Exploring social determinants of health and their influence on quality of life and social welfare in Indonesia: a comprehensive review

Explorando los determinantes sociales de la salud y su influencia en la calidad de vida y el bienestar social en Indonesia: una revisión exhaustiva

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Abstract

Introduction: This research examines the social determinants of health in Indonesia, with particular concern for how socioeconomic inequalities affect public health and the social welfare.
Objective: The main aim is to explore how the determinants (eg, education, income, access to health service, as well as environmental condition) influence quality of life and social well being among distinct population groups in Indonesia.
Methodology: A scoping review approach was used to appraise the evidence base, across peer-reviewed journals, government policy documents and reputable media sources published in the last five years. Both qualitative and quantitative content analysis was used.
Discussion: Socioeconomic status/ poverty, geographic isolation and educational disparities are found to be major barriers to the access and outcome of healthcare. Rural communities have even lower poverty; even less access to health care facilities; and fewer infrastructure facilities, compounded by health disparities. Furthermore, poor incorporation of mental health into public health policy is a significant gap.
Conclusion: Tackling the multi-dimensional problems of social determinants is required to achieve health equity in Indonesia. Policymakers should invest in interventions tailored to particular contexts, particularly in rural areas, and focused on education, access to health care, infrastructure development and mental health integration.

Keywords

Social determinants of health, health inequity, rural health access, socioeconomic disparities in Indonesia.

Resumen

Introducción: Esta investigación examina los determinantes sociales de la salud en Indonesia, con especial atención a cómo las desigualdades socioeconómicas afectan la salud pública y el bienestar social.
Objetivo: El objetivo principal es explorar cómo los determinantes (por ejemplo, educación, ingresos, acceso a servicios de salud, así como las condiciones ambientales) influyen en la calidad de vida y el bienestar social entre distintos grupos de población en Indonesia.
Metodología: Se utilizó un enfoque de revisión de alcance para evaluar la base de evidencia, a través de revistas revisadas por pares, documentos de políticas gubernamentales y fuentes de medios de comunicación reputables publicadas en los últimos cinco años. Se utilizó tanto el análisis cualitativo como el cuantitativo del contenido.
Discusión: El estatus socioeconómico/pobreza, el aislamiento geográfico y las disparidades educativas se encuentran como barreras importantes para el acceso y los resultados de la atención médica. Las comunidades rurales tienen una pobreza aún más baja; aún menos acceso a las instalaciones de atención médica; y menos infraestructuras, agravadas por las disparidades en salud. Además, la mala incorporación de la salud mental en la política de salud pública es una brecha significativa.
Conclusión: Abordar los problemas multidimensionales de los determinantes sociales es necesario para lograr la equidad en salud en Indonesia. Los responsables de políticas deben invertir en intervenciones adaptadas a contextos particulares, especialmente en áreas rurales, y centradas en la educación, el acceso a la atención médica, el desarrollo de infraestructuras y la integración de la salud mental.

Palabras clave

Inequidad en salud, acceso a la salud rural, determinantes sociales de la salud, disparidades socioeconómicas en
Indonesia.

Introduction

As stated by international and regional human rights instruments, health is a fundamental human right that is absolutely important for maintaining dignity and reaching well-being. The World Health Organization (WHO) defines health as 'a state of complete physical, mental, and social well-being and not only the absence of disease'. Rather than merely the biomedical model, this idea provides a larger model against which social dimensions of health—including education, income, and employment status—are assessed (Habersack & Luschin, 2013; Muhtar, 2023).

The right to health is explained in numerous human rights conventions, reflecting it as a prerequisite to the realization of other rights. For instance, Zainudin et al. stress the interdependent relationship of the right to health and the right to life, and emphasize that countries are duty bound to protect health as an essential duty (Zainudin et al., 2021). Additionally, Bieńkowska et al. re-emphasise that human rights are natural and interdependent in nature with the dignity and health and act as cornerstone of health policies (Bienkowska et al., 2022).

It has evolved the legal context the right to health were significant moments, including the adoption of Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1966 and the Alma-Ata Declaration of 1978 which recognized access to health care for all was an essential and integral part of ful lling the fifth pillar (Mohamad Hidayat Muhtar Et Al., 2023). More recent discussions suggest remitting the obligation to respect the right to health to national level in contemporary international law as an outcrop of states' responsibility to fulfil the right to health in a variety of circumstances, including in times of public health emergencies, as cited by Zhang, regarding an international mechanism in such times ("International Protection Mechanism for Citizens' Personal Rights under Sudden Public Health Crisis," 2023).

Access to healthcare is indeed critical for the realization of the right to health. Aghajanyan et al. The fact that the right to health may include the right not only on physical health but also the medications and medical treatment needed is reflecting already at local level (AGHAJANYAN et al., 2023), Resulting from a Holistic orientation to health justice (Towards health equity) 15. Additionally, Kumar emphasizes the necessity to prioritize universal health coverage in all parts of the world and the global imperative to provide social health protection, as a key human rights-based purpose moving forward (Kumar, 2024). This paradigm change is based on the knowledge that social, economic, and material circumstances significantly affect the determinants of health, which has resulted in more attention to health equity and the advancement of social justice as component of health policy agendas worldwide (Abnousi et al., 2019; Galea, 2022).

These decisive elements are crucial in Indonesia, particularly in view of ongoing debates on access to healthcare and associated social welfare programs. The country has two challenges: improving well-being and eradicating systematic injustices, particularly in rural areas where the worst effects are observed (Sumanto et al., 2021). Key factors that influence both individual health and the general well-being of communities are highlighted in the overview of social determinants of health. While proper housing and environmental conditions are essential for physical health, education plays a critical role in determining economic opportunities and workforce participation (Brady, 2020; Byhoff et al., 2019). Moreover, the provision of healthcare services—like those improved by Indonesia's national health insurance program—showcases the government's will to close disparities in healthcare access (Bintang et al., 2019). But the complexity of implementation and public opinion challenge this dedication, as studies showing conflicting opinions of government expenditure in rural poverty reduction attest to (Rahman & Wirjodirdjo, 2025; Sumanto et al., 2021).

Recognizing the link between social determinants and health inequity is crucial for enhanced social welfare and quality of life as Indonesia works to meet these challenges and for so supporting the cross-sectoral character of social policies and health governance architecture for a sustainable development agenda (Habibullah, 2022).

The world's health outcomes and quality of life are greatly determined by social factors. These elements include education, income, occupation, and living conditions (Hotman et al., 2025). They lead to a wide array of behaviors from disease frequency and behavioral patterns. For instance, at the individual level, these disorders might affect whether people smoke or what type of foods they choose to eat (Alhumary

et al., 2025; Vigário et al., 2020). Research has shown that these disorders can seriously affect both personal and community health, so impacting everything including disease frequency and behavioral patterns (Abnousi et al., 2019; Vinter et al., 2022). In this regard, for example, the concepts of SDH have been incorporated into national health strategies in countries such as Norway and Sweden, which has helped to reduce health inequality through broad public policies on education, low-cost housing, and equitable access to health care. In these countries, better social support and good government are associated with better health outcomes. So proving that better welfare of society and health policies mean improved health outcomes is dubiousexaggerate (Alabbas et al., 2024; Sterling et al., 2018).

When SDH is respectively inserted into policy, an effective integration project is growing from New Zealand. It serves Sustainable Development Goals (SDGs), in particular SDG 3 ensuring healthy lives and promoting well-being for all ages. For example, in New Zealand, well-being budgets make social determinants part of government planning in order to aim for a mentally healthy living and confront issues, like poverty and inequality. Lessons learned Comparison of these reports shows that similar methods are successful in other countries. For example, Japan bases its health policies on community participation and an independent attitude of social life. As a result, its people have some of the highest average life expectancy figures in the world (Mamun & Alam, 2025). Understanding and addressing these social elements is therefore not only necessary for enhancing health outcomes but also for fulfilling international commitments to human rights and development, so underlining their crucial part in obtaining sustainable health improvements globally.

Community Plans to Correct Inequalities in Health Apart from national level campaigns, community-based projects such as social prescribing—which provides low income people with prescriptions for support with social determinants—are becoming more and more popular as a successful way to solve health disparities. There is evidence pointing to significant health benefits and improved quality of life for underprivileged populations from these interventions (Hassen et al., 2021; Jani et al., 2020). These projects help to solve fundamental social inequalities, so supporting the overall objectives of the SDGs—particularly those concerning health equity and community resilience in the framework of different health hazards. Consequently, giving SDH top priority also becomes strategically necessary for nations to reach the SDGs and propel forward toward a healthy society. Because only investment guarantees actions to guarantee systematic and political commitment to eliminate health inequalities as well as to guarantee actions to minimize their causes (Mamun & Alam, 2025).

The nature of health system in Indonesia that include two streams creates a dualistic health system in Indonesia, in which there is a large and expanding private sector along with a large public health sector. Despite significant successes such as the introduction of the National Health Insurance (JKN) in 2014, major bottlenecks endure. These cover the wide gap of health access between demographic and geographical groups, with urban-rural population discrepancies the most obvious. Rural populations suffer from insufficient health care infrastructure, lack of staff and financial resources which lead to higher preventable disease and mortality rates. There are reports of urban centres being overun by covid19 while rural areas are under-served – with a fewer per capita healthcare facilities and professionals (McCormack et al., 2025). The enduring issue of poverty exacerbates these inequalities, with approximately 9.41% of the Indonesian population classified as living in poverty (Syahrul Fauzi et al., 2022).

The social gap between urban and rural Indonesians is very wide, impactng their access to health care and thus quality of life. City dwellers, in general, have easier access to education, health care, and employment opportunities than those in the countryside, where limited funding and a lack of health insurance are common issues (Syahrul Fauzi et al., 2022). The numbers reinforce this difference: life expectancy in urban areas is typically higher than it is in rural areas, a result of systemic disparity in health-sustaining infrastructure and social determinants of health. The rural populace also grapples with limited access to essential services and fewer job opportunities, which perpetuates cycles of poverty and exacerbates health inequities (Abbassy et al., 2024). Moreover, health-seeking activities and results vary greatly; for example, modern contraceptive use is shockingly higher in rural areas, suggesting complicated dynamics in health access and awareness (Kistiana & Baskoro, 2023).

The Indonesian government reacts to close these gaps with a range of approaches meant to enhance social welfare and health care delivery. Under the SDGs, equitable health services are taking front stage and center of attention on lowering inequality and realizing health for all. Furthermore, supporting a positive correlation between better societal position and better health indicators including lifespan and

general well-being is evidence (Nizeyumukiza et al., 2020). Although Indonesia has made progress in welfare and health, continuous efforts should be developed to lower regional inequalities, enhance quality of care, and support inclusive social policies for stronger health system accessible to all people (Malakar et al., 2021). In order to achieve its goals of a healthier, more just society, the country must ultimately address the interconnected issues of poverty and health inequality as it develops.

The environment, social protection, economic standing, and education are all significant determinants of public health in Indonesia. Education gives people the knowledge they need to make healthy decisions, which in turn affects their health outcomes. It is closely linked to health awareness and practices. But there is still a huge divide in education between urban and rural areas, where families frequently struggle to find adequate educational resources. Another important factor influencing the quality of life is economic position, since income has a direct impact on the ability of individuals to access health services and live in conditions conducive to good health. Rural are in particular, have high poverty rates contributing further to their health vulnerabilities, and subsequently worse health indicators than urban populations (Habibullah, 2022). Aside from education and economic status, good infrastructure, from transportation to healthcare facilities, is important for health equality. Bad infrastructure not only blocks health care but it also prevents the response to health crises, which is bad for community health.

The Indonesian government has identified the role of such determinants calling for national policies and programmes to overcome the problem. For those without paying for a premium, Indonesia introduced the National Health Insurance (BPJS Kesehatan) in 2014 in order to achieve implementation of universal health coverage, albeit issues on access and quality of care remain (Windu et al., 2023). For example, the PKH (Family Hope Program) offers conditional cash transfers (CCT) for families who send their children to school in order to reduce poverty and improve the health of families (Sumanto et al., 2021). Public health initiatives also serve as a complement to these efforts through the promotion of awareness about important health concerns, prevention of health issues. However, despite the focus of these policies on addressing health inequity, there are gaps in their operationalisation and coverage. For example, those living in remote regions may struggle to obtain the essential services from these programs, thereby compromising the development of equitable health benefits for all populations (Ramos González, 2018).

Despite achieving status in development and health policy on the national level, SDH remains a subject of challenge when incorporated into programs of action. One of the weaknesses is the lack of coordination between health and social protection where services are so fragmented that they do not fully respond to the interconnected nature of the determinants (Sugianto et al., 2023). In addition, the absence of inter-sectorial collaboration on the part of Ministries is not conducive for a holistic approach to addressing health inequities. By focusing on individual behavior as the chief arbiter of health outcomes, structural influences are overshadowed, thereby underinvesting in critical services to correct these disparities (Abdalla et al., 2022). Therefore, interventions to address the social determinants should be scaled up and aligned with efforts to improve health and to develop comprehensive and coherent systems for health equity promotion in Indonesia. The only way we can turn the tide of current challenges and establish improved health for our multilayered populace, is collaboratively and cohesively.

While there have been signs of improvements in Indonesia's health situation, a wide inequality in the country's health system remains within different regions as well as between population groups. These gaps are inextricably linked to social determinants of health (SDH) that includes education, economic status, infrastructure and social protection mechanisms that are critically associated with health status of people. It has been demonstrated that these determinants have a combined impact on quality of life and the general social welfare of a country as well. For example, the disparities between the city and the countryside are also reflected, and there are more cases of cities with better conditions, and poor economy in the countryside, risky health service health inadequacies (Ayuningtyas et al., 2022). Continue reading The Reality of Health Inequity Despite a long record of success in treating complex diseases and performing cutting-edge research, health disparities continue to plague our nation's most vulnerable populations and stall efforts aimed at achieving health equity in the United States.

Method In order to explore systematically how the principal SDH impact on health status in Indonesia, this research will examine the impact of educational attainment, economic status, access to health infrastructure and the effect of social protection programme. This research aims to inform policy makers

by highlighting predictive factors that have an effect on QoL and social welfare outcomes in current inequities-based health interventions and in designing health strategies to reduce (as well as prevent future) disparities. National-oriented schemes such as BPJS Kesehatan (national health insurance) arebeing increasingly targeted at marginalized groups but are still inadequate in reaching some population groups, and need to be better customized to fulfil specific needs (Tanadi & Basrowi, 2023). Effective public health campaigns to reduce lifestyle-related diseases customarilimposed on some lower socioeconomic strata will also be required to ensure health equity acrossdemographic groups (Chaudhry et al., 2020).

The novelty of this study is that it amasses a comprehensive insight into health beyond just traditional medical models to factors that derive from social determinants. The research provides policy makers with scientifically-cantered advice on bright spots for SHD by recommending SDH to be incorporated into national policy and planning, the research supports a new paradigm based on broader health and social welfare strategies that accommodate the diverse set of circumstances confronting the people of Indonesia. A targeted strategy to mitigate these determinants might not only improve health outcomes in populations of all races, it would also make a substantial contribution to our nation's poverty reduction priorities, and envisaged better lives for all our people (Kino & Kawachi, 2018). This way the country can be on the right track in building a just, accessible, and responsive health system for all Indonesians to improve individual lives and the lives of society as a whole.

Method

Using the scoping review approach, this study systematically analysed the contribution of SDH towards QoL and social welfare in Indonesia. This study performs a scoping review because the relevant literature is vast, encompasses a wide variety of disciplines, and is exploratory and conducive to covering a large number of published works and for scoping key findings, research gaps and research trends. The study was organised in five stages according to the Arksey and O'Malley framework for scoping reviews:

1. Defining the research question: What are the key social determinants for health that impact levels of quality of life and wellbeing in Indonesia?
2. Search strategy: Literature was retrieved from academic databases including Scopus, PubMed, Google Scholar and Web of Science, and also from the reliable government reports (e.g., BPS, Ministry of Health) and documents from international organizations (e.g., WHO, UNDP, World Bank).
3. Selection of studies: This study selected studies based on predetermined inclusion and exclusion criteria. Inclusion criteria Submission published in 2019–2025 that discusses Indonesia or similar social context in Southeast Asia and contains SDH factors covering those related to income, education, housing, employment, or access to health care. Studies specifically focusing on biomedical aspects with no social analysis were excluded while grey literature without academic veracity was excluded entirely.
4. Charting the data: A keyword search strategy was applied (i.e., "health inequality Indonesia", "social determinants", "health equity", "access to healthcare", "public health policy") and we arranged the eligible documents by author, publication year, methodology, main findings and relevance for the purpose of the study.
5. Synthesis, summary, and reporting of results: Thematic content analysis was used in the qualitative analysis, and themes were categorized into analytic categories: socioeconomic status, education, access to health care, physical environment, and policy context.

The analysis was guided by the World Health Organization's Social Determinants of Health model and the theory of the Social Gradient in Health as well as by the principles of health equity and social justice. These structures provided a lens through which to understand health outcomes and disparities that are influenced by structural and contextual factors.

We appraised the quality and credibility of all selected data sources and gave particular attention to peer reviewed literature and official information. Data triangulation was done to compare and interpret the data which contribute to the strengthening of the analytical trustworthiness.

Results

Understanding the SDH in Indonesia is important for understanding the entrenched social inequities as well as health inequalities among sex and age groups in Indonesia. By looking at the effects of income, education, infrastructure and social protection on health outcomes, we might discern the barriers to progress on social welfare and quality of life. The aim of this review is to take stock of the evidence that has already been found in the investigation of these determinants in the Indonesian context, while the focus is on non-medical health factors such as social capital and economic status. Policy makers should include SDH knowledge in effective public health programmes to ensure that all people have access to resources and services fairly as the nation moves to eliminate these disparities according to the lessons of this study.

Table Some of ten relevant studies on social determinants of health, health disparity, social inequality, and social welfare in Indonesia are described as follow.

Table 1. Summary of Selected Literature

Researcher (s) & Year	Study Title	Methodology	Key Findings
(Endarti et al., 2022)	Why are People in East Jakarta Having the Poor Health-Related Quality of Life During the COVID-19 Pandemic?	Cross-sectional survey	Identified that low income, limited healthcare access, and poor housing conditions contributed to diminished quality of life during the pandemic.
(Anurogo et al., 2024)	The Impact of Health Education and Healthcare Access on the Quality of Life and Well-being of the Elderly in Indonesia	Quantitative analysis using SEM-PLS	Found that health education and improved healthcare access significantly enhanced the quality of life and well-being among the elderly.
(Soeharno & Sjaaf, 2024)	Social Determinants of Neonatal Health Outcomes in Indonesia: A Multilevel Regression Analysis	Multilevel regression analysis	Revealed that socioeconomic disparities and geographic variations significantly influenced neonatal health outcomes.
(Hilmi et al., 2024)	Factors Associated with Health-Seeking Behavior in Indonesia: Evidence from the Indonesian Family Life Survey 2014	Secondary data analysis	Identified that education level, income, and urban-rural residence affected individuals' health-seeking behaviors.
(Wardojo et al., 2021)	Determinants of the Quality of Life amongst HIV Clinic Attendees in Malang, Indonesia	Cross-sectional study	Found that social support and stigma levels were significant predictors of quality of life among HIV patients.
(Rahim et al., 2016)	Social Determinant of Health of Adults Smoking Behavior: Differences between Urban and Rural Areas in Indonesia	Cross-sectional survey	Discovered higher smoking prevalence in rural areas, influenced by education and socioeconomic status.
(Aizawa, 2022)	Inequality in Health Opportunities in Indonesia: Long-term Influence of Early-life Circumstances on Health	Longitudinal data analysis	Demonstrated that early-life socioeconomic conditions had lasting impacts on adult health outcomes.
(Hadning & Ainii, 2021)	An Analysis of Health Workers' Quality of Life in Indonesia During COVID-19 Pandemic	Survey-based study	Highlighted that work stress and lack of resources adversely affected health workers' quality of life during the pandemic.
(Desak et al., 2023)	The Effect of Healthy Lifestyle and Accessibility of Health Facilities on Quality of Life and Life Expectancy of Communities in Jakarta	Quantitative analysis using SEM-PLS	Found that healthy lifestyles and better access to health facilities positively influenced quality of life and life expectancy.
(Qur'aniati et al., 2023)	Social Determinants of Health on Human Immunodeficiency Virus Care Quality in Indonesia	Qualitative study	Identified that socioeconomic status, healthcare accessibility, and policy implementation affected HIV care quality.

The reviewed literature collectively highlights the multifaceted nature of social determinants of health and their direct and indirect influence on quality of life and social welfare in Indonesia. For instance, (Endarti et al., 2022) emphasized how economic hardship, limited access to healthcare, and inadequate living conditions intensified during the COVID-19 pandemic, significantly lowering health-related quality of life in urban areas like East Jakarta. Similarly, the study by (Anurogo et al., 2024) reinforced that health education and access to medical services are essential for improving the elderly's well-being, revealing the potential of health literacy as a social equalizer in aging populations.

Other studies delve into more specific demographic and health issues. Soeharno & Sjaaf found that neonatal health disparities were strongly influenced by regional and socioeconomic inequality, suggesting that health outcomes in early life are largely shaped by environmental and social contexts (Soeharno & Sjaaf, 2024). In parallel, (Hilmi et al., 2024) used data from the Indonesian Family Life Survey to show

that variables such as education, household income, and urban versus rural residence heavily determine whether individuals seek health services—a crucial behavior that directly affects long-term wellness.

Research targeting an at-risk population specifically highlights the significance of social support and stigma. Social and emotional support networks significantly increased the quality of life of HIV infected people, whereas factors such as stigma and marginalization decreased it (Wardojo et al., 2021). Rahim et al. assessed smoking prevalence among adult population, and observed discrepancies between urban and rural populations, and showed that health behavior in one geographic area (countryside or town/university town) were affected by the social determinants of health: education and income level (Rahim et al., 2016). By focusing on how early socioeconomic status has enduring health effects and the persistent influence of inequality, Aizawa also expanded the literatura (Aizawa, 2022).

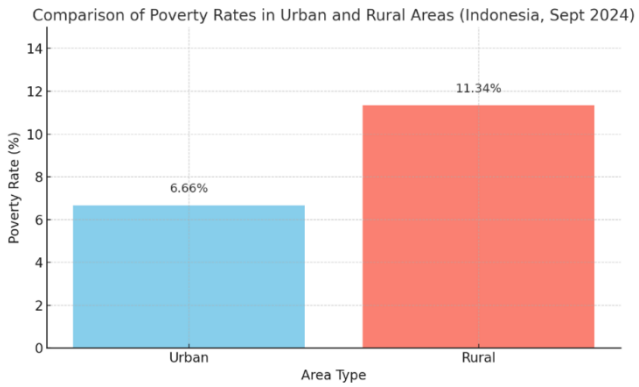
Several studies also emphasize occupational and systemic scholarshi p politic s copyright. The healthcare worker challenge Hadning & Ainii studied the challenges of healthcare workers during the COVID-19 pandemic and found that poor working conditions and psychological stress affected their quality of life (Hadning & Ainii, 2021). Desak et al. reiterated the value of being the person of infra and behaviors to health by concluding that proximity to healthcare facilities and healthy living significantly enhance long life and quality of life (Desak et al., 2023). Lastly, an examination of HIV care (Qur'aniati et al., 2023) demonstrated that quality of care is structurally mediated and unevenly enforced, drawing attention to the confluence of institutional and social determinants when it comes to public health. Taken together, these studies illustrate the pressing need for Indonesia to adopt health and welfare policies

Key Social Determinants of Health Identified in Indonesia

Socioeconomic Status (SES)

In Indonesia, SES, especially income, occupation and education, plays an important role in the success/failure of health promotion efforts. The relationship of SES and health disparities deserves attention in the context of Indonesia where low access and health disparities have become major concerns. As resources and infrastructure are generally more available in urban sites differences between urban and rural settings may be reflective of care available and quality of life issues. Meanwhile, there are fewer healthcare facilities, fewer jobs, and fewer economic opportunities in rural areas. This incongruence prompts a cycle of poverty which affects access to health care as well as nourishment, further worsening the inequality and thus contributing to poorer health outcomes on a population level (Sumanto et al., 2021). To illustrate this inequality, the chart below presents a comparison of poverty rates between urban and rural areas in Indonesia, based on the most recent data.

Figure 1. Comparison of Poverty Rates in Urban and Rural Areas in Indonesia



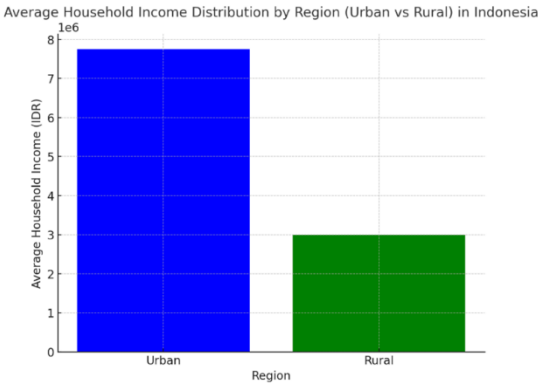
Source: Central Bureau of Statistics (BPS)

The bar graph comparing levels of poverty in urban and rural regions in Indonesia compiled in September 2024 reveals the deep socioeconomic gap, with rural poverty standing at 11.34%—which is almost

double the rate for urban areas at 6.66%. The serious divergence illustrates the ongoing structural issues confronting the rural areas such as the lack of education, social and economic opportunities, healthcare and infrastructure. By comparison, urban adversity is limited by more densely clustered economic development, better public provision of services, and a more-developed health and welfare infrastructure, thus resulting in less poverty. The numbers show that geographical bias to social welfare and quality of life is still typical in Indonesia.

Income is a key factor in health status in Indonesia, determining access to health care as well as to good and services than influence health status, such as quality food. Poor families, who live hand-to-mouth, as well, therefore, have limited access to quality treatment at the tertiary level and therefore remain deprived of the accessibility to curative care when needed, resulting in preventable an d treatable morbidity.

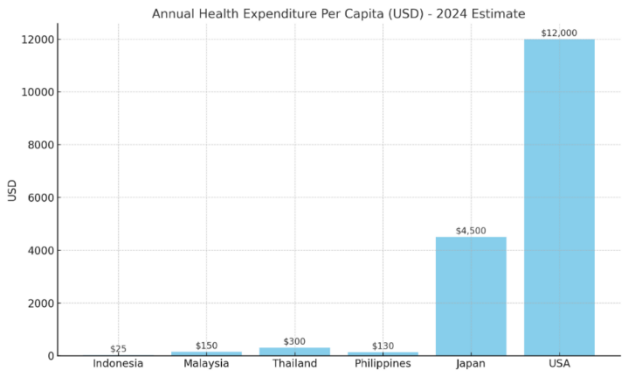
Figure 2. Comparison of Average Household Income in Indonesia (2024)



Source: Central Bureau of Statistics (BPS)

In Indonesia, there exists a significant income disparity between urban and rural households, as reflected in the average household income figures. Urban households earn approximately IDR 7.75 million per month, while those in rural areas earn only around IDR 3 million. This disparity draws attention to the larger socioeconomic inequality that exists between areas and is fueled by variations in access to economic development, infrastructure, education, and work opportunities.

Figure 3. Comparison of Annual Healthcare



Source: Central Bureau of Statistics (BPS) & IFG Progress – Economic Bulletin.

The complexity of Indonesia's national healthcare system is reflected in the country's healthcare spending problems. The realities faced by people actively seeking medical treatment, especially in economically disadvantaged areas, are not taken into account by the average monthly health expenditure per capita of Rp 31,445 per month. Large portions of the population—such as children, the elderly living in

remote areas, and lower-income groups who might not be aware of the services available to them—do not have access to healthcare, which skews the average. Due to a lack of knowledge, financial limitations, or access issues, a sizable section of Indonesia's population does not receive routine medical examinations or preventive care (Wang et al., 2023). This underutilization of care suggests that the estimated spending is not highly reflective of true healthcare needs and costs for poor families in medical emergency events.

Because of financial constraints and a limited access to healthcare facilities, it has been found that poor households who become ill are less likely to use healthcare services (Chelak & Chakole, 2023). Moreover, the status of work has a bearing on access to health; job stability is often associated with better access to healthcare and health status, while under-employment or unemployment causes families to incur financial shocks which can damage their health (Trisnayanti et al., 2024).

Then again, national health insurance is Indonesia's medical care system cornerstone and even the BPJS Kesehatan. These premiums, which vary between Rp 35,000 and Rp 150,000, try for a trade-off between reduced out-of-pocket costs and access to basic medical care with relatively low amounts of monthly contributions. But a lot of patients still do have to pay more for critical prescription drugs, consultations with specialists, or top-tier hospital services that aren't always entirely covered (Van Oorschot & Meuleman, 2012). Thus, while BPJS Kesehatan alleviates some financial burdens, the reality is that many households still face considerable out-of-pocket spending, which often exceeds the World Health Organization's recommendation of 20%, suggesting a precarious financial strain during periods of serious illness (Espinosa & Treich, 2021)

Furthermore, the JKN program has expanded rapidly, covering over 260 million people, or more than 95% of the population, by December 2023. This has significantly reduced financial barriers to healthcare, lowering out-of-pocket expenses to 27.5% of current health expenditure, compared to 45% in 2014. Additionally, catastrophic health expenditure rates dropped from 4.5% in 2017 to 2% in 2021 (World Health Organization, 2023).

The infrastructure, particularly in rural and underdeveloped areas, further compounds these challenges. When medical facilities are far away or lack sufficient funding, many locals are forced to rely on traditional medicine or forego necessary medical treatment entirely (Hong et al., 2010). Not only does it exacerbate health disparities, but this lack of infrastructure uncovers a health-care system that is, despite the idea of access through national insurance programs, one that's neither equal nor immune to financial shocks when large health problems arise. According to research, access to high-quality healthcare services is still restricted in many areas even with the presence of healthcare programs, which feeds the cycles of poverty and health disparities (Akaeda, 2023).

In summary, while India's mean health spending appears low, the evidence behind that figure suggests a darker concern around access to care and household financial protection of the kind already experienced in Indonesia. Given the poor infrastructure and little sets of information on service utilization, reliance on BPJS Kesehatan would exacerbate the ongoing challenge to effectively regulate healthcare costs. In order to contribute to a more equitable health system, it would be essential to ensure that health policies effectively reduce those disparities (Qurnia Andayani et al., 2021).

Second, in Indonesia education has a substantial effect on health. Higher education is a proxy to health literacy and is important to enable people to access appropriate care and make informed decisions about their health (Megawati et al., 2021). That said, who has access to quality education remains unequal in much of the country, especially for those in rural areas. That adds to the cycle of poverty and the poor health effects. Research indicates that children of families with low SES may be constrained for educational opportunities and that these constraints can then result in families becoming trapped in a state of low SES and, ultimately poor health (Annisa Lutfia Frida Shafira, 2020). A structured approach to addressing these educational deficiencies may enhance overall health literacy and motivate positive health-seeking behaviors within different populations.

Finally, Indonesia's health system is affected largely by the dynamics of socio-economic, which have a large impact producing the vast discrepancy in health outcomes between urban and rural populations. Availability of both nourishment and medical care are heavily influenced by variables such as education, employment, and poverty, thus highlighting the need for targeted initiatives. These factors need to be considered by policy makers when designing social welfare and health policies in order to ensure equal

access to health for all, particularly in reducing health disparities and to improve the overall quality of life of the most vulnerable populations (Dede Dwipayana & Ayu Padini, 2025). In order to overcome current obstacles and build a healthier, more just society in Indonesia, a focus on raising SES through economic development and education will be essential.

Access to Healthcare Services

Geographical barriers greatly influence access to healthcare services in Indonesia, especially because of the country's distinctive archipelagic structure. Many communities, particularly those in isolated and outer regions, find it difficult to access healthcare facilities that may be several hours away by boat or road due to the more than 17,000 islands. Geographical remoteness frequently discourages people from obtaining essential medical care because access to suitable transportation is restricted and transportation costs can be unaffordable. Because of the practical difficulties posed by their location, many families may eventually turn to conventional healthcare methods or forego treatment entirely, which perpetuates health disparities throughout the country (Meilianti et al., 2022).

In Indonesia, 171 subdistricts lacked Puskesmas facilities as of 2021. Due to the growth of areas without the construction of suitable medical facilities, the majority of sub-districts without Puskesmas are found in Papua and West Papua. Furthermore, a number of other provinces are also dealing with comparable problems, including South Sumatra, North Kalimantan, North Sumatra, the Riau Islands, and Central Sulawesi.

In addition, access to care in Indonesia is largely determined by the availability and affordability of healthcare services. The government, too has been working to improve health infrastructure, but inequalities between urban and rural prevail. However, while rural regions often suffer from a scarcity of health care facilities and professionals, which generally relates to less access to health care services, in urban areas health care services, such as pharmacies and specialized practitioners, are usually better available. This unequal distribution of healthcare resources has resulted in the existence of drastic differences in health outcomes and in the quality of care that is received by different populations. With many rural areas short of facilities, the closest centre might not have supplies or trained medical staff, and conditions are not treated early enough (Soraya et al., 2023).

A significant step toward expanding access to healthcare throughout the country was the launch of Indonesia's National Health Insurance Program (BPJS Kesehatan). Regardless of socioeconomic background, this program seeks to offer all citizens access to basic health services. BPJS Kesehatan can lessen the financial burdens frequently connected to healthcare access and encourage people to seek treatment and preventive care by providing affordable monthly premiums. Even as many people have better access now to care because of the program, there are still problems, particularly with more comprehensive coverage for costs that are not covered by BPJS, like some prescription drugs and specialist services, which can leave patients with substantial out-of-pocket costs (Soraya et al., 2023).

Despite these government programs, geographical inaccessibility and issues of affordability of healthcare still reveal the longstanding shortcomings of the Indonesian healthcare system. Many households remain financially vulnerable by depending on BPJS for health care, particularly in areas with poorer health infrastructure. "Long-term investment in healthcare infrastructure and the distribution of health workforce in areas where need is greatest is critical to help get where we need to be." A multidimensional approach, including improvements in healthcare delivery, accessibility, and financial sustainability, will ultimately be necessary to ensure fair access to healthcare and improve health outcomes across Indonesia (Suwantika et al., 2023).

Education and Health Literacy

Health-related behavior and general health literacy of the people in Indonesia are considerably affected by their educational level, which is subsequently related to their public health status. The educational system also has a significant effect on how people receive and understand health information, and the prevention practices and better health outcomes are generally related with an increased level of education (Araújo et al., 2025). Individuals with higher levels of education often tend to address health concerns in a more preemptive manner and respond more quickly to the need for medical services. This relationship emphasizes the importance of educational policy on health promotion, as those with a

higher level of health literacy are more capable of understanding healthcare systems, correctly interpreting health information, and making lifestyle and health decisions (Meyerhof et al., 2022; Oshio & Kan, 2019).

Additionally, the association between health literacy and preventive health behaviors, implies that the establishment of an environment in which health education is prioritized, is of utmost significance (Vidarte Claros et al., 2021). Studies have shown that low health literacy is often linked to worse health outcomes, because individuals may not be able to follow medical recommendations or recognize the importance of preventive care like immunizations and regular screenings. Ensuring the public has good health literacy is important in Indonesia, where health misinformation is rife. Therefore, integrating health education into community programmes and schools enables the valuable approach to improving health literacy for different communities, which ultimately promotes better health behaviours and reduces health disparities (Lim et al., 2019).

The health status in Indonesia is also affected by gender inequality in levels of education. Studies suggest that women have less access to education than men, thereby, affecting their health literacy and capability to do preventive medicine (Inostroza-Mondaca et al., 2025). Women who suffer from this educational inequality typically have worse health, as they are likely to have learned less about nutrition, maternal health services and reproductive healthcare. Social norms and traditional roles that keep in check women's autonomy in making health decisions can also contribute to health inequality by gender. By addressing these inequities through concentrated educational campaigns, the health of women and their families can be enhanced (Assari, 2019).

Finally, it cannot be overstated that the relationship between health status, health literacy, and education in Indonesia is inextricable. Nurturing a more healthy society necessitate the enhancement of access and quality teaching, particularly for the less powerful and marginalized. The strengthening of effective health education alongside comprehensive actions to address gender-related inequalities will eventually lead to a fairer health system. By prioritizing health literacy, as well as educational enhancement, Indonesia can enhance national health behavior and reduce the chronic health inequities among its broad spectrum of diverse populace (Lin et al., 2021).

Environmental and Living Conditions

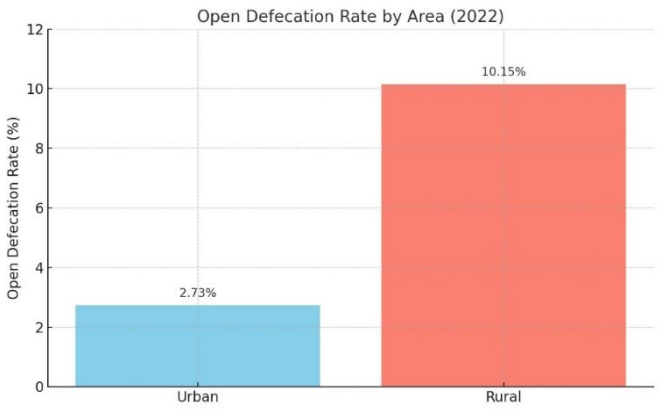
In Indonesia health is heavily influenced by living and environmental conditions in the country, which are critical health determinants. Physical environmental factors such as availability of clean water, sanitary facilities and quality of housing are crucial determinants of health in many communities. Suboptimal housing, commonly characterized by overcrowding, inadequate sanitation, and limited access to safe water, such as in slums, can cause malnutrition and respiratory diseases, amongst health issues in children (Landrigan et al., 2018). These issues are exacerbated by inadequate sanitation in many rural areas, which increases vulnerability to waterborne infections and perpetuates health inequalities. These environmental determinants can be addressed by enhancing infrastructure and services, and are crucial for enhancing general public health for Indonesia.

Indonesia is growing quickly and its population is urbanising, but access to proper sanitation remains a huge issue. There continues to be a gap between urban and rural areas and among different social strata despite enormous progress in recent years. Trends and disparities in sanitation coverage in Indonesia are analysed thoroughly in this report and also show regional disparities, progress achieved and challenges that remain. The findings are based on data from academic research, official reports and nongovernmental organizations.

Indonesia has made significant strides in increasing access to sanitation as of 2025. Only 7.6% of households currently have access to safely managed sanitation services, compared to 79.5% who do, according to the 2020 National Socio-Economic Survey (Susenas) (Indonesia Water Portal, 2025). Although these numbers represent a significant improvement, they also highlight the ongoing need for improved infrastructure and fair access. In support of these initiatives, the Ministry of Health stated that only 30,780 of the 61,737 villages that the Sanitasi Total Berbasis Masyarakat (STBM) program has reached have been confirmed to be free of open defecation (BMC Public Health, 2025). This suggests that although significant progress has been made, achieving universal coverage is still a challenge.

The notable decrease in open defecation is among Indonesia's most noteworthy sanitation accomplishments. The adoption of community-based sanitation programs like STBM was a major factor in the 23% decrease in the national rate of open defecation between 2000 and 2017 (BMC Public Health, 2025). Access to clean drinking water has expanded in tandem with sanitation advancements. In Indonesia, 90.2% of households had access to piped water as of 2020, and 20.7% had safe drinking water (Indonesia Water Portal, 2025). These developments are essential for lowering waterborne illness rates and enhancing public health outcomes.

Figure 4. Open Defection Rate by Area (2022)



Source: BMC Public Health (2025), BPS Cimahi (2023)

The open defecation rates in Indonesia by region in 2022 are shown in the following chart. A sharp contrast between rural and urban areas is shown by the data. Compared to urban areas, where the rate of open defecation was only 2.73%, rural areas had a much higher rate of 10.15%. This discrepancy highlights the ongoing difference in Indonesian rural and urban communities' access to sanitary facilities and hygiene standards.

Significant regional differences in access to sanitation still exist despite these advancements. For instance, only 12.92% of households in South Sulawesi Province benefit from safely managed sanitation services, despite 91.57% of households having access to improved sanitation (BMC Public Health, 2025). Similar disparities exist in access between regencies and municipalities in Java Barat Province. Data from BPS-Statistics Indonesia Cimahi shows uneven progress within the region, with certain areas still facing infrastructure and service delivery challenges (BPS Cimahi, 2023).

Moreover, geographic location plays a substantial role in determining sanitation outcomes. Remote and rural areas frequently lack the infrastructure necessary for effective sanitation systems. The urban-rural divide is particularly striking: a study found that 92% of individuals practicing open defecation live in rural areas (BMC Public Health, 2025). In 2022, the open defecation rate in urban areas was 2.73%, compared to 10.15% in rural regions.

Sanitation is crucial to health, dignity and sustainable development. Although Indonesia has made significant strides—most notably in cutting open defecation and extending access to clean water—disparities persist between regions, geographies, and income levels. The more these gaps are tackled with universal and targeted measures, Indonesia can closer to the universal access for sanitation and also better life for all its citizens.

Government Policy and Health Governance

Indonesia's national and local health policies have great influence in determining the quality of health service and governance, especially in decentralized condition. Indonesia's national and regional government has given administrative responsibility for public health services to local government as part of a decentralization movement. The goal of this change is to increase community involvement in service delivery and facilitate responsiveness to local health priorities. However, it is becoming more and more

clear that, even though decentralization may increase access to healthcare, it has frequently led to disparities in access and delivery of healthcare services both within and between regions. The overall efficacy of health service delivery may be jeopardized due to the significant gap between policy goals and lower-level implementation (Azmi et al., 2021).

Decentralization now allows local governments to adapt health services to local circumstances. For example, local governments have some budgeting authority and control in resource allocation and can favour certain health topics that are relevant to their local population, such as maternal and child health services for districts. Nonetheless, these local governments might encounter challenges such as low resource availability and under-distribution of human resources, rendering it to be more challenging for them to provide quality medical services (Rintani & Wibowo, 2019). Inadequate access to healthcare would likely be exacerbated by the fragmented nature of decentralization in the delivery of health services; this is particularly true in marginalized areas where health requirements tend to be high but resources scarce (Rakmawati et al., 2019).

The oscillation of health governance in Indonesia is also evident in the distance between policy formation and policy implementation. With national policy and plan objectives of ensuring universal access and optimizing health impacts, political agendas, corruption and bureaucratic delays are obstacles to successful policy implementation. Rintani and Wibowo also argue that if the district prefers certain health priorities over the long-term health strategy, it will abandon basic health services, and this may undermine the comprehensive care (Rintani & Wibowo, 2019) .This misorientation leads to health inequities, is an obstacle to advancements in public health and retards appropriate responses.

These governance challenges were particularly evident during the COVID-19 pandemic, with Indonesia's health system unable to respond smoothly and efficiently to a rapidly unfolding crisis. National and local health authorities experienced challenges in cooperation that affected their capacity to deploy health measures and healthcare resources. In the light of these experiences it is important to understand the necessity of a more consistent governance system that links central policies with local implementation. Enabling close communication and collaboration among all levels of the state agencies—with strong back up from funding and operational independence—will be the key to increase the resilience and efficiency of the country's healthcare system looking ahead (Ikhsan & Zaluchu, 2023). Ultimately, better health governance in Indonesia will necessitate a concerted effort to integrate policy goals with practical realities as well as meeting the need for all of our citizens to have more equitable access to quality health services.

Influence on Quality of Life

The role of income inequality in the disparities of health in Indonesia is important. Disparities between high and low-income households also affect access to healthcare, food, and other critical services. Studies suggest that low socioeconomic status is more strongly associated with depression and the suicidal ideation of people living in low- and middle-income countries, as in Indonesia (BMC Public Health, 2024). A systematic review supports that those with low SES were more likely to have mental health issues (anxiety, depression (BMC Public Health, 2024). Furthermore, the prevalence of depressive symptoms is significantly high among Indonesians with chronic diseases, health-risk behaviors, and low socioecoonomic status (PubMed, 2024).

Housing quality and living conditions are critical determinants of health. Poor housing conditions, such as overcrowding and inadequate ventilation, contribute to the spread of communicable diseases and exacerbate mental health issues. Coastal communities in Indonesia, for instance, face unique challenges due to climate-related hazards, including flooding and rising sea levels, which directly impact their physical and mental well-being (Scientific Reports, 2025). The lack of affordable and safe housing in rural and coastal areas further exacerbates health disparities. Vulnerable populations in these regions are disproportionately affected by environmental changes and have limited access to healthcare services, compounding their health risks (Scientific Reports, 2025).

Access to improved sanitation and clean drinking water is a fundamental determinant of health. Most Indonesian households have access to improved drinking water (71.0%) and sanitation (62.1%), but regional inequities are significant. For example, proportions of the population with access to improved drinking water range from 93.4% in DKI Jakarta to 41.1% in Bengkulu, and for improved sanitation the range is from 89.3% in Jakarta to 23.9% in East Nusa Tenggara (PMC, 2018). These discrepancies point

to uneven development throughout the region and the nation, which was shaped by the privatization of public services, as well as public administration, that took place during the 1980s and 1990s. Those living in the remote areas especially the eastern provinces including Papua and West Papua are the least likely to have access to sanitation and clean water leading to higher cases of waterborne diseases compared with more metropolitan provinces, and as a result are worse off in regards to health (PMC, 2018).

The discrepancy between urban and rural Indonesia is drastic; resources including healthcare, education, and infrastructure are mostly concentrated in urban areas. However, rural areas face few health organizations for treatment, few knowledgeable health workers, and little health infrastructure. This inequality is especially noticeable in the access to mental health services that are concentrated in cities as empty spaces in the interior and coasts are deprived (Scientific Reports, 2025). Western provinces, such as Jakarta, Bali, and North Kalimantan, consistently rank higher on health development indices compared to eastern provinces like Papua and North Maluku. For example, the Healthcare Access and Quality (HAQ) Index is significantly higher in western provinces, reflecting better access to healthcare services and resources (PMC, 2019).

The disparity in health outcomes is also reflected in life expectancy. The Health-Adjusted Life Expectancy (HALE) in Bali and North Kalimantan is 65.8 and 64.9 years, respectively, compared to 57.3 and 58.5 years in Papua and North Maluku (PMC, 2019). Mental health remains a neglected area within Indonesia's national health agenda. Despite the enactment of the Mental Health Act in 2014, the country allocates only 6% of its national health budget to mental health. The ratio of mental health professionals to the population is alarmingly low, with only 0.31 psychiatrists, 2.52 mental health nurses, and 0.17 psychologists per 100,000 people (Scientific Reports, 2025). Coastal communities are particularly vulnerable to mental health issues due to climate-related hazards, such as flooding and rising sea levels. These events not only disrupt livelihoods but also contribute to increased rates of depression and anxiety (Scientific Reports, 2025).

In conclusion, the interplay between socioeconomic determinants, regional disparities, and health outcomes in Indonesia underscores the urgent need for targeted interventions to address these challenges. Indonesians' physical and mental health is greatly impacted by income inequality, substandard housing, and restricted access to clean water and sanitation, especially in rural and eastern areas.

Influence on Social Welfare

Social determinants of health (SDH) have a profound effect on social well-being in Indonesia, particularly among the vulnerable populations such as women, children, the elderly, and persons with disabilities, affecting the mobility of households out of poverty, employment productivity, and household economic resilience. The interconnectedness of the three points out the importance of socioeconomic background, educational achievement and access to healthcare in making it possible for people to thrive in their communities. For instance, people who do not have access to healthcare and education will struggle to gain and maintain employment, further perpetuating poverty and threatening the well-being of families. Studies show that enhancement of health service for those groups contribute to economic outcomes, breaking this cycle of poverty in which opportunities are constrained and employment is insecure (Tanadi & Basrowi, 2023).

Promoting the livelihood of impoverished groups is premised on an understanding of the link between the economic resilience of households and health. The financial security of families is jeopardised when they face health-related problems like chronic illness or limited access to needed health care services. As they are mostly the ones taking care of their families at home, women and children in particular, suffer from these problems often the most. Maternal health conditions, for example, can prevent women from fully participating in the workforce, and children missing school due to health issues will hinder their earning potential in the future and perpetuate cycles of disadvantage across generations. To adequately respond to these disparities in health, we must understand these intersections.

Because people's prospects of being able to improve their economic position often depend on their overall health and well-being, social mobility and health results are closely intertwined in Indonesia. One example of a strong health intervention that directly contributes to better education and employment prospects for future generations is improved access to maternal and child health services. However, we must account for significant regional variation, due in part to structural inequalities which affect access

to resources and medical care. For example, rural communities may have worse health outcomes, negatively impacting social mobility because of limited or no health services (Qurnia Andayani et al., 2021). There is an urgent need to ensure access to health care is equitable across the country in order to improve health overall and generate economic opportunities everywhere.

Moreover, I can't stress enough that the impact of access to health on job productivity. Healthy individuals are more likely to be productive workers who help their families and communities. Bad health, in contrast, brings on higher rates of absenteeism and reduced on-the-job productivity, which can have a serious impact on community economies. In this respect, policies to enhance access to health care are essential for maintaining economic stability and growth as well as for improving health (Efendi et al., 2019). This relationship emphasizes the importance of making health betterment programs top priority in development plans.

Finally, the complexity of health disparities in Indonesia is highlighted when we consider specific needs of marginalized populations. To effectively provide for their needs, we need targeted interventions for women, children, seniors and people with disabilities. Addressing resilience and equity in health policy design and implementation needs to be based on an understanding of these issues. For example, it has been found that tailored health programmes, which consider socio-economic and cultural factors, are more effective improving the health of vulnerable groups. Investing in quality of life and the social welfare of these communities will bring a significant improvement in quality of life of the elderly and under-five children, as well as the general of the labor force by developing health resource and by dealing with determinant factors that influences their health, which will eventually be the gateway to a more just and healthy society.

Discussion

Investigation of SDH in Indonesia demonstrates how wealth natural wealth access to health care, education, and natural environment plays off each other and interplays across subpopulations and regions. These factors are dynamic, it changes with socio-political and economic trends. From the literature reviewed, it is clear that social inequities, geographical factors and SES still underpin the determinants of health. Dealing with these linked challenges are a key to sustainable development in Indonesia and to improved health and well-being in its population (Efendi et al., 2019; Tanadi & Basrowi, 2023).

Income disparity is still one of the most stubborn and significant predictors affecting people's health, inhibiting access to fundamental health essentials, such as healthy food, medicine and safe housing. Such constraints are not just individual, but systemic, and they help lock people into cycles of poverty and ill-health, particularly in rural areas. The literature continuously emphasises the way in which economic barriers hinder mobility and foster health inequalities (Sumanto et al., 2021). This interaction between poverty and adverse health effects underscores the need for focused economic and healthcare strategies in medically-underserved areas to overcome these ingrained patterns of life.

Health literacy and health-seeking behaviors are influenced by education. The transformative power of education Education has an active role that is reflected in the ability of education to enable people to protect themselves through a preventive health practice, and to decide how they act. Nevertheless, inequities in the provision of quality education, as it pertains to women and people living rural settings, drive extant health disparities. Research demonstrates that high educational level leads to optimum health condition; however, vulnerable individuals are unable to achieve this advantage (Qurnia Andayani et al., 2021; Rintani & Wibowo, 2019). Policy actions need to be taken to incorporate Health Literacy programs into educational curricula and to ensure that equal access to quality education be prioritized as a long-term health investment.

Another factor of inequality is access to healthcare, in particular in remote or rural regions, due to their fragmentation issues that render logistical management difficult. Although the National Health Insurance Program (BPJS Kesehatan) has tried to improve accessibility but inequality of service availability remain. The underuse of formal health services and persistence in turning to traditional medicine within poor households, indicate not only physical and financial barriers, but cultural and informational inadequacies (Azmi et al., 2021; Rakmawati et al., 2019). These results imply that access is in need of

reconceptualization as a dynamic phenomenon determined by infrastructural, economic and sociocultural factors, and need for comprehensive interventions, which include investment in local health-related infrastructure and human resources.

The environmental determinants including quality of housing, sanitation, and availability of clean water also vary widely, both regionally and over time. Although access to potable wate r and basic sanita tion has improved, regional differences persist, with rural areas having the scarcer facilities. This in turn has a significant influence on the occurrence of infectious diseases, malnutrition and other public health problems. Resolution of these problems will involve not only physical infrastructure but also community-focused approaches that educate and motivate sustainable environmental health behaviors. Then there is the role of governance: the non-centralized system of health service delivery leads to decentralized planning, but also to disparities in quality of services. Poor capacity of local governments to deliver equitable health services is commonly observed where limited funds and human resources are always in question (Soraya et al., 2023; Suwantika et al., 2023). Improving and harmonizing local interventions with national policy targets, is a considerable endeavour in the management of these dynamic challenges.

Mental health, still newly discovered as an issue, is very much a low priority in Indonesia's national health strategy. The lack of mental health within integrated services, and an already underfunded public sector, serve to increase, rather than ease, the gap in equity for populations that are already vulnerable due to social and environmental stressors. Given the increasing prevalence of mental health conditions in the face of contemporary socio-economic stressors, its absence from healthcare policy is becoming more and more unacceptable. These reviewed articles underscore the need for incorporating mental health into the national health agenda as essential emerging components of public health.

Finally, the journey toward health equity in Indonesia demands a flexible response that acknowledges the ever-changing social determinants of health. How they interact varies, often in intricate patterns developed over many decades. Policy makers need to be implementing broad, flexible plans that work on both immediate and underlying health obstacles. In so doing, Indonesia can establish a more fair and sustainable health system that is accessible and available for all of its people, particularly those who are most vulnerable.

Conclusions

The conclusions of this review reinforce that the social determinants of health (SDH) in Indonesia, especially socioeconomic status, education, access to health care and conditions in the physical environment, are organized in an intricate and dynamic manner and strongly contribute to population health. These factors are not acting alone; they are acting in concert to create a constantly shifting echo of themselves over time -- and this echo tends to reflect and amplify existing health disparities, particularly among rural and socioeconomically disadvantaged populations.

Chronic inequities in economic disparity, geographic separation, limited access to quality education or health care all serve to hamper national advancement of improved health. In addition, despite the efforts of decentralization of health policy to increase sensitivity at district level, it has often resulted in service fragmentation and resource inconsistency. Mental health – an element so crucial to well-being and yet so easily overlooked – continues to be under-integrated in health agendas, especially in the case of vulnerable populations that are already struggling with socioeconomic stress.

Based upon the study's intention, it is clear that any endeavour to address health equity in Indonesia will benefit from being both multi-level and contextually specific. Interventions housing technological advances in health infrastructure, education systems, economic opportunities, and mental health infrastructure ought to be a priority for policy makers. These approaches should be context-specific, evidence-based and community-engaged.

To address the challenge of future public health responses, and build longterm social resilience, Indonesia needs to invest more seriously in addressing SDH in an integrated way. By aligning policy and collaborating on inclusive planning, the nation can work toward establishing a just, healthy society

where all citizens have the opportunity to grow and thrive in a way that supports good health and well-being—regardless of where they live or who they are.

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