

Strategy on Health Care Protection for the Poor Society in Kediri City

by Koesnadi, Prima Dewi K.

Submission date: 10-Sep-2021 10:19AM (UTC+0700)

Submission ID: 1644994150

File name: n_Health_Care_Protection_for_the_Poor_Society_in_Kediri_City.pdf (140.6K)

Word count: 2079

Character count: 10750



Strategy on Health Care Protection for the Poor Society in Kediri City

Koesnadi, Prima Dewi K.*

STIKes Surya Mitra Husada, Kediri, Indonesia

Received: September 9, 2015
Accepted: November 30, 2015

ABSTRACT

In general, a guarantee of Public Health (Assurance) has the goal of increasing access to and quality of health services to the entire community, including the poor in order to achieve an optimal degree of public health effectively and efficiently. This study purposed to determine the strategy on health care protection for the poor society in Kediri. This study was conducted in May to June 2015 using purposive sampling technique. The approach taken in this study used a qualitative approach. This study took place in Kediri. The informants are the patients who went to health centers in Kediri. The data showed that a). The services provided by health centers and hospitals according to the informant were good; b). according to all informants every patient should have a health insurance; c). The response of users health care are very diverse among them say that using the health insurance may be light; d). Almost all informants said that at there were still obstacles they face, for example, when a family member was sick and in need of further treatment, they are still difficult to get a room for treatment because the room is full; e). Almost all respondents want to get legal protection so that they could be treated safely, comfort and reached. Strategies that can be used are: The availability of human resources in health care services in hospitals and health centers is dedicated to the poor for the health services without discrimination.

KEYWORDS: Strategy, protection, health care, poor

INTRODUCTION

Healthy living is a dream for every human being, because the lives of healthy people can carry out their activities with full perfection, both activities in conjunction with the creator God Almighty, and the activities of fellow human beings and their environment to meet their needs.

Socioeconomic conditions are very diverse, both in cities and villages, those who worked as civil servants and private employees, as well as company workers and farm laborers, and others. Differences in social and economic strata of society, has also resulted in differences in the degree of health.

Poverty is one obstacle to efforts to increase well-being and quality of life. The poverty rate is also the cause of the poor are not able to meet the demand for health services are relatively expensive [1] However, the high cost of health care is not the only cause of a good quality in itself and the health ministry. Low health status of the poor due to limited access to health services due to geographical constraints and cost constraints (cost barrier). In addition, the behavior of people who lack support a clean and healthy lifestyle is also an obstacle for the Government to promote the development of society, especially in the field of health [2].

The quality of public health are low due to the public awareness that is low for a healthy life, a means of health infrastructure beyond the reach of community and economic levels of society who are unable to meet the needs of health, become a concern for the developed countries that are members of the United Nations (UN).

Implementation of the constitutional mandate on health insurance of citizens and the implementation of the declaration of the United Nations in 2000 on the Millennium Development Goals (MDGs) or the Millennium Development Goals, the Government of Indonesia has set a policy on the guarantee and protection of public health, with the enactment of Law No. 40 Year 2004 on National Social Security System [3] State Gazette of the Republic of Indonesia Year 2004 Number 150, Supplement to State Gazette of the Republic of Indonesia Number 4456) called UU.SJSN, and Law No. 36 Year 2009 concerning Health [4] State Gazette of the Republic of Indonesia Year 2009 Number 144, Gazette of the Republic of Indonesia Number 5063) called the Health Act. as well as Law No. 24 of 2011 on the Social Security Agency [5] State Gazette of the Republic of Indonesia Year 2011 Number 116, Additional State Gazette of the Republic of Indonesia Number 5256) called the Law of BPJS.

The philosophical foundation of Law No. 40 of 2004 on National Social Security System, as stated in the preamble to weigh states: "a. that everyone is entitled to social security to be able to meet the basic needs of a

*Corresponding author: Prima Dewi K., STIKes Surya Mitra Husada. Email: primastikes@gmail.com

decent life and improve dignity towards the realization of Indonesian society that is prosperous, just and prosperous; b. that in order to provide a comprehensive social security, the country developed a National Social Security System for all Indonesian people ". Social security in it is of public health insurance philosophy is to bring people of Indonesia a prosperous, fair and prosperous, and the State ensure the implementation of public health insurance, through the National Social Security System.

As the providers of public servants, hospital and health centers should implement the law properly. That is, should carry out duties as institutions that provide health services to the community as well as the obligations mentioned above, including the poor have either Jamkesmas card or no Jamkesmas card, domiciled either in Kediri or outside Kediri, if they require health services at the General Hospital of Kediri, they should be given good service according to the authority given by legislation, and not be rejected on the excuses where the room does not exist, or pay for the drug of to the reason the office of PT Askes closed on holidays , as the mandate of the Social Security Act and the Regulation of the Minister of Health on the implementation of the guidelines Jamkesmas. The law must be implemented well in order to create the legal law which creates of public welfare with free public health guaranteed in hospitals.

METHODS

Research Design: Qualitative descriptive.

Place and Time: This study was conducted in Kediri in May2015

Population and Sample: The informant as much as15 people

In this study, the data collection methods used by researchers is the depth interviews with informants

RESULTS AND DISCUSSION

A.Results

1. The characteristics of informants

Informants research on health care protection strategies of the poor in Kediri are composed of 15 informants include age, gender, job, holding health cards. From these results obtained informant characteristic data are housewives aged between 40 and 67 years. Based on the characteristics of sex are all female. Based on all sex their jobs are housewives. Health cards of the characteristics possessed 9 using Jamkesmas while others use BPJS.

2. From the results of research from day to day care in health centers has improved. But precisely the existing services at the Hospital which according to one informant is still lacking and not very pleasant for the informant.
3. The Informant also says that in all health centers and hospitals of all health workers there suggest that poor patients should have a health card such as Jamkesmas, or Jamkesda or BPJS where the cost for the treatment is cheap.
4. Almost all informants said that by using the health card to be cheaper treatment, drug - any drug can be obtained easily and inexpensively.
5. Obstacles faced by the informant are very wide - range for example, each time going hospitalization rooms, the rooms in the hospital are always full. That's what always made them feel uncomfortable.
6. All informants say he wants to get legal protection for them as medical personnel perform a medical act not in accordance with the procedure. They want the service at the Hospital of the best, comfortable, safe, cheap and affordable.

B. DISCUSSION

1. The implementation of the protection of public health services for the poor in the city Kediri

The results showed that nearly all of the patients who seek treatment either in the clinic or are in the hospital using health cards. And if they do not already have it health staff recommends obtaining the health card immediately

Article 34 paragraph 3 of the 1945 Constitution states that "the State is responsible for the provision of health care facilities and viable public facilities"

Indonesian government policy set national social security system aims for the creation of social security including public health insurance, which can be enjoyed thoroughly by the community.

Based on the above statement, it can be interpreted that every Indonesian citizen is guaranteed by the state to prosper and unseen, dwelling and its surroundings as well as guarantee to obtain medical care from the state.

2. Obstacles in the implementation of the protection of public health services for the poor in Kediri.
Obstacles encountered in service is not all government regulations and policies known by the poor, as well as the limited means and facilities available, as well as the dedication of health staff in providing services for the poor is not maximized.

Low health status of the poor due to limited access to health services due to geographical constraints and cost difficulties. Besides the behavior of people who lack support a clean and healthy lifestyle is also an obstacle for the government to advance the development of society, especially in the field of health (2)

Means and facilities to protect the welfare of the community is felt by the poor is very limited. This is because the geographical situation in the region and knowledge of the importance of health is not maximum. And the public perception is still less maximum of the health card itself.

3. The model of the legal protection of poor people in obtaining health services in Kediri

"If it is about the protection it will be related to the law, don't you , now I also want to like it so that when there will be an error due to actions taken by the health staff as the poor we can be protected" (informants 1)

Legal protection is a subjective condition stating the presence of necessity on ourselves a number of legal subjects to quickly acquire a number of sources, to the continued existence of legal subjects that are guaranteed and protected by law, so that its power is organized in the decision making process politically and economically, especially in the distribution of resources, both at the individual and structural rankings [6]

To obtain legal protection in the health services, the government should be more aggressively again to socialize on the health service, so that people know and are able to apply the program correctly.

CONCLUSIONS

1. Poor people who seek treatment at health centers and in hospitals all have already used health cards to obtain health services.
2. Obstacles encountered in service are not all regulations and government policies known by the poor, and there are still many limited structures and infrastructures and the available facilities, as well as the dedication of health staff in providing services to the poor is not maximized.
3. Strategies that can be used are:
 - a. Availability of legislation and government policies is clearly known, understood and performed by health workers and the poor in hospitals and health centers in Kediri.
 - b. Availability of facilities and health care facilities for the poor in hospitals and health centers is adequate in Kediri
 - c. The availability of human resources in health care services in hospitals and health centers is dedicated to the poor for the health services without discrimination.

REFERENCES

1. Tiyasasih, Devitha Angesti, (2011), Skripsi. *Pelaksanaan penerapan pasal 29 ayat (1) huruf b UU nomor 44 tahun 2009 tentang Rumah Sakit berkaitan dengan Perlindungan Hukum bagi Pasien Pengguna Jamkesmas (studi di RSUD dr. M. Soewandhie Surabaya)*, Fakultas Hukum Universitas Brawijaya.
2. Adisasmito,dkk (2007), *Sistem Kesehatan*, Rajawali Persada, Jakarta
3. Undang-Undang Nomor 40 Tahun 2004 *tentang Sistem Jaminan Sosial Nasional* (Lembaran Negara Republik Indonesia Tahun 2004 Nomor 150, Tambahan Lembaran Negara Republik Indonesia Nomor 4456),
4. Undang-Undang Nomor 36 Tahun 2009 *tentang Kesehatan* (Lembaran Negara Republik Indonesia Tahun 2009 Nomor 144, Tambahan Lembaran Negara Republik Indonesia Nomor 5063).
5. Undang – Undang BPJS (Lembaran Negara Republik Indonesia Tahun 2011 Nomor 116 , tambahan Lembaran Negara Republik Indonesia Nomor 5256)
6. M. Hadjon. Philipus. 1987. *Perlindungan Hukum Bagi Rakyat Indonesia*. Surabaya: BinaIlmu.

Strategy on Health Care Protection for the Poor Society in Kediri City

ORIGINALITY REPORT

9%

SIMILARITY INDEX

9%

INTERNET SOURCES

3%

PUBLICATIONS

4%

STUDENT PAPERS

PRIMARY SOURCES

1	media.neliti.com Internet Source	2%
2	download.atlantis-press.com Internet Source	2%
3	Muhammad Kamal. "Workers Protection with a Fixed-Term Employment Contract System based on the Employment Statutory Regulations", <i>Substantive Justice International Journal of Law</i> , 2020 Publication	1%
4	www.scribd.com Internet Source	1%
5	docplayer.net Internet Source	1%
6	www.iosrjournals.org Internet Source	1%
7	id.wikisource.org Internet Source	1%

8

www.kppod.org

Internet Source

<1 %

9

journals.plos.org

Internet Source

<1 %

10

journals.sagepub.com

Internet Source

<1 %

11

www.indolaw.org

Internet Source

<1 %

Exclude quotes On

Exclude matches Off

Exclude bibliography On