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Original Research Article

Poverty Effect to the Ability of Access to Health Services in the Medan City, Indonesia

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ABSTRACT

Government is supposed to increase the society's involvement in creating and financing health as well as observing the social function to ensure the health service for the under privileged. The *Askeskin* at present, and *Jamkesmas* program is expected to serve the underprivileged entirely, therefore they are ensured to access the free of charge health service, but the reality demonstrate the opposite, the program is not able to provide health service for the underprivileged in Indonesia yet. Health service is created to obtain a better health level of the society. A decent level of health would increase productivity, quality of life and human development index as well as reducing poverty. The purposes of the research were as to analyze the influence of health service for the underprivileged to the health level in Medan, to analyze the influence of human development to poverty and to analyze the influence of poverty to the ability to access health service in Medan. This research is an explanatory research, using linear regression for analysis method, the research is held in Medan, where the object is people categorized underprivileged in 21 districts. The outcome explains that the health service provide a significant influence to the health level. If there is an increasing quality of health service to the underprivileged, it will increase health level for the underprivileged. The health level provides a significant influence to the human development in region extending program. If there were an increasing in society's health level it would accelerate the human development process for the underprivileged. The health level of Medan society is an essential indicator that indicates the progress of high quality city development asset. Human development in region extending program provides a significant influence to poverty. If there were an increasing human development in region extending program, it would accelerate the decreasing process of poverty for the underprivileged in Medan. Poverty does not provide a significant influence for ability to access health service. The underprivileged in Medan does not have difficulty in accessing primary health service, as the primary health service given by the Medan City government is free of charge. Health service provides a significant influence to the human development in region extending program. If there were an increasing in the quality of health service received by the society, then it would accelerate the process of human development for the underprivileged.

Keyword: healthy service, levels of healthy, human development and poverty.

INTRODUCTION

The government has the task of moving the public participation in the implementation and financing of health with regard to social

functioning health services for disadvantaged communities remain guaranteed (Article 8 of Law No. 23, 1992). According Susenas (2004), 56.6 % of people are not satisfied at the time of getting inpatient health services. 18.1 % of people are not satisfied at the time of getting hospitalized, and 25.3 % are people who are satisfied at the time of getting inpatient services provided by the government (Research Agency Department of Health 2005).

BPS data show that the population of the city of Medan, poor society in 2006 were 415 834 inhabitants or 20.42 % of the total population of the city of Medan. Judging from spreading, Northern Field (Field rituals Marelan Medan Belawan and Medan) is the biggest areas of poverty (31.51 %) of the total poor population. The government has sought to improve the welfare of the community through the development of policies that can touch all levels of society, but the results are still less encouraging. Central Statistics Agency (BPS) recorded the number of poor people in Indonesia in 2007 totaled 39.30 million (17.75 percent). Poverty has a shape and different causes, such as lack of employment, so as result in increased unemployment. The open unemployment rate of Medan in 2006 were 253 113 people (Medan City Department of Labor, 2007). Good education and health service will assist the poor to increase their asset especially productivity, (Lanjouw, et al, 2001).

Chambers (in Nasikun, 2001; Soejono, 1991) defined poverty as a condition of lack of money and goods to guarantee of life sustainability. In a proportion of the poor in the city of Medan has received health care at government general hospital, which is part of the development program. Medan City Government as public primary health care, specialist outpatient without any action by establishing the diagnosis of disease, treatment of disease, health education, drug delivery, immunization, basic health and dental care. (Medan City Health Department, 2006). It is expected that each party contributes to produce optimal service (Supari, 2005), otherwise the number risk person will continually increased, (Timmreck, 2005).

MATERIALS AND METHODS

Research Design: This research applied explanatory study, intended to test and to assess the influence of variables of health services, health status, human development, poverty and further relation between health services to human development.

Research Sites: This research was conducted in the city of Medan which is composed of 21 districts; with the object of research were communities with poor category, who have health cards / medical treatment.

Population and sample: The population was all of those poor who will be investigated (the poor who have *Askeskin* card / health card). In this study population was poor which meant living in the administrative area of Medan, spread over 21 districts with the head of the family unit. Based on the calculation of sample size were 438. Therefore using the cluster sampling method needs to be multiplied by the design effect (design effect) by 2 times. So the number of samples from the first calculation is 2 x 438 = 876. Then large samples to be taken in 6 districts namely Tuntungan Medan, Medan Johor, New Medan, Medan Deli, Medan and Medan Belawan Labuan amounted to 876 respondents.

RESULTS AND DISCUSSIONS

a. The low compliance capability clothing of Poor Household (RTM)

The low compliance capabilities RTM clothing is characterized by the large

number of poor households that cannot afford to buy a new set of clothes every year, about 17,992 RTM or by 20.52 % of the total poor households in the city of Medan. Priority activities dealing with the above issues in the district directed the New Terrain RTM with the number 224 (36.66 %); Medan Johor districts the number of RTM 1,327 (28.48 %); Helvetia Medan districts the number of RTM 939 (28.43 %); and sub-field Tembung the number of RTM 1,306 (26.22 %).

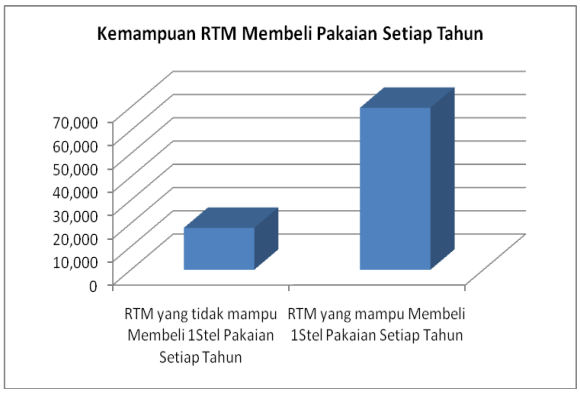

Figure 1. Ability RTM to buy clothes every year

Source: Bappeda Medan, 2006

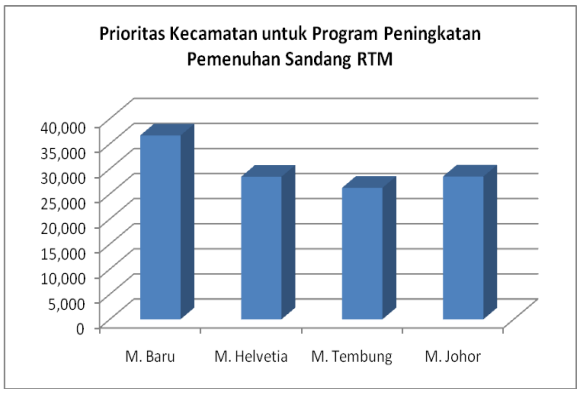

Figure 2. Districs priority for program development clothes of RTM

b. The high number of poor households who are unable to access health center or clinic.

The numbers of poor households who are unable to access health facilities health centers or clinics in the city of Medan were 51 063 poor households or approximately 58.25 % of the total RTM. Conditions will be very worrisome because of the inability and helplessness of the poor access to health facilities will impact the health status of households and further impact on the poor ability in carrying out their social and economic activities. This indicator should be examined in the current recall has been made to improve access to health services by both the national government and the city government. Various programs have been carried out starting from the treatment area is free at all health centers in the city of Medan, *Askes Gaskin*, an increase in inpatient health centers in various parts of the city. On the other hand, the number and location of polyclinics, clinics and hospitals in the Metropolitan as Medan has been quite a lot and spread. The results of studies and interviews show that the above mentioned health insurance is not limited to the proximity of health facilities with the RTM home location or the availability of means of transport to the health center or clinic, but rather on the social and cultural patterns of health care itself of RTM. RTM has not been accustomed to seek treatment for various reasons, so it was thought that the only treatment has been critical level. This can be seen from the district and subdistrict of Medan City (Medan Baru) that includes four districts with the largest percentage of problems.

Priority response to the above problems by increasing health insurance RTM to health through the development of programs that already exist and educational efforts and changes in social and cultural conditions in the district of Medan City directed by the number of RTM with 2,252 (91.62%); Medan District Marelan is 6,991 (90.18 %) and Medan District Suggal with 3,428 (88.33 %). In addition, out of the four

districts, some districts have access to health facilities is very low, ie, above 50 % poor households are unable to access the health center or clinic. They are include districts of Polonia 1447 RTM (74.74 %); East Field districts the number of RTM was 2,902 (72.53 %); Terrain districts Petisah with 1,071 (72.22 %); Helvetia Medan districts with 2,373 (71.84 %); Terrain districts Tuntungan with 1,896 (69.65 %); Terrain districts Labuhan with RTM of 4,768 (69.56 %); Terrain districts Maimoon with RTM of 1,619 (66.93 %); and sub- field Denai with 3,188 (62.29 %) RTM.

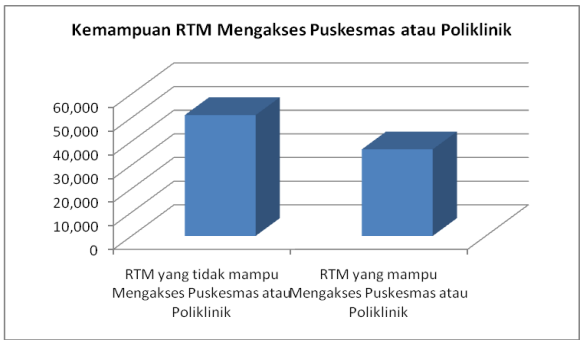

Figure 3. The ability of RTM to accesss health centre or clinic.
Source: Bappeda Medan, 2006

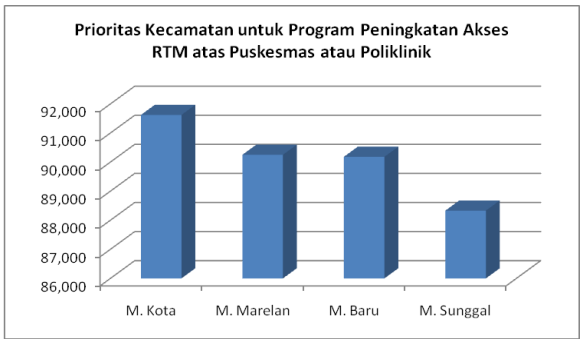

Figure 4. Distrcits priority for access development program of RTM for health centre or clinic .

c. Low ownership of assets and valuables

Poor household (RTM) Ownership of assets and valuables based on ownership of TV at Medan were low, approximately 58.53% of the total, or about 51 159 RTM. Priority activities to address the problems done by applying program of opening of new jobs and empowering effort directed in the district of Medan Baru with number of RTM were 535 (87.56%); Medan Selayang districts with number of RTM were 2,069 (72.12%); Denai districts with 3,385 (66.14%) RTM ; and the districts of Medan Barat with 2,223 (66.14%) RTM.

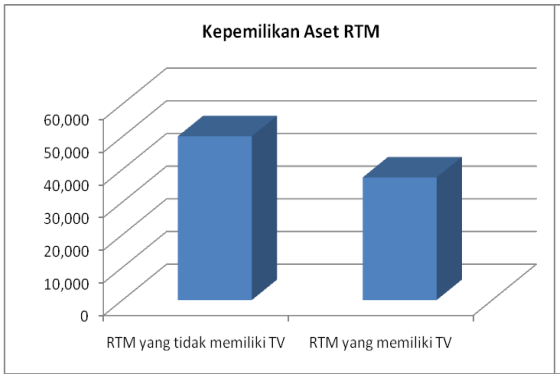

Figure 5. RTM ownership assets.

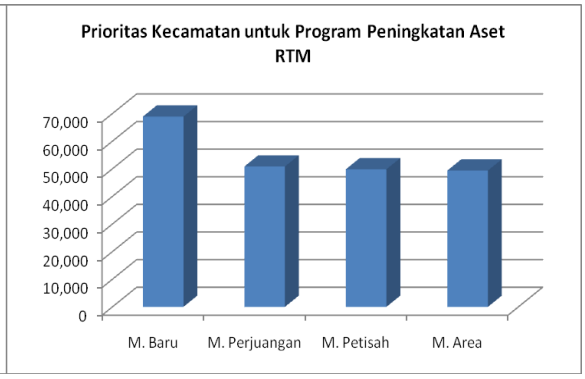

Figure 6. Districts priority for RTM Assets ownerships Program development.

Source: Bappeda Medan 2006

Purchasing power index is used to measure the standard of decent living. This indicator influenced knowledge and realize the opportunities that exist for knowledge in a variety of goods / services as income. So with existing revenue, human beings can

create purchasing power to meet various needs. In calculating the purchasing power index, per capita expenditure approach is used which has been adjusted for inflation in each area. This adjustment is necessary to standardize the level of prices in each region. The level of expenditure per capita is the same in one area does not necessarily indicate purchasing power for goods and services the same as the level of prices in each region is different. That is why the expenditure per capita, adjusted first to measure the level of real purchasing power.

Table 1. Main problems of poverty.

Priorities	Main problems of poverty (Variables)	RTM	%
1	The low nutrient conditions RTM	87.115	99,37
2	The poor condition of the building wall RTM	62.858	71,70
3	There are RTM only able to eat 1 or 2 times a day	57.583	65,68
Priorities	Priority main problem of poverty (variable)	RTM	%
4	The low floor area of residential buildings RTM	52.169	59,51
5	Low ownership valuables or assets RTM	51.159	58,35
6	The low level of education KK RTM	51.063	58,25
7	There are still 7 RTM is not able to access the health center or polyclinic	51.063	58,25

Source: Bappeda Medan 2006.

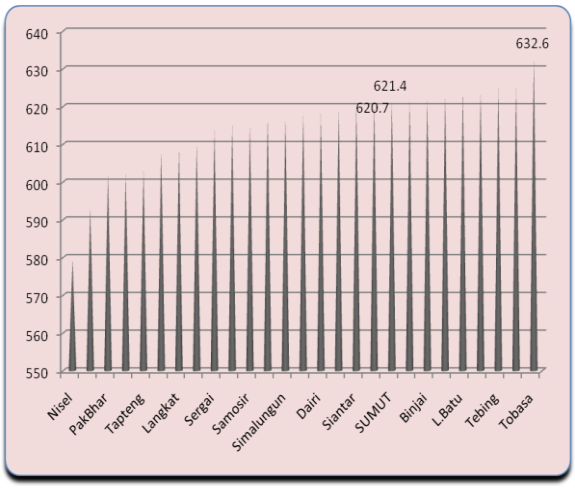

Figure 7. Power Buy (100/year) According to the District/City 2006.
Source: HDI 2007, BPS Medan.

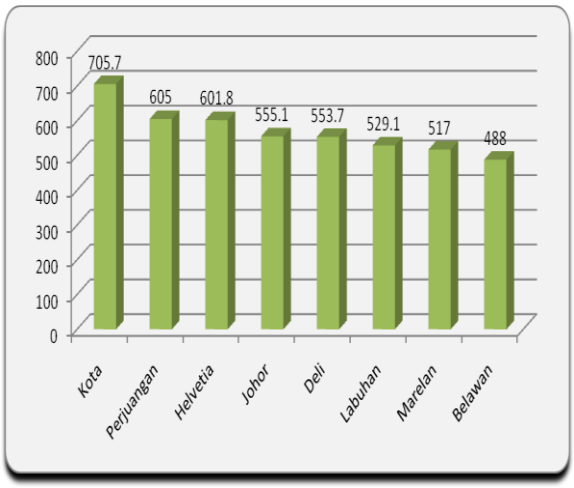

Figure 8. The ability to buy (000/year) in Medan base on districts, 2007.

Due to the economic crisis that occurred in mid-1997 is believed to improve the poor and thus reduce the purchasing power of the population. However, in line with improved economic conditions marked by the return of economic growth in a positive direction, affecting the purchasing power of the population increase in the city of Medan. Real per capita expenditure adjusted or increased purchasing power of Medan City of 579.8 thousand in 2002 to 619.0 thousand in 2004, and eventually became 620.7 in 2006. Indicator arriving below the provincial average and ranks all nine of the district / city in North Sumatra.

Similarly, indicators of knowledge and survival, in 2007 purchasing power indicator in the district of Medan Kota is also the highest with 705.7 thousand while the lowest is Medan Belawan district in the amount of 488.0 thousand. In line with the development of the IPM components forming has increased from 2002 to 2006, IPM Medan city increased. The IPM Medan increased from 70.8 in 2002, increased to 75.4 in 2004, and became 75.6 in 2006. IPM

Medan in 2006 is far above the provincial average of 72.5. In the HDI ranking of Medan is ranked 2nd of all regencies/ town in North Sumatra or national ranking 24th.

D. Influence of poverty on health care.

Poverty and disease occur and interrelate each other, the relationship will never break up unless intervention on one or both sides, ie, the poverty or illness. Poverty affects health so that the poor become vulnerable to various kinds of diseases, because they are susceptible to interference, among others, suffer from malnutrition , lack of health knowledge, health behaviors less, bad neighborhoods and health care costs are not available Conversely poverty affects health. Healthy communities reduce poverty because healthy people have conditions including high labor productivity, lower treatment expenses, adequate investment and savings, advanced education levels, low levels of fertility and mortality as well as economic stability.

Some global empirical data found an association between poor infant mortality three times higher than non-poor families , poor families under-five mortality is five times higher than the non-poor , economic growth country with better health (IMR between 50-100/1000 birth life) is 37 times higher than the state rate of worse health (IMR > 150/1000 live births). A description of the reasons for the importance of health care for the poor is a boost to accelerate poverty reduction and the absolute necessity to implement efforts to improve the health status of the poor. Moreover, entered the era of globalization, to the economic growth of a country's competitiveness demanded that requires human resources with a quantity and high quality.

Of health services for the poor have significance for three main reasons, namely (1). Ensure fulfillment of social justice for the poor, so that health care for the poor absolute recall of infant mortality and under-five mortality 3 times and 5 times higher than the non-poor. On the other hand the implementation of adequate health care for the poor, can prevent up to 8 million deaths in 2010; (2). For a national political interests that maintain the integrity of the nation by improving the integration of development efforts (including health) in poor areas and international political interests to rally together in order to meet global commitments reduce poverty through health measures for poor families; (3). Results of the study showed that the good health of the population, economic growth will be good also thereby overcoming poverty will be more successful.

CONCLUSION

Poverty is not a significant impact on the ability to access health services. The poor Medan did not experience difficulty in accessing basic health services, caused by the primary health care provided by the Government of Medan is free or not free of charge. This is supported by the results of statistical test calculation which states that the t-test = 1.622 is smaller than t - table for α (alpha) 5 % = 1.96. Health status has significant impact on human development. If there is an increase in the degree of public health it will speed up the process of human development for the poor. Community health status Medan is also an important indicator that indicates the progress of asset quality urban development. This is supported by the results of statistical test calculation which states that t - count = 30 318 is greater than t - table for the α (alpha) 5 % = 1.96.

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