

Determinant Factors in Remote Regional Health Services in the Wondiboy Health Center in Teluk Wondama District (Case Study in Sendrawoi District Health Center)

Aning Melalolin¹, A.L. Rantetampang², Yermia Msen³, Anwar Mallongi⁴

¹Magister Program of Public Health, Faculty of Public Health, Cenderawasih University, Jayapura.

^{2,3}Lecturer of Master Program in Public Health. Faculty of Public Health, Cenderawasih University, Jayapura

⁴Environmental Health Department, Faculty of Public Health, Hasanuddin University, Makassar

Corresponding Author: Anwar Mallongi

ABSTRACT

Background; Health Centre or *Puskesmas* as the primary service provider that is the mainstay of service for the community, has not been able to provide services to remote areas, border areas and islands. The working area of the Puskesmas is quite extensive, geographically it is difficult to reach, a small population, scattered in small groups far apart. The transportation is very limited with expensive fees both land, sea and air. Public health status and health service coverage in remote border areas are still low.

Methods: The purpose of this study is to identify the factors that influence the affordability of Wondiboy health center services (Case Study in Sendrawoi Pustu) which are included in remote areas of Wondama Bay Regency. This study uses a descriptive method with a qualitative research approach. Starting from some of the opinions of the experts above, the type of this research is descriptive in the form of qualitative research methods, namely obtaining an overview of energy, facilities, health problems, community access in Puskesmas services, service factors, traditional factors, community behavior factors is a determinant that influences the affordability of health services in remote areas in Sendrawoi Pustu, Wondama Bay Regency.

Results: There is insufficient coverage according to existing needs because more personnel are employed in cities than in remote areas, the security of officers is not guaranteed live in pustu. Means for Health Services in Remote Areas in Wondiboy Health Center Teluk Wondama Regency (Case Study in Sendrawoi District Health Center), lack of health equipment and health support facilities (laboratories) in the puskesmas often

disappoints people who eventually have to travel far and difficult. This situation is strengthening the interest of the community not to go to the puskesmas. Therefore, it is necessary to complete medical devices and consumables that support health services, especially for cases of diseases that occur in many auxiliary health centers. Funds in Health Services in Remote Areas Wondiboy Health Center, Teluk Wondama Regency (Case Study in Sendrawoi District Health Center) is available but not sufficient to carry out health services in all remote areas and tourism in Wondama Bay in general.

Keywords: Energy, facilities, health problems, community access

1. INTRODUCTION

The direction of health development goals is to increase the reach and equal distribution of quality health services for the community border and island remote areas especially in DTP national priority health centers. In order to increase reach and even distribution of services health, an action plan and development plan have been prepared. There are 6 (six) strategies determined by the Indonesian Ministry of Health, 2010 namely: 1) Mobilizing and empowering the community in DTPK, 2) Increasing DTPK community access to health services quality, 3) Increase financing for health services in DTPK 4) Increasing the empowerment of Health Human Resources in DTPK, 5) Increasing the availability of drugs and supplies and strategies 6) Improve management of

Puskesmas in DTPK, including surveillance systems, monitoring and evaluation, as well as a Health Information System.

The Indonesian Ministry of Health develops an action plan and operational development plan for implementation in the field including community empowerment in the form of Desa Siaga, Poskesdes, Posyandu, improving Maternal and Child Health (MCH), Nutrition, Prevention of Infectious Diseases, Flying Doctors, Doctors Plus, Houses Moving Pain, increased health financing in the form of Special Allocation Funds (DAK), Co-Administration (TP), deconcentration funds, Social Assistance Programs, Community Health Insurance (Jamkesmas), Health Operational Assistance (BOK), Childbirth Assurance (Jampersal), HR improvement especially Health Human Resources in the form of Non-Permanent Employees (PTT), Special Assignments, Study Tasks, improvement of medication and health equipment, improved health management (including management training Puskesmas, surveillance program); the development of Basic Essential Neonatal Obstetric Services (PONED) at the Puskesmas and the Maternal and Infants' Babies Hospital (RSSIB) and Comprehensive Obstetric Neonatal Services (PONEK) at the Hospital; improving the appearance and performance of Puskesmas in border areas between countries; and the development of Flying Health Care; and Support for inter-island transport with Water-Around Health Centers (RI Ministry of Health, 2010).

There are three target groups, namely infants, toddlers and pregnant / postpartum / breastfeeding mothers. The public problem or issue that arises is that the border area is a country window, in addition to remote areas, borders and islands (DTPK) has extreme topography. Therefore the role of infrastructure is one of the important physical components of the border region because of systematic infrastructure development,

In its implementation, health services in remote and very remote areas are

based on health centers, namely as technical implementers of the District / City Health Office which are responsible for organizing health development in their working areas, because Puskesmas are always in the District area or in rural areas. Some related policies that regulate basic health services, including: Kepmenkes number. 128 of 2004, concerning the Basic Policy of Puskesmas, Kepmenkes number 949 and 1239 in 2007 and health service guidelines for remote and very remote health centers in disadvantaged areas, which in principle play a role in organizing health efforts to increase awareness, willingness and ability to live healthy for each resident to obtain optimal health degree.

Everyone has the right to an adequate standard of living for the health and well-being of himself and his family. As a human right, human rights are inherent in a person not because of a person or state, and therefore certainly cannot be revoked and violated by anyone. The condition of the people across the border, coastal areas and rural areas has conditions that have socio-economic conditions that are not different from those in Indonesia. But the fact that it is clear is that health services in general have not been evenly distributed in all remote border areas and islands with people living in urban areas. The priority situation is the emergence of health problems that are not yet clear standard health services provided by health providers along the border and inland areas. While the right of the Puskesmas which is the spearhead of access to health services is very instrumental in health services in remote areas.

Puskesmas as the primary service provider that is the mainstay of service for the community, has not been able to provide services to remote areas, border areas and islands. The working area of the Puskesmas is quite extensive, geographically it is difficult to reach, a small population, scattered in small groups far apart. The transportation is very limited with expensive fees both land, sea and air. Public health

status and health service coverage in remote border areas are still low. The community in general does not yet have the knowledge and behavior of healthy living and unfavorable environmental conditions. The use of Puskesmas in remote areas is influenced by, among others, access to services that are not only caused by distance problems, but there are two determinants, namely determinants of supply, which are service factors, and determinants of demand which are user factors (Timyan Judith, et al. 1997). Determinants of provision consist of service organizations and physical infrastructure, service locations, availability, utilization and distribution of officers, service costs and service quality. While the determinant of demand which is a user factor includes the low level of education and the socio-cultural conditions of the community and the level of income of the low or poor people. The primary need to obtain effective service access is the availability of facilities and officers, affordable and financial distance and social cultural issues that can be accepted by the user. The constraints are the distance of the residence of the user from the service area, the lack of tools and supplies of the service area, lack of funds for transportation costs, and lack of funds for transportation costs, lack of funds for medical expenses. In addition to transportation facilities and infrastructure factors, there are still many other factors that have not been revealed clearly related to the affordability of services that can help resolve the problem.

Health services carried out in West Papua Province and Districts in the West Papua region are with Puskesmas services inside buildings and outside buildings. Three-quarters of the number of Puskesmas in West Papua Province are located or have working areas in remote areas. Of course the characteristics of such areas are not enough to rely on the static services of the Puskesmas and / or the services of the Mobile Puskesmas (Pusling). Even though for several years the Acceleration of Health Development program in Tanah Papua

(P2KTP) or Save Papua was carried out, in 2009 - 2010, when the results were not maximized. Then in the following years, this kind of service, packaged in Flying Doctor Health Care (FDHC) or Community Based Health Services with APBN and APBD funding sources. The research question is how is the health center of the Puskesmas and how is the service pattern of Puskesmas and its networks in remote border areas?

Based on the research questions above, the purpose of this study is to identify the factors that influence the affordability of Wondiboy health center services (Case Study in Sendrawoi Pustu) which are included in remote areas of Wondama Bay Regency. This research is focused on 2 (two) supply determinants which are service factors, and demand determinants which are user factors. The results of the research can be used as input for the program and policy makers so that the efforts of health center implementers in remote areas, borders can be reached and reach the public.

2. MATERIALS AND METHODS

2.1 Type of Research

This study uses a descriptive method with a qualitative research approach. Starting from some of the opinions of the experts above, the type of this research is descriptive in the form of qualitative research methods, namely obtaining an overview of energy, facilities, health problems, community access in Puskesmas services, service factors, traditional factors, community behavior factors is a determinant that influences the affordability of health services in remote areas in Sendrawoi Pustu, Wondama Bay Regency.

2.2. Location and Time of Research

This research was conducted at Wondiboy Health Center and in Sendrawoi Pustu, Wondama Bay Regency as one of the far-reaching Sub-District Health Centers from the city of Rasiei, the capital of Teluk Wondama Regency, which was held from October to November 2018.

2.3. Informant and How to Determine it

According to Moleong (2007; 90) Informants are people who are used to provide information about the situation and background conditions of the study. Whereas Rusidi (2006; 28), suggests that informants are people who are able to

provide true data / information - the truth about other people or their environment, while respondents are people who are able to provide true data / information - truth about themselves (motivation, ideas, sentiments, attitudes, activities / real work - really).

Table1. Respondents Characteristics

No	Informant	Age	Occupation Position	Education Notes
1.	Informant 1	54 year	PNS Chief S1	Informant Key
2.	Informant 2	52 year	PNS chief deptS1	Health staff
3.	Informant 3	39 year	PNS chief central	Doctor
4.	Informant 4	34 year	PNS Staffs D3	Seaman
5.	Informant 5	50 year	PNS HeadS1	District Wondiboi

By looking at table 1 above, an illustration of age is obtained informants ranging from 34 years to 54 years. Of the 5 informants, all were male. They are ASN, including 2 people working at the Wondama Bay District Health Office. Each of them held the position of Head of the Health Office, Head of Health Services, 1 Head of Community Health Center, 1 Person of Pustu Sendrawoi Officer, 1 person Head of Wondiboi District.

2. Profound Interview Results

a. Power Variable:

Informant 1: "In general, the number of staff in Wondama Bay District has not been able to fulfill health services considering the number of Puskesmas is quite extensive and is an area that is difficult to reach, partly by sea, land which is quite steep. So in general our labor is still lacking. Health workers are there, but still lacking. Therefore we remain with all our might personnel so that health services must still be carried out. One effort is to provide PTT doctors and contract workers"

Informant 2: Personnel scattered in several Puskesmas have not been evenly distributed so that the number of available staff has not maximally carried out essential services including activities outside the building. The main obstacle is that the facilities of the Pustu located near the village often have no officers in the place. The officers mostly live in the city rather than having to be in the village. This is a

matter of consideration to be an evaluation for us. "

Informant 3: "Health workers do exist, but they are not sufficient because we have difficulty managing our employees. This is due to employees who have their SK placed in rural areas always wanting to move to the city, on the grounds that they follow their husbands. Some say they don't feel at home, there is no attention from the government. The sanction that we give to employees - employees, who are lazy, is to give a reprimand letter and even some employees are detained. On the other hand, with limited energy, resulting in multiple tasks, so that sometimes other tasks are ignored.

Informant 4: The limited energy in the Wondiboi Community Health Center made us fail in doing services, so some activities were reduced by the number of visits that should be once a month for 3 months. If the main puskesmas has a meeting or minilok activity, it means that the pustu is not open. So if there is an emergency patient, it must be rushed to the main Puskesmas. The officer also said that he was not comfortable because of the lack of security factor in this area, some officers who had served were not at home, one of which was inadequate housing, lighting was not good either"

Informant 5: "The pustu officer arrived at the pustu, the clerk was at least two weeks before he arrived, and even once a month came all the health centers around

the road for drugs. The officers are still lacking, so there are more in the city. This is what we still use as an apparatus to continue to expect attention from the government in providing nurses and paramedics in our area"

From the results of interviews with 5 informants, the results were obtained: When viewed from existing resources, the number of health workers needed, both those engaged in promotive, preventive, curative and rehabilitative fields there are still many in the city. All informants said the number of personnel in the Puskesmas was there but the distribution was not evenly distributed. The number of nurses and midwives for medical services inside and outside the building is still lacking. Similar to the condition of doctors, there are still many services in the building. The distribution of local health personnel must be optimized, especially to remote areas. Optimizing health workers is one of the efforts to increase the availability, equity and quality of health workers, especially in remote, disadvantaged, border and island areas (DTPK). The safety factor is also inadequate where the officers and lighting are still using makeshift tools. Feeling uncomfortable with the environment around the house.

b. Means variable:

Informant 1: "The main building of the Wondiboi Community Health Center is quite extensive, there is a doctor's house, a house for paramedics. There are also 6 Pustu buildings, but only 4 are active, the vehicles owned by the Wondiboi Health Center only have 1 unit, but not all people use ambulances to operate services in remote areas. Facilities to support health services are also still limited, for example the equipment owned by the health center is still minimal, equipment for blood tests? Mini laboratories are still constrained by energy and equipment. The lack of health services cannot be entirely blamed on field officers, because to get maximum service, it is necessary to support the performance of medical personnel, the condition of the

infrastructure that is the complaint of the officers. The addition of cars and two-wheeled operational motors must be prepared. It's no longer a secret that service in remote areas is always complained about."

Informant 2: "The vehicle facilities used for parking are actually already inadequate so they cannot be used to go to distant villages with steep terrain. In my opinion, one of the factors that makes the obstacle for Puskesmas do a lot of work

c. Fund Variable

Informant 1: "Existing funds are available to service all puskesmas services so that the even distribution of services is still minimal. With the complex problems in remote health services, the APBD-P budget is more focused on remote areas like Sendrawoi. Informant 2: "Funds available to carry out services are sourced from Non-Physical DAK funds, which are used by Puskesmas services, the available funds are not fully sufficient for Health services".

Informant 3: "Health financing support such as Jamkesmas, Health Operational Assistance (BOK), Special Allocation Funds (DAK), Jampersal, and social assistance; POA Existing funds are certainly not enough to fulfill all puskesmas services.

d. Variable Health Problems

Informant 1: "Health issues that are a priority in Wondiboi District are prevention, and prevention of diseases such as malaria, Ispa, and diarrhea and other diseases in society or diseases that are classical and mushrooming in the lives of many people who are still far from healthy living behaviors, such as still littering, not yet aware of using latrines in homes that are available.

Informant 2: "In the top 10 diseases it is clear that the biggest diseases are Malaria, Ispa, Diarrhea, and what stands out also from the problem of clean and healthy behavior, they are still not aware of maintaining environmental hygiene, still throwing garbage carelessly, and not fully using toilet for defecation."

Informant 3: "The most problems in the service we encountered were classic problems, Malaria, Ispa, diarrhea, still littering, the surrounding environment that still looked dirty, still defecating carelessly even though there were latrines in every house."

a. Variables of Community Distance in Using Puskesmas Services

Informant 1: "It is admitted that the distance between the residents' residence to the Pustu is rather far away, the community must cross the river on foot. Not to mention if heavy rain means it cannot cross the river. Not to mention transportation that is difficult to add plus a lack of economic community. Sekurang - the lack of people only relied on traditional medicine before interpreting health services. Moreover, people are happier or more prioritizing to go to gardening later in the afternoon, then come home new if there is someone who is sick, looking for a health worker."

Informant 2: "The distance between the residence of the residents to the Pustu is very far they must come by foot and the most worrying must pass through Kalii. If it's not raining, it means you can pass it, if it's raining, you have to be patient. The opposite is also true for our officers to pick up emergency patients.

Informant 3: Most of the residents' houses are very far from the pustu they have to walk, if good weather means they can be reached. The trip can be up to 1-2 KM ... That is our obstacle in terms of service so that it cannot be denied that the low number of people visiting to the pustu is low. But that does not mean that the community does not use health services at all. They are looking for health cadres who have indeed been provided with makeshift drugs such as paracetamol and antalgin.

b. Service Factor Variables

Informant 1: " The problem experienced by the Sendrawoi Community Health Center is that in serving the health of the community in buildings and outside buildings, there is a lack of energy. This was felt when the officers had to get off the

field, but at the same time had to provide services at the puskesmas that were of an emergency nature or could not be delayed. For example, there are patients who have time to give birth. In addition, there is a lack of adequate transportation, as explained above. Posyandu activities are also not maximal in Sendrawoi Sub-District because the community is encouraged to go to Posyandu because of the provision of supplementary food in the form of MP ASI ". Informant 2: "The service factor also still lacks the availability of medicines at Sendrawoi Health Center and equipment, we are still continuing to improve, in order to further improve services. Both in terms of energy, equipment and even more maximal service. We also do not fully service the officers who are not in place, this issue should be communicated with the stakeholders in this area. "

4. CONCLUSION

a. Personnel in the Determinants of Health Services in Remote Areas In Wondiboi Health Center, Teluk Wondama Regency (Case Study in Sendrawoi District Health Center) there is insufficient coverage according to existing needs because more personnel are employed in cities than in remote areas, the security of officers is not guaranteed live in pustu.

b. Means for Health Services in Remote Areas in Wondiboi Health Center Teluk Wondama Regency (Case Study in Sendrawoi District Health Center) The lack of health equipment and health support facilities (laboratories) in the puskesmas often disappoints people who eventually have to travel far and difficult. This situation is strengthening the interest of the community not to go to the puskesmas. Therefore, it is necessary to complete medical devices and consumables that support health services, especially for cases of diseases that occur in many auxiliary health centers.

c. Funds in Health Services in Remote Areas Wondiboi Health Center, Teluk Wondama Regency (Case Study in

Sendrawoi District Health Center) is available but not sufficient to carry out health services in all remote areas and tourism in Wondama Bay in general.

d. Health Problems in Health Services in Remote Areas Wondiboy Health Center, Teluk Wondama Regency (Case Study in Sendrawoi District Health Center) is Malaria, ARI, Diarrhea, because there is still low public awareness to maintain cleanliness.

e. Distance from Community Houses to Puskesmas in Remote Regional Health Services at Wondiboy Health Center, Wondama Bay District. (Case Study in Sendrawoi Pustu) is far away and must be traveled by foot about 1-2 hours, if it is raining and extreme weather cannot cross times to go to Pustu.

f. Service Factors in Remote Regional Health Services in Wondiboy Health Center, Wondama Bay District. (Case Study in Sendrawoi Sub-district) From the interviews, according to all the informants, the officers had done the maximum service possible, turned back to the role of infrastructure and transportation as one of the important physical components for remote areas. And if you find an emergency case that needs immediate help, the pustu is closed.

REFERENCES

- Adisasmito, W. 2012. Sistem Kesehatan. PT. Raja Grafindo Persada. Jakarta
- Algifari, 1997. Statistika Induktif untuk Ekonomi dan Bisnis. Cetakan Pertama. Yogyakarta.
- Arikunto, 2004 Prosedur Penelitian Suatu Pendekatan Praktek. RinekaCipta.Jakarta.
- Bertha Kamo, Yermia Msen, A.L. Rantetampang, Anwar Mallongi, 2018, The Factors affecting with Four Visited at Public Health Centre Sub Province Mimika Papuan Province. International Journal of Science and Healthcare Research, Vol.3; Issue: 2; April-June 2018
- Dinkes Kabupaten Teluk Wondama, 2016. Rekapitulasi Laporan Tahunan. Wasior.
- Dunn Wiliam, 2003, Analisis Kebijakan Publik, edisiKedua, Jakarta
- Eka Setyaning Suci, A. L. Rantetampang, Bernard Sandjaja, Anwar Mallongi. 2018. Influential Factors against Exclusive Breast Feeding In Working Area of Wania District Health Center of Mimika Regency. International Journal of Science and Healthcare Research 3 (2), 206-211
- Handayani L, Evie S, Siswanto, dkk. 2006. UpayaRevitalisasi Pelayanan
- KesehatanPuskesmasdanjaringannyadalarn angkaPeningkatanKualitasPelayananKesehatan. Surabaya: Pusat Penelitiandan Pengembangan Sistemdan Kebijakan Kesehatan. LaporanA khir Penelitian
- Kepmenkes RI Nomor 128, 2004. Kebijakan Dasar Puskesmas. JakartaNomor 949 dan 1239, 2007. Pedoman Pelayanan Kesehatan Puskesmas Terpensil. Jakarta
- Lefaan Margareta M.K, Rantetampang A.L, Sandjaja B, Anwar Mallongi., 2018. Factors Affecting of Pregnancy Women to K4 Visits in Timika Public Health Center, District of Mimika, Papua. International Journal of Science and Healthcare Research 3 (2), 212-220
- Notoatmojo, S. 2007. Prinsip – Prinsip Dasar Ilmu Kesehatan Masyarakat. Rineka Cipta. Jakarta
- Noor, J. 2011, MetodologiPenelitian: Skripsi, Tesis, Disertasi dan Karya Ilmiah, Cetakan Pertama, Kencana, Jakarta.
- PongtikuArry,dkk, 2016. MetodePenelitianKualitatifSaja.Jayapura.
- Profi 1 PuskesmasWondiboytahun 2016. DinkesKabupatenTelukWondama
- Stefanus Supriyanto dan Nyoman Anita Damayanti, 2007. Perencanaan dan Evaluasi. 2007. Surabaya
- SumiarniEndang, dkk, 2018, EksistensiHukumAdat Serta Nilai – NilaiKearifanLokalsebagaiPenunjang Pembangunan Suku – Suku di KabupatenTelukWondamaProvinsi Papua Barat.Manokwari.
- Suharmiati,dkk, 2012 Faktor – faktor yang mempengaruhiKeterjangkauanpelayananKesehatan di Puskesmas Daerah Terpensilperbatasan di kabupaten Sambas, Kalimantan
- Wahab, 1997. Analisis Kebijaksanaan dari Formulasi ke Implementasi Kebijaksanaan Negara. Edisi 2. Bumi Akasara. Jakarta.

- 2010. Analisis Kebijakan dari Formulasi ke Implementasi Kebijakan Negara. Edisi 2. Bumi Akasara. Jakarta.
- Wirman Syafri, H. 2010. Implementasi Kebijakan Publik dan Etika Profesi Pamong Praja. Edisi 2. Alqa Prisma Interdelta. Jatinangor
- Yuliarta Mararu, Bernard Sandjaja, A. L. Rantetampang, Anwar Mallongi, 2018. Determinant Factors Affecting Malaria Occurrence among Pregnant Woman in the Wania Puskesmas, District of Mimika.

International Journal of Science and Healthcare Research 3 (2), 195-205

How to cite this article: Melalolin A, Rantetampang AL, Msen Y et.al. Determinant factors in remote regional health services in the Wondiboy health center in teluk Wondama district (case study in Sendrawoi district health center). International Journal of Science & Healthcare Research. 2019; 4(1): 163-170.
