

PERCEPTION OF THE POOR ON HEALTH SERVICES IN MAKASSAR CITY

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Abstract

The poor are vulnerable to disease and easy to transmit various diseases due to lack of environmental hygiene, clean living behavior of people who are not yet entrenched, knowledge about health and education which is generally still low. This study aims to find out the perspective of the poor regarding the health services they have received so far and the efforts they have made to access the health services they have wanted so far. This type of research is descriptive qualitative research conducted in Makassar City. The informants in the research were carried out by purposive sampling, this study used observation data collection techniques, interviews and documentation. The analysis technique used is qualitative and descriptive data analysis techniques (pre-field analysis and field data analysis). The results of our research regarding the efforts of the poor in accessing the health services they have received so far are that in the field there are many irregularities in obtaining access to proper health and many of them do not have any health cards programmed by the government and to manage paperwork. even they do not know how the procedure is performed.

Key words: the poor, perception, government health services,

Introduction

In this era of global development, it cannot be separated from the direction of national health development, where one of the strategies being developed is reform in the health sector. The implementation of development, especially in the field of health financing, has been started by the Indonesian government since 2001 with poverty alleviation through free health services. Therefore, every individual, family and all levels of society have the right to receive health services. The government, in this case, is fully responsible for regulating to support the fulfillment of the right to a healthy life for all of its citizens, including the poor and disabled. The low health status of the poor is caused by the difficulty in accessing quality health services. This difficulty in accessing services is influenced by various factors, such as the lack of economic capacity. The expensive health costs are caused by an increase in health costs caused by various factors such as changes in disease patterns, developments in health technology, geographical conditions that are difficult to reach health facilities (Ministry of Health, 2008).

The poor are vulnerable to disease and easy to transmit various diseases due to lack of environmental hygiene, clean living behavior of people who are not yet entrenched, knowledge about health and education which is generally still low. The health status of the poor based on the Infant Mortality Rate (IMR) indicator is 26.9 per 1000 births and the Maternal Mortality Rate (MMR) is 248 per 100,000 live births, and life expectancy is 70.5 years (BPS, 2007)

Health is not only about the physical or biological condition of a person, but also about the social condition of a society. Health development must also be seen as an investment in terms of supporting the improvement of the quality of human resources and economic development, as well as having an important role in efforts to reduce poverty. Health efforts must be carried out early and continuously. Health is very important for humans to survive and carry out activities. The importance of health encourages the government to establish health services, so that people can access health needs. Health services, one of the types of public services, is the spearhead in the development of public health.

The government established health institutions such as the Puskesmas, the Regional General Hospital and the Central General Hospital. The health institution that is often accessed by the public is the Puskesmas. The limited facilities available at the puskesmas have forced the community to choose regional general hospitals as an alternative to be the next referral for accessing other health services. Patients see that only hospitals are capable of providing medical services as an effort to heal and recover from their pain, for this reason hospitals in general must provide quality services in accordance with established standards and can reach the entire community. Therefore, this study aims to find out the perspective of the poor regarding the health services they have received so far and the efforts they have made to access the health services they have wanted so far.

Research Methods

This type of research is descriptive qualitative research which was carried out in Makassar City. The informants in the study were carried out by purposive sampling, this study used data collection techniques of observation, interviews and documentation. The analytical technique used are qualitative and descriptive data analysis techniques (pre- field analysis and field data analysis). The informants in this study were the poor who hold the card of government health insurance at least for three years and have used the program service at least three times in their lives.

Findings and Discussions

Persepsi Masyarakat Miskin Terhadap Pelayanan Kesehatan Yang Mereka Peroleh Selama Ini di Kota Makassar

Perception is the process of interpreting the stimulus. If the stimulus is an object it is called object perception and if the stimulus is a human it is called social perception. Perception in general is the process of acquiring, interpreting, selecting, and organizing sensory information. In psychology, perception can also be interpreted as the process of acquiring, interpreting, and organizing sensory information about other people. What is obtained, interpreted, selected, and regulated is sensory information from the social environment and the focus is other people.

Based on the explanation of the theory above, it can be concluded that social perception is a view or assessment of oneself, of others obtained from learning outcomes and experiences that motivate an individual to interact and behave with the surrounding environment in the hope that it will benefit the surrounding environment. The factors that influence a person's perception according to Sarwono (2011), namely:

1. Attention; does not capture all the stimuli around him at once, but focuses attention on one or two objects only. The focus of attention between one another will cause differences in perception.
2. A person's mental readiness for stimuli that will arise
3. Momentary or permanent needs of the individual will affect the person's perception. Different needs will cause different perceptions for each individual.
4. Rating system, the rating system that applies in a society also influences perception
5. Personality type Personality patterns possessed by individuals will produce different perceptions. The process of forming perceptions is influenced by one individual to another or from one group to another

Community perceptions related to health development must also be seen as an investment to support the improvement of the quality of human resources (HR) and economic development, as well as having an important role in efforts to reduce poverty. Efforts to improve health factors must of course be carried out early and continuously. Examples such as adequate nutrition and healthy behavior are very important for health and growth in a family. Healthy children will of course concentrate more on studying, healthy workers will be more productive at work, and healthy mothers will give birth to healthy children too, and mortality rates can be reduced. However, reflecting on the fact that the poor often feel dissatisfied with the health services they receive and the uneven

distribution of government assistance, namely the provision of BPJS cards, which are expected to reduce community medical expenses.

This is of course proven by some of the excerpts from our interviews, which are as follows. Mr. Samsuddin who works as a bump truck. The interview excerpts are:

"During the time I was a carpenter, how many times did I get sick when I went to the hospital, then the service at the hospital was difficult because it was constrained at BPJS, because I happened to be not there. I don't think the service is good, if you go to the hospital for a lot of treatment, I think I paid because I don't have a BPJS card."

From an excerpt from an interview with Pak Samsuddin, who works as a bump truck, he revealed that the health services he has received so far have been unsatisfactory, apart from being constrained at BPJS, Pak Samsuddin also objected to the costs he had to incur when he went to the hospital for treatment because he did not have a BPJS card programmed by the government, therefore he has to pay a large amount for treatment. Mr. Hairuddin who works as a vegetable seller (30 years). The interview excerpts are:

"The service at the health center pays all the time because I don't have a BPJS card and I don't have my KIS card. I was also asked by village officials for a family card and ID card, but my card doesn't come out, so if you want to go to the puskesmas, if you go to the hospital, it's definitely more more expensive so in my opinion the service is not good because you pay a lot there are no pieces like that because you don't have my cards"

From an excerpt from an interview with Mr. Hairuddin who works as a vegetable seller (30 years) expressed his disappointment because every time he went to the puskesmas he always paid a lot of money apart from not having a BPJS or KIS card programmed by the government. He also regretted the puskesmas and village officials where he he lives who doesn't help him in taking care of the health card as a result even to go to the hospital he thinks twice because the cost at the hospital must be more expensive compared to the cost of treatment at the health center.

Willingness or interest in treatment is a feeling of interest that arises in a person because of the influence of the stimulus itself. According to Engel (1994) consumer interest is defined as actions that are directly involved in obtaining, consuming, and spending services, including the decision process that precedes these actions. Interest is the best predictor for predicting behavior, knowing the interest will most likely be known behavior. Furthermore, Engle also stated that the intention to behave is a function of beliefs and evaluations about attitudes coupled with the expectations of people who are considered important for such behavior, then weighed against the motivation to comply with the award. Beliefs here are normative beliefs in the form of beliefs that certain referents think people should perform certain behaviors and motivation to comply with behavioral interests.

According to Kuntjoro (2005) the leading link in the chain that needs attention in improving the quality and performance of health services is the patient and community experience of the services they receive. According to Hafizurrahman (2004) states that for patients and society quality means a feeling of empathy, respect and responsiveness to their needs, services that must be adapted to their needs. Friendliness or enjoyment related to health services that are not directly clinical can affect people's satisfaction and interest in visiting these services. Community visits to a service are always associated with quality because quality is the hallmark of a service that attracts the public.

Efforts of the Poor in Accessing Health Services in the City of Makassar

The problem of low accessibility of the poor to health services has not yet been resolved. In

practice, the poor still encounter obstacles that impede their accessibility to health services. Some literature shows that the problem is caused by two factors, namely internal factors (which come from the individual himself), for example the lack of participation of the poor in health service activities; and external factors (originating from outside the individual) such as remote geographical location, discriminatory treatment from health care providers and administrative procedures that they feel are quite complicated.

However, these factors are not the main and substantial causes, but only "secondary" factors. This paper assumes that the problem of low access of the poor to health services is caused by systemic and structural factors, namely the dominance of the technocratic (top-down) government policy model.) in health development thereby denying local community potentials. Communities are not given the opportunity to voice their aspirations regarding the form of good health services for them. On the other hand, the community is also not involved in the formulation, implementation, monitoring and evaluation of government health policies. As a result, the implementation of health development at the grassroots level has encountered many unexpected obstacles and problems, including the problem of low accessibility of the poor to health services

Thus, the poor become powerless to access health services and experience dependency. Therefore, a medium is needed that bridges the access of the poor to health services, namely local institutions. This paper intends to describe the systemic and structural barriers that block the access of the poor to health services. In addition, this paper seeks to offer alternative solutions to overcome this problem. by utilizing local institutions as bridges that deliver the poor to be able to access health services, especially in the city of Makassar. Our interview excerpts are as follows. Mr. Budi (a pseudonym) who works as an itinerant salesman (40 years old). The interview excerpts are

"People like us are sick or not sick, we are still able to sell, but when there is a sick family, is it usually delivered by motorbike or not, don't you know everyone calls for a new hospital car (ambulance) there is also that if a family wants to give birth, it's normal for someone else to help me normal or ask for help from family who have acquaintances who have cars or other people to help take me to the hospital close to home".

From an excerpt from an interview with Mr. Budi who works as an itinerant salesman. Attempts he made to access health services. He used to ride a motorcycle to go to the nearest hospital or puskesmas that he could reach because to call an ambulance he did not know how the administrative process was carried out to use the hospital car. In addition, he also revealed that if a family member is going to give birth, he usually asks for help from his closest relatives or other people who have cars to help their family members get to the nearest hospital to carry out the delivery process. Mr. Andi (a pseudonym) who works as a parking attendant. The interview excerpts are:

"If I'm sick, I usually ride a bump or motorbike or it's also normal for my child or brother who delivers at the puskesmas, I usually take the queue number and wait for me to be checked, but that's it. I do it"

From an excerpt from an interview with Mr. Andi who works as a parking attendant (35 years) The efforts he made in accessing health services, namely using his own vehicle to go to the nearest health center and in accessing other hospital services such as a hospital car (ambulance) he did not know how to do it at all

Conclusions

Health is a basic need for every individual. Health is a right and also an investment so that all citizens have the right to their health. Health is an absolute requirement that must be owned by every

individual to run the wheels of life normally. But in reality, not everyone can enjoy these basic rights. Poverty is a classic problem that hinders most people from being able to access health services in order to fulfill the right to health. The existence of the Healthy Indonesia Card Program (KIS and BPJS) is one of the government's efforts to open access for the poor to get cheap, easy, fast and quality health services in the context of fulfilling basic health rights. Regarding what efforts they make to access health services, namely they often use private vehicles or are delivered by their closest relatives who have vehicles and to use hospital cars (ambulances) they have difficulty accessing these hospital services besides administration which they feel is a difficult process of course they will incur more costs besides that many of them have expired BPJS cards so to reactivate the card they admit to having difficulties due to economic factors

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