writing process

We declare that in the preparation of this work, a few Artificial Intelligence (AI) tools were used, among which are GPT AI (ChatGPT), Humanist, Quilbold, and DeepL. The said tools were only instruments of assistance in language clarity, grammar, structure, and translation and did not change the authors' ideas,

analysis, or interpretations. To maintain academic integrity and originality, the authors have checked, confirmed, and approved all the final content, conclusions, and critical reasoning.

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