



Health Services Accessibility in the Era of National Health Insurance: Case Study on Satangnga Tanakeke Island of Takalar District, Indonesia

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Abstract

The health services disparities is still felt by the community, especially those living in the archipelago where the situation and condition of availability and quality of health human resources are low. This study aims to explore public health services in the era of national health insurance in Satangnga Tanakeke, Takalar District, Indonesia. This research was conducted in the Maccini Baji Village of Satangnga Island, Mappakasunggu Sub-District, Takalar District. This research was a qualitative research with case study approach. There were 19 informants which consist of village secretary, village office staff, head of community health centers, head of community health sub-centers, midwife, community leader, pregnant mother and people who are using or have used health services. The selection of informants was done by purposive sampling. The results showed that the accessibility of public health services in Satangnga Island was concentrated in community health sub-centers, this was due to geographical access, the time and cost of transportation to health services access, such as community health centers and hospitals to be the main obstacle. Facilities and infrastructure in the health facility on the Satangnga Island were still felt inadequate and need government attention. Cultural and community financial condition did not affect the health services utilization.

Keywords: Accessibility; national health insurance; island community.

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1. Introduction

Access to services in various areas and population groups is an unresolved issue [1-3]. Access area in the island is one of them [1, 4]. Health services is closely related to access to health services. In poor countries, approximately 766 million people did not have access to health services, nearly 1 billion people did not have clean drinking water, and 2,4 billion people (or nearly half of the total population) in developing countries must live without sanitation facilities. Most of the health facilities in developing countries is concentrated in urban areas where only inhabited by 25 percent of the population [5].

Overall progress related to the population's access to key services such as education, health, water, sanitation and electricity is uneven and unbalanced, causing a wide gap between the level of income and geographic, as well as inhibit the growth inclusiveness [3, 6], Access to basic infrastructure in urban areas in Indonesia is better than rural areas [6], One of the problems of health development in Indonesia is health disparity related to the number of health centers and its quality [7]. There is disparity in distribution of doctors, even in districts still found areas that do not have doctors [8].

The health services disparities is still felt by the community, especially those living in the archipelago. Health services access in disadvantaged, border, and island area stumble on the situation and geographical conditions that are difficult to reach, limited health infrastructure, and the availability and quality of health human resources are low [9, 10]. The number of health workers in health centers in the archipelago is very less compared to urban health centers [11]. A research has been conducted in health centers of Kasai Village found that one of the factors inhibiting the service process is the number of paramedical personnel were very less which makes the officers overwhelmed and exhausted then may affect the quality of service and the impact on the officer's absence the following day [12]. People who live in a cluster of small islands which have poor transportation and communication, tend to have lower health status than urban areas [13]. In South Sulawesi, the increase of people's access to health services more affordable each year. However, that access still difficult for low-income groups.

Research that have been conducted in Indonesia stated that in terms of work accuracy, there was a problem that resulted in some residents who want treatment do not get the desired services, it was caused by the absence of paramedics for a specific reason. That is certainly got a response from citizens who complained. Patient's confidence to the doctor is key to the success of treatment. How advanced the medical facilities or how smart the doctor would be meaningless without trust [14]. Several research have been conducted to see the public access to health services which are conducted in Europe, China [3, 15], Colombia [16], Brazil, Ghana [17] and America [18, 19]. Dimensions which examined in that studies is public access to health services based on time, distance, human resources (health workers), economic and education conditions, and education with quantitative method of crosssectional study design.

Previous research has studied some of accessibility dimensions, but research is mostly done using quantitative methods and yet not many researchers who studied qualitatively. Based on several research studies, theories about the health services accessibility, the researcher is interested to study the health services accessibility in the

era of national health insurance: case study on Satangnga Tanakeke Island of Takalar District, Indonesia. The purpose of this research was to explore the health services accessibility in the era of national health insurance: case study on Satangnga Tanakeke Island of Takalar District.

2. Materials and Methods

Research sites

The research location was on Satangnga Tanakeke Island of Takalar District, South Sulawesi precisely located south of the Makassar Strait. Satangnga Island is one of the outer islands of the Tanakeke Island. To reach this island takes at least 2 hours by using transportation that called "Jalloro". Jalloro is the only transportation that is used to reach the island. Researchers chose this location as the consideration that this island is far from the city center. The island does not have health centers and health workers (doctors). Not only that, the average of the people living on this island has low-income, working as fishermen and seaweed gatherers. Study method that was used is qualitative research with case study approach.

Health facilities that available in the Tanakeke Island is 8 community health sub-centers. Tanakeke Island has some of the island, one of them is the island Satangnga. Satangnga Island is the most outer island of the Tanakeke. Access to this island takes \pm 2 hours (if the weather conditions are good) and if the weather is not good could exceed 2 hours. To access this island by using boats (Jalloro). Satangnga island inhabited by about 871 people. The only health facilities available on the island is community health sub-centers. Health workers which can be found on the Satangnga Islands are 2 midwives. Community health sub-centers serves to provide health services specifically for Satangnga Island. If seen from the number of health workers available this island is very minimal. Especially when viewed from the geographical conditions that are very far from the health centers.

Satangnga Tanakeke Island is one of the archipelago of several islands in Indonesia that needs attention related to public access to health services remains low and is not covered, the number of health workers are still low, the time and distance to health services is still a problem.

Design

This research used a qualitative design with case study approach. Case study is research strategy in which researchers investigated carefully a program, event, activity, process, or group of individuals[20]. Selection of this design with considerations that qualitative design can describe public accessibility to the health services.

Data collection and analysis

The data collection was done by in depth interview to 6 key informants and 13 regular informants. Informants were selected based on purposive procedure consisting of village secretary, village office staff, head of community health centers, head of community health sub-centers, midwife, community leader, pregnant mother and people who are using or have used health services. The data collection was also done by voice recording

with the prior approval of the research informants.

This research used qualitative data analysis. Data from interviews in the form of recorded voice processed to be manual transcription, prepared and typed into Microsoft Word program. Then coding for determine categories and themes based on facts that told by the research informants. Interpretation of the meaning of the public perception theme conveyed in narrative and equipped with excerpts of the interview. Process to ensure the findings validity of this research conducted with diligence interviews, reference adequacy, and triangulate the interview result.

3. Results

This research found two factors of accessibility in the health services on the Satangnga Island which are perception of service quality and health services discrimination in certain vulnerable groups.

a) Perception of Service Quality

Perception of service quality related to the services provided by health workers, community feedback about the community health sub-centers, and still presence of public trust on traditional medicine (BGS, BL, AMR, SL, GS, SK). Interviews result presented with local languages, Indonesian, and English.

"... akpabballe mangkasarak JEKI, Punna anjomae dangngala Ulua, pabballe tantalisik, anjo pangngamaseanna karaenglataala sambayang weeds, anjo nakamaseangtonjaki Karaeng lataala, Punna garring-garring biasaja, Punna dangngala ulu, Rammu-rammusu, jai tongi anjo pabballe mangkasarak ni kanre, sollanna anjo niboya biasayya riolo angkanagassingki mangepabbale mangkasarak ... "(informant BL)

"...berobat makassar jeki, kalau sakit kepala, obat tantalisi, berkat rasa kasihan oleh tuhan, kalau sakit biasa, kalau sakit kepala, panas-dingin, banyak obat makassar kita makan, karena kita mencari kebiasaan yang dulu sering menggunakan pengobatan tradisional..." (Informant BL)

"... treatment of Makassar, if headache, tantalisi medicine, thanks to god, if ordinary sick, headache, chills, many Makassar medicine we eat because we have a habit that used to traditional medicine. ... "(informant BL)

Based on interviews that the health service has been done by health workers felt very good. Health services such as screening and treatment for patients with very good given by health workers. There is no specific hours to conduct the examination. People who wanted to be examined always served, either in the morning or in the evening (SK, MWT, BL, BI). In addition to maternal and child health services as an example, if there are mothers who do not come to take her child for immunization, the midwife will visit their home to be immunized. As well as pregnant women who do not checkups will be visited by the midwife. Selection of place of services when sick will delivered to the patient, if there is a sick patient and want to be treated in their home, the midwife will come to their home.

The existence of Satangnga community health sub-centers has major perceived benefit, because it is the only

health facility most often utilized by the public. It also reduce the cost when people are sick, because the place is very near and also do not have to wait long for their health check. The most perceived benefits are for mothers who give birth, without have to spend any money they can use the services of midwife (SK, KMP, TR, MR, MW, BI, MWT, SKM, HSM). Interviews result presented with local languages, Indonesian, and English.

, "... Kamma anjo bajiki, Punna nia community health sub-centers ammani anjo, anjo ka bellayya mange aklimbang je'ne, Punna nia anjo garring nialleang tommi ka ka rong anrinnia iyya anjo anjo ammani ..."
(Informant SK)

"...Kalau begitu bagus, kalau ada pustu dekat, karena yang jauh harus menyeberang pulau, kalau ada yang sakit kita lebih memilih yang berada disini karena dekat..." (Informan SK)

"... If it is so good, if there is near community health sub-centers, because the one who lives far must cross the island, if someone is sick we prefer that to be here because its near ..." (Informant SK)

If viewed in terms of public confidence, most people on the Satangnga Island still believe in mystical things. In addition to modern medical, communities also still use traditional medicine to cure the disease. Of 9 pregnant women interviewed informants, they all have childbirth shaman. Their confidence to childbirth shaman because the shaman can keep them away from evil spirits during pregnancy and during childbirth process. The benefit of shaman use is in the process of child care, after the birth, every morning the shaman will visit the mother and child to be bathed. It felt good services for mom because the shaman is not only help in childbirth but also in the care of his children. Spirits that feared by Satangnga people called "MAUDANGI" (SK, TR, MR, MW, KMP, BI, MWT, SKM, HSM). Interviews result presented with local languages, Indonesian, and English.

"Iye 'nia Sanroku, tunrinni tonji. Anjo Jainji anualusu, ordinary tawwa nakana MAUDANGI, anjo handlebars tujua Galesong ri, ri anggadangi parallui pakmanakanna niak support. Anjo Nijagai numanrakia ... "(Informant MR)

"...Iya, saya punya dukun beranak. Masih banyak makhluk halus, biasanya orang menyebutnya" MAUDANGI" hantu tujuh dari Galesong, perlu ada dukun beranak yang menemani pada saat melahirkan. Dia menjaga dari hal-hal yang membawa malapetaka... (Informant MR)

"...Yes, i have a childbirth shaman. There are still a lot of spirits, usually people call it "MAUDANGI" the seventh ghost from Galesong, so we need to be accompanied by shaman during childbirth. He takes care of catastrophic things... (Informant MR)

But in terms of service, informant claimed to equally provided the best service. Midwife and shaman also have the same goal to make childbirth process runs smoothly. In terms of medicine availability, there are still people use traditional medicine which create/mix by theirselves for later consumption when sick.

Satangnga community still steeped in Makassar culture. One culture is to marry their daughter at a young age. Parents marry off their children while still attending junior high school. Only some people continue their

education to higher levels such as high school and college. The efforts to socialize adolescent reproductive health have been done but local paradigm is difficult to intervene. They consider early-age marriage can reduce the family burden and improve family strata.

b) Health services discrimination in certain vulnerable groups

Health services discrimination in certain vulnerable groups is one of the factors the lack of utilization of health services. In Satangnga Island, health services discrimination has never been perceived and experienced by community. Poor people still be served at health facilities despite not having health insurance (FTR, AMR, GS, SL, SKM).

"...kita tetap melayani, karena ceritanya itu kalau tidak ada uangnya bisaji napinjam ada tompi uangnya bau nabayar, biar lama sekali..." (Informant FTR)

"... we continue to serve, because we told that if they have no money, they can pay us later when they have one, even for a long time ..." (Informant FTR)

If there is poor people who want to get examined either in community health sub-centers and health centers is still given service without having to pay with one condition that they should bring incapability letter from village leader, in addition, the health workers will see the condition of the patient when it comes to the health facility whether if the patient is deserved to freed from the treatment cost (ASN, HSN, FTR, BGS, GS, AMR).

"...kalau disini masuk kategori miskin, kalau dibuktikan dengan surat keterangan tidak mampu, dan kita liat juga kondisinya, kalau memang tidak mampu kita gratiskan..." (Informant ASN)

"... if people is categorized as poor, if evidenced by an incapability letter, and also we see their condition, if they can not afford the cost, then we get them free ..." (Informant ASN)

But unlike community health sub-centers and health centers, hospitals will not serve patients who can not afford when they can not complete the administrative process of the treatment cost and do not have health insurance. Because if they want free medical treatment, they must have health insurance.

4. Discussion

This research shows that some aspects which affect the accessibility of health services is the perception of service quality and health services discrimination in certain vulnerable groups.

Suitability of demand with health services is what patient requested according to the health services provided by health workers. Based on interviews with respondents, the demand for the services held for health workers is always given. Both in terms of time/hours of service and service schedules. Community states that health workers are always on their place at any time needed. They should always provide excellent service. Doesn't matter both day and night, community health sub-centers always open. Health services acceptibility are

culturally appropriate for the target patient base. Health services that are acceptable to operate from a position of sensitivity and respect for culture, and cultural practices clients is maintained.

Cultural acceptance is an important determinant of health services required the use of indigenous peoples [21], Among Aboriginal people and Torres Strait Islander who have trouble accessing health services in 2008, 7% said that it was not culturally appropriate, and 10% said that they did not believe the service. Many factors can hinder health services acceptability. These include the failure to recognize the difference between the notion of indigenous and non-indigenous about health, lack of awareness of the impact of colonization that is taking place, a bad relationship between the original client and non-natives health workers, including a lack of trust and respect, and poor cross-cultural communication [18, 22],

In Satangnga Island, confidence to the health workers do not necessarily function properly, formerly Satangnga Island community more confidence to the traditional medicine. When compared with current conditions, there is a significant difference, where public awareness about health is increasing. Health workers are instrumental in improving the utilization of health services at the moment, they do persuasion so people want to get examined when sick. However confidence to the traditional health services is not all eroded, for example, they still use childbirth shaman for pregnant women.

The research has been conducted in Paminggir, West Java, Indonesia noted that people often utilize traditional services with healthcare facilities such as hospitals, health centers, doctor practices, community health sub-centers, nurses, and midwives.

The most important result associated with the impact of doctor supply and financial coverage to perception. It seems that people in countries with more doctors have a more positive outlook on access to quality health services in the city or their area and express greater confidence in the overall health services system. However, doctor supply do not affect their view of the equity of the health services system, both positively and negatively [23],

Health services discrimination in certain vulnerable groups is one of the factors the lack of utilization of health services. In Satangnga Island, health services discrimination has never been perceived and experienced by community. Poor people still be served at health facilities despite not having health insurance. Research results indicates that there is no difference in services for the poor and the rich in Satangnga Island. The interesting things found in this research is the system used by the community health sub-centers for the poor who have not covered health insurance to be able to access health services is to provide relief on them in form of gradually drug payment. Gradually drug payment is the method for people who do not have enough money to pay the treatment can pay it later when they have enough money or have been able to pay it.

This method has major effect on the public respect to health workers. Because they have been given the ease payment for their medical expenses. Not surprisingly, if health workers in the island highly respected by the local community, and particularly have a sense of dependence on them. Health services discrimination is still often perceived for some people in Indonesia. Discrimination in services can be seen from the rapid health

services for public patients than poor patients in hospitals, especially for PBI (cash assistance recipients) in the era of national health insurance [24, 25]. Sadly at the present time, if the patient or the patient's family cannot afford to pay the medical expenses, the hospital will repatriate the patient regardless of the patient's condition.

Currently, some health facilities are competing to acquire a big claim from BPJS, but the services received by the public is low. The right health services is the one with comprehensive service and not discriminative, to support the variety of the health needs of indigenous Australians. The common practice is a significant source of health services for people of Aboriginal and Torres Strait Islander, but for the majority of doctor, the original client is a small part of their clients.

Indonesia also faced the increasing disparities in labour and health facilities. In Java Island, especially Jakarta, the number of health workers is very adequate even be said to be excessive. Whereas in other areas, health workers, especially doctors just being in a big city with a very limited number of personnel [13]. However, when compared with the needs of the whole population, the need of primary health facility is still quite a lot. The biggest problems occurred in the province still has a considerable gap between the availability of primary health facility with the JKN participants' needs, and the needs of the entire population as happened in the province of Aceh, DKI Jakarta, West Java, Central Java, and East Java. This trend is common in high populated areas [2, 26],

5. Conclusion

Satangnga Island community has accepted the existence of health services that is supported by the positive response to the service by health workers although there were still people who use traditional medicine in curing diseases and for certain vulnerable groups are not found discrimination in health services. To improve health services, additional health workers such as doctor is needed, besides that, for antenatal care it is necessary to develop a partnership between childbirth shaman and midwife.

Conflict of Interest

Authors declare no conflict interest

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