



The Indonesian Government's Efforts to Improve Health Services and Facilities in Rural Areas Related to Health Laws

Imam Muhaji

Magister of Law, University of Hang Tuah, Indonesia

*Corresponding Author: Imam Muhaji

Email: muhajlmam@gmail.com



Article Info

Article history:

Received 18 January 2021

Received in revised form 9

February 2021

Accepted 24 February 2021

Keywords:

Health Law

Adequate Service

Facilities

Rural Areas

Abstract

Indonesian citizens must have the ability to access appropriate health care and facilities. Rural regions, on the other hand, suffer from a lack of resources and infrastructure owing to a variety of reasons. This village's health situation is clearly not in compliance with the existing health regulations. As a result, scholars are involved in examining federal efforts linked to health legislation to enhance health care and infrastructure in remote communities. This paper employs the secondary data approach as well as literature analysis. According to the findings, certain regions do not have enough health care and infrastructure. The government has made efforts to develop these health services and facilities so far; nevertheless, these efforts are insufficient, and further effort is needed so that all rural communities will benefit from the outcomes.

Introduction

Health is very important in human life. Health service is one of the national health system components that have direct contact with the community. In Law Number 36 of 2009 concerning health, it is explained that the definition of a health service facility is a place used to carry out promotional, preventive, curative and rehabilitative health service efforts carried out by the government, local government and/or the community (Indrawati & Tjandrarini, 2018; Konli, 2014). Law Number 36 of 2009 also explains that promotive and preventive health services aim to inform the public about healthy lifestyles and prevent public health problems or diseases.

Access to health services is often seen only from the perspective of service providers. In contrast, access from the side of the community as users is less of a concern (Jacobs et al., 2012; Saramunee et al, 2014). Research on access to health services from the user's perspective is still lacking. Improving the quality of health services in terms of access requires a complete perspective from these two different sides (Suharmiati et al., 2012). Geographical conditions Indonesia has many regions with diverse characteristics and faces its own challenges in providing health service (Radito, 2014). This challenge is especially true in rural areas. Quoted from the Encyclopaedia Britannica (2015), a village is a community that is not too densely populated, with the main economic activity in the form of food products and raw materials. Quoted from City and Village Geography (2014) by Daldjoeni, there are three characteristics of a village that can distinguish it from cities, namely villages and their people who are very close to nature. Then, their activities are very dependent on climate and weather. The villagers are a work unit and a social unit (Septie & Aningrum, 2018). Finally, with a small amount, the majority of the population work in the agricultural sector. The family ties of the villagers are stronger with other residents.

Rural areas tend to have inadequate health services and facilities (Tumiwa et al., 2018). There are still communities and regions with limited access to health services. First, non-health

factors, namely 1) limited economic capacity; 2) geographic, transportation, communication difficult; 3) education, limited knowledge; 4) high cost of living; 5) limited development management capacity, and 6) limited support resources. Meanwhile, for health factors, namely 1) low health status; 2) a limited number of health facilities; 3) limited quality and range of services; 4) insufficient number and types of health workers; 5) limited budget and supporting resources; 6) lack of specific facilities and infrastructure; 7) lack of behaviour and roles; 8) the program is not yet organized; 8) limited ability to and health services, and 9) limited budget support and other resources.

The health condition in this village is certainly not in accordance with the applicable punishment. The urgency arises that is related to the fulfilment of basic rights of the community, improving the quality of human resources, and equitable health development (Kusnatalia et al., 2020). Therefore, this study will analyze the health services in rural areas related to health law and the government's way of dealing with these problems.

Methods

This article is a review article from previous articles or uses secondary data. Secondary data is data obtained indirectly from the source, but has been processed by other parties and used to support primary data.

These results were obtained through the literature method. The library method is a method used in gathering information and data with the help of various materials in the library such as documents, books, magazines, historical stories, news, and so on. Meanwhile, according to library research experts, it is a theoretical study, references and other scientific literature related to culture, values and norms that develop in the social situation studied. In this study, data was collected through news, articles and journals.

Results and Discussion

Data from the Ministry of Development of Disadvantaged Regions states that 199 regencies have received special attention given to large remote areas. These areas also tend to have inadequate health services and facilities. The existing health services and facilities in rural areas tend to be inadequate. Many studies have analyzed this—for example, the research conducted at the Sajingan Besar Community Health Center. The results of this study concluded that in terms of service factors, it is still necessary to increase the health centre's resources, especially for the balance between the length of work, workload and remuneration of civil servants and PTT health workers.

The availability of medical devices, consumables and medicines needs to be increased and adjusted to the needs of each abscess. Often they experience health problems that require immediate treatment, such as accidents and childbirth; on the other hand, they still lack equipment skills and emergency staff. The utilization rate of UKBM is very high, especially for midwives and nurses in the village because the community is close to where the community lives. Posyandu is widely used, but cannot fulfil the requirements of conventional PMT. The use of traditional healers as the first choice of treatment by the community is very high, although not all traditional therapists have implemented safe surgery because most people have not received instructions for abscess surgery.

In addition, there are still many studies examining the state of health services and facilities in rural areas. The results obtained tend to be many rural areas that are lacking in terms of health services and facilities. For example, what happened in the East Kutai area. The roads that are not in proper condition, the uneven distribution of doctors, nurses and midwives in the regions have affected them. What is also highlighted is the lack of inadequate facilities. However, this

is reversed with the research conducted at the Nene Mallomo Hospital, Kab. Sidrab who obtained the results that the health services provided by this hospital were in the category that satisfied patients, the application of ethics in providing health services were good and in accordance with the rules of the code of ethics and the application of health law in providing services was good and in accordance with statutory regulations applicable.

The above statement certainly proves that health services and facilities are not evenly distributed. In fact, every person and every region has the right to obtain the same health services and facilities. This is, of course contrary to the prevailing laws, regulations and legislation. Health services and facilities obtained by rural communities are certainly not fair when compared to those in urban areas. Health law is defined as the entire rule of law relating to healthcare delivery and health services and facilities. In this case, what is included in health services is medication and patient care. The law that regulates health other than HTN and HAN is criminal law.

Health law such as combining Constitutional Law, State Administrative Law, Civil Law and Criminal Law which regulates health. The main source of Health Law in Indonesia is legislation. There are several main health laws and regulations, namely Law Number 36 the Year 2009 Concerning Health, Law Number 44 the Year 2009 Concerning Hospitals, Law Number 36 the Year 2014 Concerning Health Workers, Law Number 29 the Year 2004 Concerning Practices Medicine, Law Number 38 the Year 2014 concerning Nursing, and Law Number 4 the Year 2019 Concerning Midwifery. In addition, some various laws and regulations function as implementing regulations. These regulations can take the form of laws (UU), Government Regulations (PP), Minister of Health Regulations, Regional Regulations, and Hospital Internal Regulations (Hospital Bylaw).

The government has tried to improve this by intensifying health development, which consists of four things: the first to mobilize and empower people to live healthily, increase public access to quality health services and facilities, improve the surveillance system for health monitoring information, and increase health financing (Insani, 2020). In addition, the Ministry of Health also organizes the Healthy Indonesia Program to create Indonesian people who behave in a healthy manner, live in a healthy environment, and reach quality health services to achieve the highest health status (Prof. Dr. dr. Nila F. Moeleok, Sp.MK, February 2016).

Efforts were also made by compiling the Minister of Health Regulation Number 82 of 2015 concerning Technical Guidelines for the Use of Special Allocation Funds by the Health Sector for the 2016 Fiscal Year and the Health Support Infrastructure Budget Year. The facilities sub-sector, particularly in the fourth chapter on health operation assistance, emphasizes the promotion and prevention of abscesses. BOK funds are used to support health services outside the building through health promotion and preventive activities, so as to improve the performance of Puskesmas.

However, this effort has not been evenly distributed and looks significant to the changes that are taking place in rural areas. This is also caused by the small allocation of Indonesia's health spending. Health spending, both public and private, has never exceeded the figure above 3.1 percent of GDP. The average total health expenditure for seven years (2005 to 2011) was only 2.9 percent of GDP. Indonesia's per capita health expenditure per the year 2011 (US \$ 95) was much smaller than Malaysia and Thailand, which spent the same year US \$ 346 and US \$ 201 per capita. As a result, Indonesia ranks 14 out of 15 Southeast Asian countries photographed in terms of health spending. (AIPHSS, February 2, 2016). Therefore, the village, regional, and central governments must work together to focus on health services and facilities in order to comply with the applicable health law standards.

Obtaining adequate health services and facilities is the right of every Indonesian, both in rural and urban areas. From the results and analysis that has been carried out, it can be seen that there are still many areas that have not received adequate health services and facilities. So far, the government has made efforts to improve these health services and facilities, it's just not optimal and more effort is needed so that all rural communities can feel the results obtained.

Conclusion

Based on the results and discussion, the government should improve health services in rural areas to comply with applicable health laws. What the government can do is first to focus on policies and guidelines on health services. The local village government must also improve coordination of program management at the administrative level. Second, the government can increase cooperation across related programs or sectors. Third, the government must have a focus on improving public health center infrastructure in accordance with applicable laws. The government can also make various health service innovations that can reach all rural communities. In this case, the government must also work together with the surrounding rural communities to improve rural areas' health services. Funds can be focused on developing health services from the District or City APBD, APBN, and other funds.

References

- Indrawati, L., & Tjandrarini, D. H. (2018). Peran indikator pelayanan kesehatan untuk meningkatkan nilai sub indeks kesehatan reproduksi dalam Indeks Pembangunan Kesehatan Masyarakat (IPKM). *Media Penelitian dan Pengembangan Kesehatan*, 28(2), 95-102.
- Insani, N. (2020). Apparatus Professionalism and Public Service Ethics . *Journal La Sociale*, 1(1), 25-28. <https://doi.org/10.37899/journal-la-sociale.v1i1.45>
- Jacobs, B., Ir, P., Bigdeli, M., Annear, P. L., & Van Damme, W. (2012). Addressing access barriers to health services: an analytical framework for selecting appropriate interventions in low-income Asian countries. *Health policy and planning*, 27(4), 288-300.
- Konli, S. (2014). Pelayanan Kesehatan Masyarakat di Puskesmas Desa Gunawan Kecamatan Sesayap Kabupaten Tana Tidung. *Jurnal Ilmu Pemerintahan*, 2(1), 1925-1936.
- Kusnatalia, K., Fitriani, A. D., & Amirah, A. (2020). The Effect of Service Quality on Patient's Family Satisfaction in the Nicu Care of the Public Hospital in Datu Beru Takengon Region. *Journal La Medihealthico*, 1(5), 22-29.
- Radito, T. (2014). Analisis pengaruh kualitas pelayanan dan fasilitas kesehatan terhadap kepuasan pasien Puskesmas. *Jurnal Ilmu Manajemen*, 11(2), 1-25.
- Saramunee, K., Krska, J., Mackridge, A., Richards, J., Suttajit, S., & Phillips-Howard, P. (2014). How to enhance public health service utilization in community pharmacy?: general public and health providers' perspectives. *Research in Social and Administrative Pharmacy*, 10(2), 272-284.
- Septie, A. S. A. A. A., & Aningrum, A. N. (2018). Analisis Penerapan Etika Dan Hukum Kesehatan Pada Pemberian Pelayanan Kesehatan Di Rumah Sakit Nene Mallomo Kabupaten Sidenreng Rappang. *Jurnal Ilmiah Manusia Dan Kesehatan*, 1(3), 189-200.
- Suharmiati, S., Handayani, L., & Kristiana, L. (2012). Faktor-faktor yang memengaruhi keterjangkauan pelayanan kesehatan di puskesmas daerah terpencil perbatasan di

Kabupaten Sambas (Studi kasus di Puskesmas Sajingan Besar). *Buletin Penelitian Sistem Kesehatan*, 15(3), 21346.

Tumiwa, R., Pangemanan, S., & Sondakh, E. (2018). Efektivitas Kualitas Pelayanan Kesehatan Masyarakat Pada Puskesmas Di Kecamatan Dumoga. *Jurnal eksekutif*, 1(1).