

## Conference Paper

# Accessibility of the Poor in Healthcare Service in Bandung, West Java, Indonesia

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**Abstract**

**Background:** The lack of the Poor's accessibility to the healthcare service is still become a problem that difficult to resolve. In practice, they still face obstacles that hinder their accessibility to the healthcare service. **Objective:** The study aims to describe factors affect to healthcare service access and Poor's decision to use healthcare service. This study uses a qualitative method. Meanwhile, data collection uses in-depth interview, observation and document study. Data analysis steps consist of data reduction, data display, and conclusion drawing and verification. **Result:** Factors affect to healthcare service access consist of infrastructure is an unlock of health access, transportation facilities to support health access, geographical conditions become the determinants of access to health, health costs as healthcare capital and socio-cultural matter. Meanwhile, Poor's decision to use healthcare service is driven by external and internal factors. External factors consist of healthcare service systems (such as national policies on health, resources or health personnel) and political and economic conditions. Internal factors such as the Poor's characteristic factors consist of demographic, knowledge, belief, income, cost, transportation, health complaints, and health condition factors consist of health status and satisfaction on healthcare service.

**Keywords:** Poor's accessibility, healthcare service, Poor's decision

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## 1. Introduction

Indonesia is a big country with a high complexity of the problems. Development in Indonesia affected by the internal and external pressure. Internal pressure, such as the rate of growth of population, the big of area, infrastructure and human resources. External pressure, such as high mobility of people and goods between countries, especially within the framework of the ASEAN Economic Community, 2015.

Health is one of the most important dimensions in strengthening and improving the quality of human resources. Problems of health, such as infant mortality, malnutrition and degenerative diseases. National Health Insurance (*JKN/Jaminan Kesehatan Nasional*) in Indonesia starting from January 1, 2014, was gradually implemented to achieve Universal Health Coverage in 2019. In Indonesia, healthcare service still a serious problem, especially healthcare service at hospital. Healthcare service at hospitals are

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still many complaints of patients, especially patients of the member of Health Social Security Agency or *BPJS Kesehatan (Badan Penyelenggara Jaminan Sosial Kesehatan)*

In general, the quality of healthcare service in Indonesia is low, not least in Bandung. The low quality of healthcare service due to the availability and quality of health facilities were inadequate and unfulfilled amount, type, quality and distribution of health human resources, especially at the level of primary healthcare (community health center or *pusat kesehatan masyarakat*).

The lack of the Poor's accessibility to the health care is still become a problem that difficult to resolved. In practice, they still face obstacles that hinder their accessibility to the health services. Some literatures suggest that the problem is caused by two factors. The first is the internal factors (come from the individuals themselves); such as the lack of people's participation in health service activities. The second one is the external factors (come from outside the individual); such as geographical location, discrimination, and administrative procedures. However, in my opinion, these factors are not the most substantial and fundamental causes; they more like "secondary" factors [1].

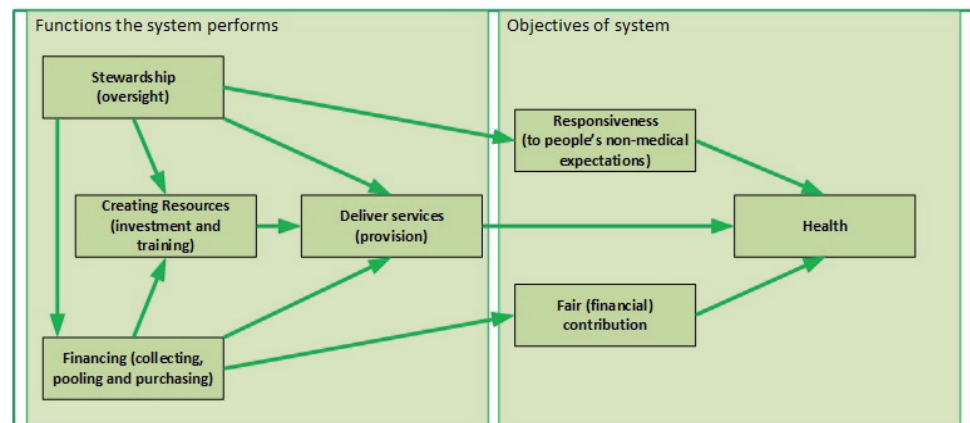
Health service access has closely linked to the geographic region, the existence of infrastructure, and public awareness of the health importance. The problem access to health service is not only on the availability of health service in a region, but also other factors that are more complex in terms of culture social. Then, People's decisions to obtain medical treatment can be influenced by various factors, both in term of affordability, and socio-cultural aspect. The study aims to describe; (1) factors affect to healthcare service access, (2) Poor's decision to use healthcare service.

## 1.1. Functions and Objectives of Health System

The WHO report (2000) defines health system is to include all the activities whose primary purpose is to promote, restore or maintain health [2]. Universally, health system functions according to the WHO (2000) are (1) stewardship; (2) health services; (3) health financing and (4) resources. Stewardship is a new concept which extends the old understanding, that regulation - set the rules - through two additional components, namely ensuring equality to guide decision making in the health system and provide.

The government acts as a regulator in a health system. Regulatory functions and the determination of health policy as stewardship function (regulation, direction, and supervision). Stewardship function on decentralized governance as well as in Indonesia, located in the area of a local government authority.

Boffin (Sunjaya, 2010:7), mention the concept of the performance of the health system centered on three main objectives, namely: (1) improve health; (2) improve responsiveness to societal expectations; and (3) ensure fairness in financial contribution. Then Sunjaya (2010: 7-8) explains that responsiveness can be achieved by developing a stewardship function which is a broader understanding of the function of regulation [3]. Various complaints / grievances relating to the health community should be seen as the failure of this function. That is, there could be a weakness in the policy or health regulations. Including in the context of responsiveness is responsive to the expectations of society (non-medical), ensuring sufficient community and patient safety.



**Figure 1:** Relations between Functions and Objectives of Health System.

## 1.2. Poverty, Health and Access to Health Service

Health in the framework of structural functional theory is seen as an item that functions for the implementation of an orderly, balanced and orderly community life. Such a view departs from the assumption that individual health will also influence the prevailing social order due to the functioning of the social system. Conversely, conflict theory perspectives view health as a form of strength from individuals. The basic assumption is that who has the most power will benefit from the quality of individual health. At the extreme point of this theory, health becomes a representation of income accumulation. These conditions agree the opinion of Kaplan et al. (1996) and Lynch et al. (1998) that income inequality is related to health spending. In the end, the minimal allocation of costs to health affects the level of individual health.

Poor's people who earn little income in the view of conflict theory are most likely vulnerable to disease. The large number of necessities of life reduces the allocation of health costs to individuals and their families. On the other hand, routine work continues

to coincide in order to meet the needs of families without being accompanied by health care. Such a condition gets worse when individual health declines while medical costs are not affordable. This fact further supports the view that low economic status is closely related to poor quality health and even vulnerable to death. The disease is in line with the concentration of poverty, poor (slum) settlements and industrial workers.

Poor people's access to health services is still often constrained by internal and external factors of the community. Internal factors include (1). Lack of awareness of poor people to behave in healthy life, (2). Lack of interest of poor people to go to health centers, (3). Lack of understanding about the benefits of health insurance cards, (4), lack of participation of poor people in health service activities. While external constraints (originating from health service providers: providers) are: (1). Lack of numbers of health workers, (2). Lack of quality health workers, (3). Lack of quality of health services; (4). Placement of health workers not in accordance with the situation on the ground; (5). Lack of health information systems; (6). Limited health budget allocation; (7). Limited health care support facilities. All of these factors affect the access to health services received by the poor.

## 2. Methods

### 2.1. Study Design

This study used a qualitative research design. Sampling method in this study purposive sampling. Determination of the subjects in this study is the use of non-probability sampling with purposive manner. The results of this research are then analyzed, using data analysis workflow model of Miles and Huberman. According to Miles and Haberman (1994: 10) analysis as consisting of three concurrent flows of activity: data reduction, data display, and conclusion drawing and verification. This research uses data collection method, that is in-depth interview, observation, document study. Explain more about interview guideline!

### 2.2. Data collection Procedure

In detail, related to the analysis of the data, especially the interview, involves four types of coding, namely: the initial coding, focused coding, axial coding and coding theoretical [4]. Initial phase coding, the researchers do the coding manually, by looking at the transcript of the interview word for word, line-by-line, sentence-per-line, per-incident or

incidents to define what is happening and what it means. So, at this stage, researchers attempt to capture a variety of codes, abstract ideas, or concepts that are emerging [4].

Then, the next phase is focused coding, according to Glaser, the coding is done more focused, selective, and conceptual [4]. Furthermore, the stage axial coding, researchers link between categories and sub-categories, detailing the dimensions or attributes of a theme or category, and synthesizing various narrative or excerpt of the data to be fit or coherence with a framework of analysis that appears [4]. Lastly, theoretical phase coding, according Charmaz (2006) aims to make a more specific range of possible relationships between categories are created on a dedicated stage coding [4]. Or by using the term Glaser, this stage seeks to knit back story crumbled into a conceptual or theoretical building intact.

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### 3. Result and Discussion

#### 3.1. Factors Affect to Healthcare Service Access

##### 3.1.1. Infrastructure is an Unlock of Health Access

The main infrastructure of which support to better access on health sevices is transportation. Transportation has very important role in supporting the development process in

a region. The existence of transportation should be followed by the existence of roads development. The development of road infrastructure has improved the production and distribution services that are important and plays a role in supporting national economic growth, promoting equitable regional development and national stability, and improving the living standards and welfare of the people.

The ease to health services access is strongly influenced by the role of transporting and roads development as supporting infrastructure for political, economic, socio-cultural, and defense of security. Transportation network system can be seen in terms of effectiveness, efficiency, high accessibility, integrated, sufficient capacity, smooth and fast, timely, easy to archive, convenient, affordable cost, and low pollution. Seeing the magnitude of the role of infrastructure in the launch of access, duly its existence can be evenly distributed throughout the Indonesia territory. However, the inequality of health services access between regions remain become the main factor in the increasing number of deaths due to late on aid, especially in the isolated area of Indonesia.

### **3.1.2. Transportation Facilities to Support Health Access**

In many ways, health services require transportation. This is necessary to enable a health worker to deliver health services in short time to those in need. On the contrary, people who want to use health services can easily access for people, particularly whom their residential in rural-remote areas, and live far from health care centers.

The lack of public transportation and health personnel has proven to be a hindrance in accessing health services in short time for both by in vice versa from community to health workers in order to respond the patient calls. The both role of Government and NGOs are needed in the provision of transportation especially in the villages is important to encourage the achievement of access to health services and indirectly can reduce the mortality rate in the areas accordingly.

### **3.1.3. Geographical Conditions Become the Determinants of Access to Health**

In addition to roads and transportation, geographical conditions such as natural environments and affordable health facilities also contribute to the fair distribution of health development, especially in remote areas, since geographic location factors make mobile difficult, so that development in the remote area tends to be left behind. These areas tend to experience an absence of health facilities, the unavailability of transportation,

information, and communications, as well as technological logs. In addition, visits to health care facilities by communities in remote areas can be comparatively less than urban areas. This happens due to the remoteness factors, time consuming travel, expensive transportation costs and the unviability of specialist doctors and general practitioners. This problem certainly one of obstacles in access to health services.

### 3.1.4. Health Costs as Healthcare Capital

Health Law Number 36 of 2009 states that health financing aims to provide sustainable financing with adequate amounts, allocated equitably, and utilized. Currently the burden of healthcare cost are getting bigger. This is in line with the increasing population and the emergence of multiple disease burden problems. The patterns of illness suffered by the community are mostly infectious disease such as pulmonary tuberculosis, acute respiratory infections (ARI), malaria, diarrhea, and skin diseases. However, at the same time there is an increase in non-infectious diseases such as heart disease and blood vessels, and diabetes mellitus and cancer. In addition, Indonesia also faces emerging diseases such as dengue fever (DBD), HIV/AIDS, chikungunya, and Severe Acute Respiratory Syndrome (SARS). Thus there has been an epidemiological transition so that Indonesia faces burden in this matter.

### 3.1.5. Socio-cultural Matter

Achieving an optimal health degree is a key goal in health development. Health development is conducted by providing adequate health care, treatment, disease prevention of disease, and health care must certainly start from the community itself. Public health behavior can affect the health condition, such behavior can be formed from socio-cultural factors that already exist in the environment and daily life.

The development of science and technology has brought many changes to human life, both in changes to human in lifestyle and social order including in health sector. The health is often confronted with the norms and cultures adopted by community certain settlement/remote areas. One of the factors that determine the condition of public health is the public health behavior itself. Culture and health are closely related, where there are still common villagers who can withstand certain treatments according to their traditions.

Indonesia is a country with various ethnic, race, and culture. The diversity forms different traditions and costumes. Vaughn, et al. (Statistics Indonesia, 2017) convey that

belief of culture is related to the judgment or health condition of a person. Different cultures have diverse belief system, which ultimately relate to selected health and healing methods. This Belief includes health / disease paradigms (eg mystical ones), assessment of health care providers, seeking modern medical care, or even seeking traditional or indigenous health care.

Culture that has existed since the first and developed along with the progress of the times can affect the health of the community. According to Foster (Statistics Indonesia, 2017), aspects of culture that can affect health behavior or health status of a person are follows:

1. Traditions, ie traditions that has already excused in society can affect public health.
2. Fatalistic attitude, ie attitude that is fanatic or have a certain belief that is very strong.
3. Ethnocentric attitude, the attitude that the culture itself is the best compared with other cultures.
4. Feelings of pride in his status, although thus behavior is nit in accordance with the concept of health. It is also related to ethnocentric attitudes.
5. Norms that have developed in the community.
6. The value prevailing in society.
7. The cultural elements studied at the initial level of the socialization process, and
8. The consequences of innovation.

### **3.2. Poor's Decision to Use Healthcare Service Is Driven by External and Internal Factors**

Health is one of human rights and the component of social welfare. The degree of public health should be maintained and improved. It is not only important for the community itself, but also for the country. Healthy citizens will be more productive in performing daily activities, especially economic activities. Then, public health can be treated as an investment that leads to competitive human resources for fostering national development.

Health care is the critical to improve the health status of the population. The government is committed to continuously improve health services based on non-discriminatory, participatory and sustainable, principles, as set out in Law Number 36 of 2009 on Health



Development. This is because level of public health is still low that will cause economic losses for the nation.

People's decisions to obtain medical treatment can be influenced by various factors, both in terms of affordability, and socio-cultural aspect. In the Behavioral Model developed by Ronald M. Andersen [5], a person's decision to visit health care facilities is driven by environmental factors, population characteristics and health outcomes. These factors are explained as follows: Environmental factors consist of health care system (such as nation politics on health, resources or health, resources or health personnel) and the external environment (such as political and economic circumstances); the population characteristic factors consist of predisposing characteristics (such as demographic, knowledge, or belief), enabling resources (such as economic conditions, access to health services, both in terms of cost and transportation), and need factors (such as health complains); and health condition factors consist of health status and satisfaction on health care services. In addition to these three factors, people's health habits or behaviors (such as diet exercise, and self-care) are also associated with decisions on the use of health services.

Barrientos and Hulme (2008): the future of social protection programs, especially in low-income countries, is determined in part by the success of finding innovative ways to reduce the financial constraints in the medium and long term [6]. Gaia, et al (2011): in the long term, social policy need political support and is based on sustainable funding mechanism should be instituted [7]. Guy and Chris (Normand and Weber: 2009) describes the management of health insurance that covers three important elements: funds raising, mutual cooperation and efficiency in health spending [8].

## 4. Conclusion

Factors affect to health care service access consist of infrastructure is an unlock of health access, transportation facilities to support health access, geographical conditions become the determinants of access to health, health costs as healthcare capital and socio-cultural matter. Poor's decision to use healthcare service is driven by external and internal factors. External factors consist of healthcare service systems (such as national policies on health, resources or health personnel) and political and economic conditions. Internal factors such as the Poor's characteristic factors consist of demographic, knowledge, belief, income, cost, transportation, health complaints, and health condition factors consist of health status and satisfaction on healthcare service.

Recommendation for future based on this result is to provide to access in quality healthcare service evenly through various innovative programs that are expected to improve the healthcare service system. To develop innovative healthcare service to work quickly and apply creative ideas with improving public health by empowering communities through active participation in the improvement of promotes and preventive efforts. Then to accelerate the preparation of the implementation of health insurance to cover all aspects of membership, services, and financing.

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