Access to Health in Border Areas: Literature Review

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ABSTRACT

Communities living in border areas face greater challenges in terms of access to health compared to urban communities. This article aims to strengthen and complement previous research on health accessibility policies for people in border areas. This research is a literature review that uses the Publish or Perish (PoP) software to search for relevant articles, as well as the Vos viewer to visualize the relevance of previous research. A total of 19 relevant previous studies were used in this study. The results of the research show that people in border areas, both in Indonesia and other developing countries, face significant health access problems. The implication of this research is the importance for governments in developing countries to develop health policies that are applicable and in accordance with conditions in border areas.

Keywords: Access to Health; Border Areas; Literature Review

INTRODUCTION

Access to health services is a means to achieve better service efficiency and quality (Woldemichael et al., 2019). This involves compatibility between clients or patients with the health care system through dimensions such as availability, accessibility, accommodation, affordability, and acceptability (Woldemichael et al., 2019). Improving access is the main goal of current health policy, but a clear understanding of equal access is needed so that operational policies can be developed properly. Forecasting the effectiveness of policy implementation strategies becomes an important tool in choosing the strategy to be adopted, with important implications for government policy and budgeting (Savio & Nikolopoulos, 2009).

Policy implementation, according to the (Van Meter & Van Horn, 1975), is assumed to run linearly from public policy, implementor, and policy performance. Several factors that influence policy implementation include the implementers' understanding of policy standards and objectives, human resources, finance, time, characteristics of implementing organizations, as well as attitudes and conditions of the social, economic, and political environment (Nugroho, 2017). According to (Walt, 1994) health policy has an important role in the economy because it involves innovation and investment in the health technology sector, including in the pharmaceutical industry. What is more significant, however, is that health policy decisions involve issues of human life and death. The goal of health policy is to provide a pattern of prevention, services that focus on maintaining health, treating disease, and protecting vulnerable groups (Gormley Jr & Weimer, 1999). Program failure is often associated with inadequate planning or a lack of the program itself, as explained by (Van Meter & Van Horn, 1975)
(Levine, 2020) shows that the problems in overcoming poverty are due more to administrative
difficulties than to the nature of the program itself.

Health accessibility issues in border areas are a major concern in developing countries,
especially compared to urban communities. Border areas between countries have an important
role in maintaining state sovereignty. In terms of territory, the border area becomes a concrete
symbol of state sovereignty, because geospatially it is a boundary with other countries.
Communities living in border areas also have an important role in maintaining state sovereignty.
If the government can fulfill the welfare of the people at the border, they can be used to
maintain state sovereignty. According to Widya & Rizki, (2018) if the government cannot fulfill
the welfare of the people at the border and causes them to depend on neighboring countries, this
can be a threat to state sovereignty. Limited health infrastructure, difficulty accessing health
services, and lack of implementation of government policies are challenges for people living in
border areas. This study aims to describe the condition of health accessibility in border areas
based on previous studies conducted in Indonesia and other countries. This study involved a
description of the research problem in an introductory section, followed by an explanation of the
concepts of frontiers, health accessibility, and health policy in a literature review. The research
method will explain how to get article references, while the research results and discussion will
outline the findings from previous research conducted in Indonesia and other countries.

METHOD

This study uses a descriptive analysis method by taking data sources from literature
studies. Primary data obtained from the Google Scholar database. To collect literature data, the
author uses the Publish or Perish (PoP) application using the keyword "Health accessibility
policy in boundary" on 500 previous research articles indexed on Google Scholar from 2017 to
2023. Google Scholar was selected as a data source because it has complete data and is one of
the most widely used databases. Furthermore, to obtain relevant discussions and conclusions,
the authors use the Vos Viewer analysis tool to process data obtained from PoP. To review
articles that have strong causality with the theme of health access policies in border areas, the
author combines the VosViewer analysis tool and the Mendeley application. This study aims to
describe health access policies, especially in border areas. The focus of this research is to
conceptualize and develop related themes. This research will gather concepts through basic
questions, such as how the results of previous research regarding the condition of access to
health in border areas. The results of this study are expected to provide input and initial
concepts for policies on handling access to health in border areas in Indonesia.

RESULTS AND DISCUSSION

Results

The results of the analysis using VosViewer for the last six years, from 2017 to 2023, can
be seen in figure 1 and 2 below. Through this analysis, a total of 19 articles were found that
have relevance in discussing accessibility and policies in border areas. Of these, 15 articles
discussed accessibility and policies in border areas in Asia, Europe and Australia, while 4 other
articles discussed accessibility and policies in border areas in Indonesia.
Discussion

These results indicate that the study conducted by Audi et al., (2022) on Syria focuses on health inequalities and spatial access to public hospitals. This study used data from 2010, before the outbreak of the conflict in Syria, and found high inequality in access to public hospitals across the provinces, especially in the northern and eastern regions of Syria. Research conducted by Audi et al., (2022) uses a literature review approach in South Africa. This research
aims to strengthen the development of health policies and management systems. The results show there are thirty-four potential best practices for policy development and management processes in low middle income countries (LMICs). These best practices can improve the quality of health policies and have high potential for their successful implementation.

Levine, (2020) conducted a literature review to illustrate the evolution of the concept of accessibility. The results of the review show that the concept of accessibility can be explained in two dimensions, namely application-based and definition-based. Research conducted by (Carpentieri et al., 2020) in Italy relates to the projected increase in the number of elderly population in 2050, where it is estimated that the number of elderly will exceed the number of children under 15 years of age. This creates a greater need for medical care services in Italy. The results of this study indicate that the entire elderly population experiences poor accessibility to primary health services, especially in suburban areas. Therefore, a good city development planning strategy is needed to improve the quality of life of the elderly.

Research conducted by Olyaeemanesh et al., (2019) in Ethiopia aims to achieve equitable access to health care and improve the health of the population. The results of this study indicate inequality in the accessibility of health center-based Puskesmas resources in Ethiopia during the period 2015 to 2017. Research conducted by Lawal & Anyiam, (2019) in Nigeria relates to the inequality of access to health care, which is one of the main challenges in achieving Sustainable Development Goals (SDGs). The results of this study indicate that areas with low accessibility exist throughout Akwa Ibom State in the Niger Delta region of Nigeria, which is caused by geographical factors. Research conducted by (Bryant & Delamater, 2019) used the E2SFCA method to measure and compare accessibility using population representation at the micro and macro levels. The results of this study provide insight into the limitations associated with using data at the macro level in measuring and interpreting spatial accessibility.

The literature review research conducted by Cyr et al., (2019) aims to overcome inaccurate definitions of access to health care, especially in the context of differences in facilitators and barriers experienced by people in urban and rural America. The results of this study indicate that defining access to health can be based on four new dimensions, namely government policies and insurance, health organizations and their operational influences, stigma, and primary care and the influence of specialists. Research conducted by Tao et al., (2018) in Beijing, China, used the two-step floating catchment area (2SFCA) method. The results of this study indicate that spatial accessibility to health services at the village level shows significant disparities, and the unequal distribution of public hospitals is the main cause. Administrative boundary constraints also have a significant impact on the accessibility of health services.

Research conducted by Song et al., (2018) in Australia aims to improve the health of the population and optimize the performance of the national health system. This study uses the case study method to compare accessibility between residents in rural and urban areas, using the two-step floating catchment area kernel density model (MKD2SFCA) as an analytical tool. The results of this study indicate that accessibility to health in Australia varies temporally and spatially, and there is a different imbalance between rural and urban areas for different types of hospitals. Research conducted by (Mathon et al., 2018) looked at important issues related to geographic accessibility of health services felt by people in developing countries, especially those living in border areas such as Haiti and the Dominican Republic. This study uses the two-step floating catchment area (2SFCA) method and linear regression to predict accessibility to
health care services. The aim of this study was to measure the impact of the border on the accessibility of health services for Haitians living near the Haitian-Dominican border.

The literature review research conducted by Sohrabi et al., (2018) is motivated by the problem of accessibility to health clinics experienced by the urban poor, who are limited by financial resources and facilities. The aim of this research is to examine and explain the issues and challenges of public health accessibility among the urban poor in three Asian countries, namely Malaysia, Iran and India. The results show that the people of Malaysia and Iran face poor access to public health services, although the availability of services through public clinics in Malaysia and health posts and health centers in Iran is quite good. On the other hand, the Indian government still faces many structural, financial and personal barriers in providing health care services through urban health posts and family welfare.

Research conducted by Forster et al., (2020) is based on market-oriented policies implemented by global organizations such as the International Monetary Fund (IMF) for developing countries. The financial assistance provided by the IMF to countries facing economic difficulties was accompanied by demands for policy reforms. Through structural adjustment programs, countries around the world adopted policies of economic liberalization and deregulation. The results show that structural adjustment reforms have a negative impact on access to the health system and increase neonatal mortality. These structural adjustment programs can hinder the achievement of the Sustainable Development Goals (SDGs) in developing countries. Structural adjustment policies do not take health equity into account among developing countries, and in this case, the policy reforms mandated by the IMF, particularly in terms of labor market deregulation, are associated with adverse consequences for health system access and neonatal mortality.

The research literature review conducted by Harris & Dodson, (2017) was motivated by a lack of hearing health infrastructure for individuals with hearing loss. The purpose of this study was to review the literature on access to hearing health in developing countries and identify improvements that can be made in the future. The results of the study indicate that significant progress has been made in improving hearing health in several developing countries. The change involves training primary care and local hearing health providers in recognizing and appropriately treating hearing loss in developing countries. In addition, telehealth applications have also been used to connect health providers and patients in rural areas. The newborn hearing screening program has been adapted to better suit local resources and customs. This shows that there are efforts from governments in developing countries to improve services through the programs and policies they implement.

Research conducted by van Weel et al., (2018) is based on the important role of puskesmas in the global strategy to achieve universal health coverage (UHC). However, there is a paucity of data on health systems in primary health care (PHC) implementation in most countries. This study aims to explain and analyze the relationship between PHC and the health system in six countries, namely Bahrain, Egypt, Lebanon, Qatar, Sudan and the United Arab Emirates. The results show that these countries have experienced improvements in public health, but are currently faced with the challenges of non-communicable diseases, aging populations, and increasing costs. One of the main concerns is the insufficient number of trained family doctors in the community, as well as the lack of utilization of preventive measures and equitable access to health care.

Research conducted by Siagian et al., (2021) in Paser District was carried out with the aim of explaining the condition of health facilities in general in the area and analyzing the
accessibility of the Paser District population to health facilities, including Class C Hospitals, Community Health Centers, and Clinics affiliated with BPJS Kesehatan. This research is motivated by the commitment of the government of the Republic of Indonesia, especially the regional government of Paser Regency, to provide access to quality and affordable health facilities for all residents. The results of the study show that residents of Paser District face problems in accessing health facilities, especially the puskesmas. As a recommendation, this study suggests the government to build more health facilities affiliated with BPJS Health to make it easier for residents of Paser District to reach the nearest health facility.

Research conducted by Laksono & Wulandari, (2021) in the border area of the island of Kalimantan, which is an area that needs attention from the government, used data from the 2013 Indonesian Basic Health Survey. This study involved 69,043 respondents using the multistage cluster random sampling method, and using a random sampling test. Multinomial Logistic Regression. The results of the study show that people living on the border of Kalimantan have a lower chance of using an inpatient hospital than people in non-border areas. This study also found 8 other predictor factors that influenced hospital utilization for adults on Kalimantan Island, namely type of residence, marriage, education, type of work, socioeconomic status, health insurance, travel time, and transportation costs. Research conducted by Mubarak et al., (2021) in Nunukan Regency, which is the border area between Indonesia and Indonesia, aims to identify and analyze the availability of social infrastructure, economic infrastructure, and the socio-economic conditions of the community in the period 2015 to 2019. The results show that accessibility is low health experienced by the people of Nunukan Regency, which is caused by limited infrastructure.

Qualitative research conducted by Huraerah, (2019) was conducted to explore the lack of accessibility of the poor in the city of Bandung to health services, which is still a problem that is difficult to overcome. The purpose of this research is to describe the factors that affect access to health services and the factors that influence poor decisions in using health services. The results of this study indicate that the factors that affect accessibility to health services consist of infrastructure that facilitates access to health, transportation facilities that support access to health, geographical conditions that affect access to health, health costs as health capital, and socio-cultural issues that affect access to health. In addition, inaccurate decisions in using health services are influenced by external and internal factors. External factors include the health service system such as national policies in the health sector, availability of resources or health workers, as well as political and economic conditions. Internal factors include the characteristics of the poor such as demography, knowledge, trust, income, costs, transportation, health complaints, as well as health conditions and satisfaction with health services.

In Indonesia, based on the Regulation of the Minister of Defense of the Republic of Indonesia Number 13 of 2014, the border area is a geographical area that faces a neighboring country and has residents living in the area, with socio-economic and socio-cultural relations, as well as certain administrative area coverage after an agreement between the bordering countries. In political geography, the concept of border is divided into boundary and frontier, with the boundary acting as a state boundary as a sovereign political unit, while frontier is used to describe the position of a border that is located in front of or behind a country (Bangun, 2017) Border areas are often related to 3T areas (Front, Outermost, Disadvantaged). Communities living in border areas also have an important role in maintaining state sovereignty. If the government can fulfill the welfare of the people at the border, they can be used to maintain state sovereignty. According to Sumadinata & Ramadhan, (2018) if the government cannot fulfill the
welfare of the people at the border and causes them to depend on neighboring countries, this can be a threat to state sovereignty.

Therefore, a health policy that is in favor of border areas is needed. The goal of health policy is to provide a pattern of prevention, services that focus on maintaining health, treating disease, and protecting vulnerable groups (Gormley Jr & Weimer, 1999). In Law Number 36 of 2009 concerning Health, there are several terms used in health services, namely promotive, preventive, curative and rehabilitative. The law also defines health as a healthy condition both physically, mentally, spiritually and socially, which enables each individual to live productively in social and economic aspects. Peters et al., (2008) explained that there are four main dimensions of access, each of which involves elements of supply and demand, namely: a. Geographic affordability, which includes the physical distance or travel time from the point of service delivery to the user. b. Availability, which involves making the right type of care available to those who need it, including hours of operation and waiting times that meet the needs of users, and having appropriate service providers and resources. c. Financial affordability, which includes the relationship between the price of services and the willingness and ability of users to pay for them, as well as protection from the economic impact of health costs. d. Acceptability, which relates to the extent to which health care providers are responsive to the social and cultural expectations of individuals and communities of users.

CONCLUSION

This research found empirically that it is important to pay attention to people who live in border areas so that they have easy access to health. The author acknowledges that the results of this study cannot be generalized to all countries due to limitations from previous studies which only used 19 articles as references regarding health accessibility in border areas. Therefore, the authors encourage the government to issue practical policies to address health accessibility problems in border areas. For further research, it is recommended to conduct more in-depth research using qualitative, quantitative and mixed methods regarding health accessibility in border areas, especially for developing countries like Indonesia.

REFERENCES


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