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Utilization of health service facilities for all communities in Indonesia

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Abstract

Background: Utilization of health services is the use of health service facilities provided either in outpatient, inpatient, home visits by health workers, or other forms of activities utilizing these health services. Health services are the rights of every person guaranteed in the 1945 Constitution to make efforts to improve the health of individuals, groups, or society as a whole.

Method: This study uses a qualitative descriptive method with a secondary data analysis approach. The data used in this study were obtained from the Indonesian Health Survey (SKI), which is a source of national data on health in Indonesia. The analysis was carried out by processing the available data to provide an overview of the situation and conditions being studied. The validity of the data has been guaranteed by the SKI organizing institution, so this study relies on the accuracy of the available secondary data.

Results: The utilization of health services in Indonesia shows that 27.8% of the population is still without health insurance according to data from the 2023 Indonesian Health Survey (SKI) where there are five provinces with the lowest health insurance ownership, namely in the first position is the Papua Mountains Province (55.4%) followed by Central Papua (42.7%), North Maluku (41.5%), Maluku (39.4%), and Jambi (37.0%). The results of the 2023 Indonesian Health Survey (SKI) show that access to health facilities in Indonesia is still uneven. The data shows that the percentage of the population in urban areas of Indonesia is higher who have health insurance, namely 75.9% compared to the rural population, 64.8% with a total of 71.3%. One is that more than half of households (59.6%) who receive health insurance from the state, such as Contribution Assistance Recipients (PBI) and Jamkesda, utilize health services at the Community Health Center. However, the 18-59 age group with physical limitations or disabilities showed lower utilization of health facilities, whereas as many as 50.7% of this group did not utilize health services. Overall, there is a shortage of 8,160 health workers throughout Indonesia to fill vacancies in Community Health Centers. This shortage includes 423 doctors, 2,991 dentists, 26 nurses, 49 midwives, 564 pharmacists, 1,001 Medical Laboratory Technologists (ATLM), 788 community health workers, 1,395 environmental health workers and 923 nutritionists. Access to health services abroad is also a concern, where 1 in 1,000 households in Indonesia are recorded to have utilized health services abroad, with Malaysia being the main destination. The reasons for choosing services abroad are mainly because the facilities are more complete (93.5%) and services that meet expectations (91.7%).

Conclusion: The utilization of health services in Indonesia according to data from the 2023 Indonesian Health Survey (SKI) shows that 27.8% of the population is still without health insurance, where there are five provinces with the lowest health insurance ownership, namely in the first position is the Papua Mountains Province (55.4%) followed by Central Papua (42.7%), North Maluku (41.5%), Maluku (39.4%), and Jambi (37.0%). The percentage of the population in urban areas of Indonesia is greater who have health insurance, namely 75.9% compared to the rural population, namely 64.8% with a total of 71.3%. Overall, there is a shortage of 8,160 health workers throughout Indonesia to fill vacancies in the Health Center. Access to health services abroad is also a concern, where 1 in 1,000 households in

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Keywords: Utilization; Health service; Facilities; Community

1. Introduction

One of the elements of welfare that must be fulfilled by Pancasila and the national ideals of Indonesia is health as a human right as stated in the 1945 Constitution of the Republic of Indonesia. Every activity is carried out to maintain the context of the formation of human resources in Indonesia, implemented with the principles of non-discrimination, participatory, and sustainability, and to increase the resilience and competitiveness of the country in national development. Anything that causes health problems for the community will cause great economic losses for the country, and efforts to improve public health also mean investment in national development (1).

Health is an optimal state, both physically, mentally, spiritually, and socially, which allows individuals to live productively in society and the economy as regulated in Law No. 36 of 2009. Health development is an important part of national development efforts that aim to increase awareness, desire, and ability of individuals to live a healthy lifestyle, to achieve the best possible level of public health. However, in some areas, there are obstacles to the utilization of health facilities at the Health Center by Law No. 36 of 2009 (2).

Health is an important thing that must be maintained, pursued, and made aware of. In addition, improving the health of the community also means improving human resources (HR) in the country. As a first-level and leading health service unit in the health service system, the community health center carries out mandatory health efforts and elective health efforts that are adjusted to the conditions, needs, demands, abilities, and innovations as well as local government policies (3).

The design of a health insurance scheme for the entire community is also inseparable from the agenda of the Indonesian Government. National Health Insurance (JKN) is a government program that aims to provide certainty of comprehensive health insurance for all Indonesian people to be able to live healthy, productive, and prosperous lives (National Health Insurance, 2016). In this regard, the Indonesian Government has established a public legal entity to organize a health insurance program which is hereinafter referred to as the Social Security Administering Body (BPJS) Health as stated in (Law of the Republic of Indonesia Number 24 of 2011, 2011). Health insurance is understood as a guarantee that is organized nationally based on the principles of social insurance and equity principles, to ensure that all Indonesian people receive the benefits of health care and protection in meeting basic health needs (Law of the Republic of Indonesia No. 40 of 2004, 2004).

Utilization of health services is the use of health service facilities provided either in outpatient care, inpatient care, home visits by health workers, or other forms of activities utilizing these health services. Health services are the right of every person guaranteed in the 1945 Constitution to make efforts to improve the health of individuals, groups, or society as a whole. According to Anderson and Newman (1979) the objectives of utilizing health services are (3): (1) Describe the relationship between determining factors of utilizing health services; (2) Planning future needs or health service targets; (3) Determining the existence of an imbalance in services from the utilization of health services.

The pursuit of timely and efficient utilization of health services is a continuing challenge in achieving the goal of universal health coverage for populations in low- and middle-income countries. Financial and non-financial barriers can hinder the utilization of appropriate services and can hurt overall health outcomes. In addition, there are significant inequalities in access to and utilization of health services (4).

According to the World Health Organization (WHO) report in 2023, Taiwan ranked first with 78.72% of the population using health services. In second place, South Korea recorded a health service utilization rate of 77.70%, followed by Australia in third place with 74.11%. Canada ranked fourth with 71.32%, while Sweden ranked fifth with 70.73% of its population using health services. On the other hand, Singapore recorded a figure of 57.96%, and Indonesia, with a lower percentage of health service utilization, only reached 42.99%, which placed it in 39th place globally (5).

Based on the report of the Central Statistics Agency, as of January 31, 2023, there have been 27,659 health facilities providing National Health Insurance (JKN) services spread throughout Indonesia, with the largest number being community health centers. Some types of health services that are common in Indonesia include medical services, public health services, outpatient and inpatient services, emergency services, and family doctor services (6).

The utilization of health services in Indonesia can generally be said to be good, but there are still some areas that experience obstacles in the utilization of health services. This can be seen from the number of visits to health centers spread throughout Indonesia which is still relatively low, which is estimated to only reach 32.14% of the Indonesian population who come for treatment or check-ups at health centers (7).

Utilization of health services is an important factor in determining health, which has particular relevance as a health and community development issue in low-income countries. The utilization of health services has been recommended by the World Health Organization (WHO) as a basic primary health concept for the most vulnerable and disadvantaged populations. And has suggested that health should be universally accessible without barriers based on affordability, physical accessibility, or acceptance of services (2). The utilization of Puskesmas as a health service can be explained through the theory of utilization of health services by Andersen (1974) which groups determinant factors in the utilization of health services into three categories, namely predisposing factors (demographics, social structure, and health beliefs), ability characteristics consisting of family resources (family income, length of travel time/accessibility) and community resources (knowledge, attitudes of health workers, quality of service, affordable costs, necessary medical information), and characteristics of needs (health conditions) (8).

If the health services provided are good, more BPJS health participants will utilize health services, but the opposite can happen if the services are felt to be inadequate. Classic problems that often arise in health services (Puskesmas) are in the form of insufficient availability of health workers and inadequate completeness of medicines, added to the attitude and behavior of health workers towards patients. Sometimes the relationship between health workers and patients has not been created properly, resulting in a low level of trust in the services provided. This greatly affects the interest of the community, especially BPJS health participants, to obtain health services at health services (9).

Public interest in utilizing available health services can be influenced by various factors, both internal and external. It seems that the availability of health workers, incomplete medicines, and the attitudes and behavior of health workers toward patients and their families. There are three main categories in the use of health services, including predispositions such as gender, age, marital history, education, occupation, ethnicity, and health beliefs (10).

Low utilization of health facilities such as community health centers, is often related to knowledge factors, the distance between the facility and the community is too far (both physically and socially), high rates, unsatisfactory services, and so on. Accessibility factors including distance unavailability of transportation and financial inability are also known to affect the community in accessing dental and oral health services because the costs are expensive and not always covered by insurance (11).

In addition to the quantity of healthcare facilities that must be prioritized, the quality of service must also be given more attention. The level of customer satisfaction is very dependent on the quality of a product. The more perfect the satisfaction, the better the quality of health care. Customer satisfaction occurs when the needs, hopes, or expectations of customers are met. Customer satisfaction is a feeling of pleasure or satisfaction because the product or service received meets or exceeds customer expectations through perceived assessments. The existence of this public assessment is very important because those who feel satisfied will return to use health services at the place (9).

Health service utilization is an important determinant of health, of particular concern to Public Health and development issues in low-income countries. The World Health Organization (WHO) also recommends the utilization of medical services as a basic concept of health and the main one for the vulnerable. Health should also be universally accessible, without barriers to affordability, physical accessibility, or acceptance of services. Therefore, in some countries, especially developing countries, an important goal is to increase the utilization of health services (10).

Based on the description above, the researcher is interested in conducting a study on the " Utilization of Health Service Facilities in Indonesia". The purpose of this study is to find out how health services are utilized in Indonesia

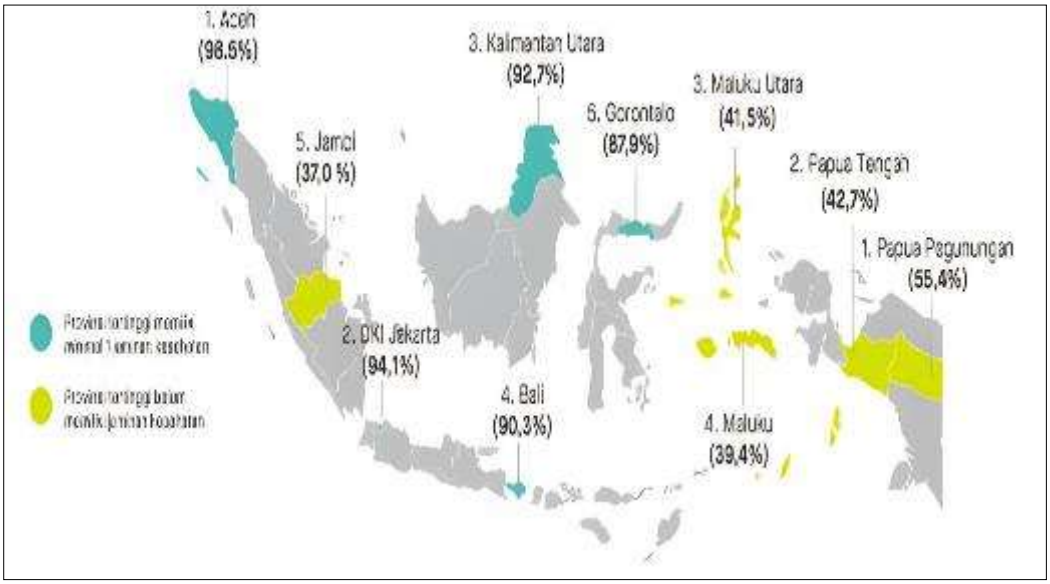
2. Methods

This study uses a qualitative descriptive method with a secondary data analysis approach. (12) states that qualitative descriptive research is a research method used to describe and understand social phenomena or realities in depth. This study aims to produce a detailed and complete picture of a situation or phenomenon based on the views of the subjects studied to understand how an event or problem can occur. (13) explains that secondary data analysis is a research method that uses data that has been collected and processed by other parties. This data is then reprocessed by researchers to obtain conclusions that are relevant to the problems being studied. This analysis is carried out without having to collect primary data. The data used in this study were obtained from the Indonesian Health Survey (SKI),

which is a source of national data on health in Indonesia. The analysis is carried out by processing the available data to provide a picture of the situation and conditions being studied. This study focuses on the use of available data without collecting primary data. The validity of the data has been guaranteed by the SKI organizing institution, so this study relies on the accuracy of the available secondary data.

3. Results and discussion

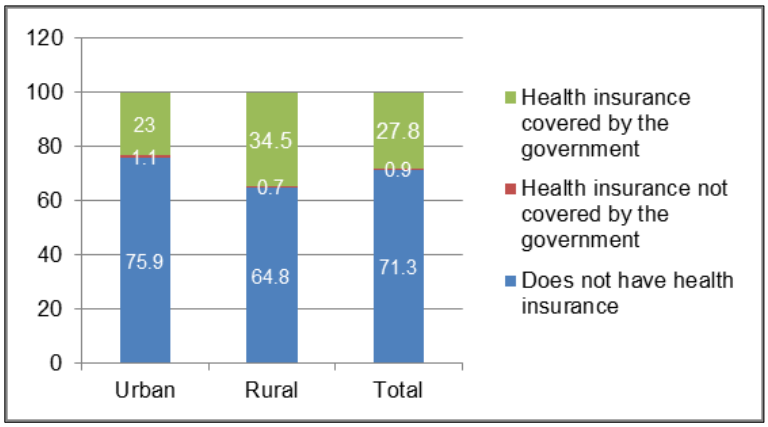
The utilization of health services in Indonesia shows significant challenges, with a total of 27.8% of the population still without health insurance, which is almost the same as the 2023 Susenas data of 27.6%. Data from the 2023 Indonesian Health Survey (SKI) shows that there are five provinces with the lowest health insurance ownership, namely in the first place is Papua Pegunungan Province (55.4%) followed by Central Papua (42.7%), North Maluku (41.5%), Maluku (39.4%), and Jambi (37.0%). The five provinces with the highest percentage of ownership of at least 1 health insurance are in first place Aceh Province (98.5%), DKI Jakarta (94.1%), North Kalimantan (92.7%), Bali (90.3%), and Gorontalo (87.9%).



Source: SKI, 2023

Figure 1 Percentage of Provinces with the Lowest and Highest Health Insurance Ownership

The achievement of health insurance participation is still far from the government's target of achieving UHC in 2019, with a minimum coverage of 95 percent of the Indonesian population. In line with research conducted by Hafinur & Pujiyanto (2022), one of the challenges in meeting this target is the relatively low participation of health insurance among the elderly population. In 2018, the Survey Results of The National Socio-Economic Survey recorded that there are 68.48 percent of resident elderly have guaranteed health (Zikra, 2022). This means that one in three elderly people do not have health insurance. This condition must certainly be a serious concern for the government because elderly people who are left without health insurance will hurt their health status and will ultimately be vulnerable to becoming a burden on society.

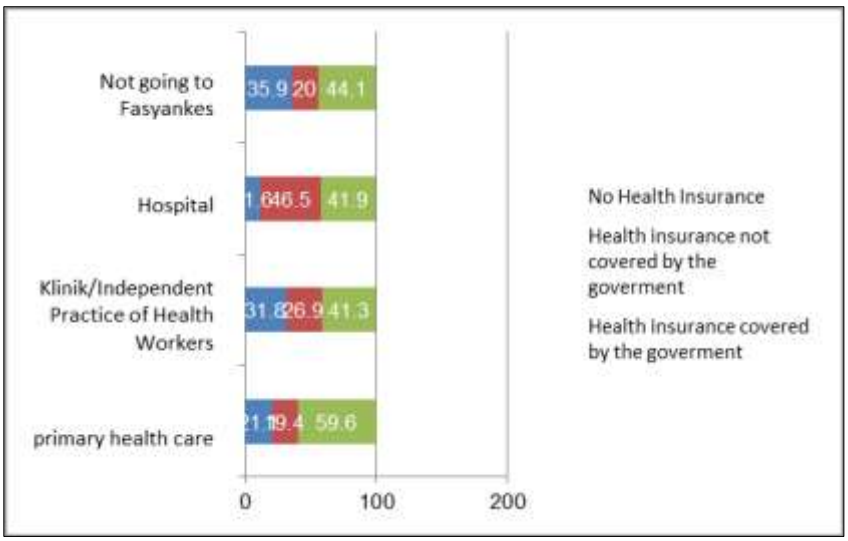


Source: SKI, 2023

Figure 2 Percentage of Urban and Rural Population Health Insurance Ownership

From the data above, it shows that the percentage of the population in Indonesia's urban areas is greater who have health insurance, which is 75.9% compared to the rural population, which is 64.8% with a total of 71.3%. The urban population who have >1 health insurance is 1.1% with the rural population being 0.7% with a total of 0.9%. The population who do not have health insurance for urban areas is 75.9% and rural areas are 64.8% with a total of 71.3%.

In line with the results of research conducted by Fatimah et al (2024), knowledge about insurance health influences the level of social economy society, such as education, employment, and income, which in turn influence ownership of Health insurance. A society with level more education like in urban areas tends to have a better understanding Good about the importance of insurance health, so that more Possible For Health insurance. In addition, the family with more income in urban areas tends to have more access to Health insurance than the family with more income in rural areas.



Source: SKI, 2023

Figure 3 Percentage of Access to Health Facilities in Indonesia

The results of the 2023 Indonesian Health Survey (SKI) show that access to health facilities in Indonesia is still uneven. One is that more than half of households (59.6%) who receive health insurance from the state, such as Contribution Assistance Recipients (PBI) and Jamkesda, utilize health services at Community Health Centers. However, the 18-59 age group with physical limitations or disabilities showed lower use of health facilities, where 50.7% of this group did not utilize health services. Of the groups that utilized health facilities, Community Health Centers were the main choice with 24% of visits. More than half of households with state-sponsored health insurance accessed services at Community Health Centers. However, 44.1% of households with insurance did not access health services in the past year. These data emphasize the need to increase access and coverage of health insurance for vulnerable groups. This is in line with research conducted by (14) at Bantul II Health Center showed that access to health services, including distance, travel

time, and costs, had a positive and significant influence on the use of health centers by the community. The results showed that the easier the access to the health center, the higher the level of community visits.

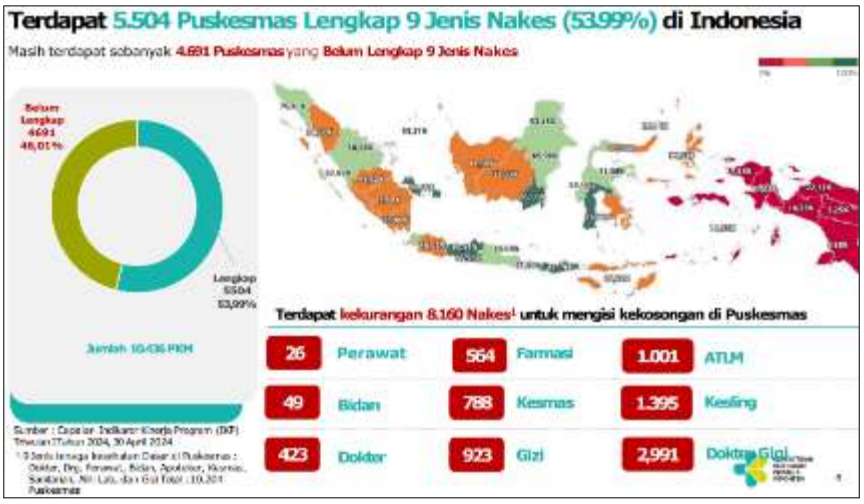
In addition, access to health services abroad is also a concern, where 1 in 1,000 households in Indonesia are recorded as having used health services abroad, with Malaysia being the main destination. The reason for choosing services abroad is mainly because of more complete facilities (93.5%) and services that meet expectations (91.7%). It is known that over the past year, around 44.1% of households with state health insurance and 35.9% of households without health insurance did not access health services at all. This data reflects the gap in access to health facilities in Indonesia, especially among certain community groups, such as people with disabilities and households without health insurance. In line with the results of research conducted by Dr. Effiana from FK-KMK UGM (2023), the main reasons people choose to seek treatment abroad include dissatisfaction with health services in the country and the availability of more complete services in destination countries, such as Malaysia and Singapore. This study emphasizes the importance of improving the quality of domestic health services to reduce people's dependence on foreign services and paying attention to ethical aspects in making treatment decisions.

Source: IKP, 2024

Figure 4 Distribution of Health Workers in Indonesia

Based on data from the Achievement of Program Performance Indicators (IKP) for the First Quarter of 2024, shows that out of 10,195 Community Health Centers in Indonesia, 9,772 Community Health Centers (95.85%) have doctors, while 423 Community Health Centers (4.15%) do not have doctors. The distribution of Community Health Centers that do not have doctors is mostly in eastern Indonesia, namely 290 out of 423 Community Health Centers (69%) are in the provinces of Papua, West Papua, Maluku, North Maluku, East Nusa Tenggara (NTT), and West Nusa Tenggara (NTB). The Community Health Centers without the most doctors are in NTT Province with 85 Community Health Centers, followed by West Papua with 50 Community Health Centers, and Maluku with 46 Community Health Centers.

This is still far from the minimum standard of Health Human Resources according to the Decree of the Minister of Health or Permenkes Number 75 of 2014 concerning Community Health Centers, which states that for remote and very remote areas there must be one general practitioner in an outpatient community health center, two general practitioners in an inpatient community health center, and one dentist in each outpatient community health center. The absence of doctors can ultimately make people reluctant to seek treatment at community health centers because access to community health centers is not easy for many people, especially those living in remote areas (15).



Source: IKP, 2024

Figure 5 Distribution of Health Workers in Indonesia

Data from the Achievement of Program Performance Indicators (IKP) for the First Quarter of 2024 shows that out of 10,436 Health Centers in Indonesia, 5,504 Health Centers (53.99%) have 9 types of complete health workers consisting of doctors, dentists, nurses, midwives, pharmacists, community health workers, Medical Laboratory Technologists (ATLM), environmental health workers and nutritionists. There are 4,691 Health Centers (46.01%) that do not have the 9 types of complete health workers. The data also shows the distribution of completeness of health workers in various provinces in Indonesia, namely provinces in the West such as Aceh and West Sumatra have a high percentage of completeness. Meanwhile, the East such as Papua and West Papua show a very low percentage.

Overall, there is a shortage of 8,160 health workers throughout Indonesia to fill the vacancies in Community Health Centers. This shortage includes 423 doctors, 2,991 dentists, 26 nurses, 49 midwives, 564 pharmacists, 1,001 Medical Laboratory Technologists (ATLM), 788 public health workers, 1,395 environmental health workers and 923 nutritionists. Thus, based on these data, there is an imbalance in the distribution of health workers, especially in the Disadvantaged, Border and Island Regions (DTPK).

The special characteristics of Disadvantaged, Border, and Island Regions (DTPK) make this region experience unique health problems. The performance of health services in most DTPK is relatively lower than in non-DTPK areas. This is due to the low quality and affordability of health services and the limited and uneven distribution of health workers. Therefore, the main strategy to provide closer access to health services in DTPK is through the utilization of health workers in the form of increasing the availability, distribution, and quality of existing human resources (16).

4. Conclusion

The utilization of health services in Indonesia according to data from the 2023 Indonesian Health Survey (SKI) shows that 27.8% of the population is still without health insurance, where there are five provinces with the lowest health insurance ownership, namely in the first position there is Papua Mountains Province (55.4%) followed by Central Papua (42.7%), North Maluku (41.5%), Maluku (39.4%), and Jambi (37.0%). The percentage of the population in urban areas of Indonesia is greater who have health insurance, namely 75.9% compared to the rural population, namely 64.8% with a total of 71.3%. Overall, there is a shortage of 8,160 health workers throughout Indonesia to fill vacancies in the Health Center. Access to health services abroad is also a concern, where 1 in 1,000 households in Indonesia are recorded as having used health services abroad because choosing services abroad has more complete facilities (93.5%) and services that meet expectations (91.7%).

Suggestion

- Expanding the recruitment of healthcare workers, especially government-employed medical staff (PNS/CPNS), through the Nusantara Sehat program, specifically by government institutions such as the Ministry of Health and Regional Health Offices, to be assigned to DTPK (Disadvantaged, Frontier, and Outermost Regions).
- Developing Nusantara Sehat by reorganizing the distribution of healthcare workers based on a needs analysis, particularly for DTPK areas.

- The government collaborates with third parties, such as organizations, foundations, or non-governmental organizations (NGOs), to provide healthcare workers in DTPK.
- The government provides educational scholarships to indigenous people with the expectation that they will return to their regions to help develop them, and creates regulations related to this matter.
- The government develops a networked health center system, especially for health sub-centers (pustu) and village maternity posts (polindes).
- The government creates a floating ambulance program and further develops mobile health centers (Puskesmas Keliling) based on Community Empowerment for DTPK areas

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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