

INFLUENCE OF ACCESSIBILITY ON HEALTH SERVICE PREFERENCES IN THE INFORMAL SECTOR IN THE ERA OF THE COVID-19 PANDEMIC IN MAKASSAR CITY

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ABSTRACT

The impact of COVID-19 has made business actors, especially informal sector business actors, to lay off and even terminate employment (PHK). This condition causes the access of informal sector business actors, including to health services, to experience problems. The purpose of the study was to identify the impact of the accessibility dimensions of health services and government policies on the health service preferences of informal sector actors in Makassar City in the era of the COVID-19 pandemic. This type of research is a qualitative research with a case study approach. The procedure for selecting informants in this study was carried out purposively. The size/number of informants in this study was determined on the basis of the theory of saturation. The informants in this study were people who worked in the informal sector/business actors. Accessibility dimensions based on proximity in the Covid-19 Pandemic era did not affect the preferences of informal sector actors to prioritize self-medication at home if the illness they suffered could still be treated by taking medicine, even though facilities were available. modern health services in the domicile areas of informal sector actors. The dimensions of accessibility based on acceptance in the form of perceptions of health services, the availability of health service facilities and good and quality health human resources, and affordability from geographical and economic aspects in the Covid-19 Pandemic era did not affect the preferences of informal sector actors to continue to prioritize self-medication at home. To maintain public compliance with the transmission of Covid 19, it is necessary to carry out structural interventions in the form of enforcing disciplinary rules and imposing strict sanctions for prokes violators to arouse public awareness from the RT/RW, kelurahan, sub-district and district/city levels.

Key Words: Pandemic, covid-19, accessibility, informal sector

I. INTRODUCTION

The COVID-19 pandemic in Indonesia is part of the ongoing coronavirus disease 2019 (COVID-19) pandemic worldwide. This disease is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Positive cases of COVID-19 in Indonesia were first detected on March 2, 2020 and as of September 30, 2020, Indonesia had reported 287,008 positive cases, ranking second most in Southeast Asia after the Philippines. In terms of mortality, Indonesia ranks third in Asia with 10,740 deaths.

The IMF said the Covid-19 pandemic had also caused global economic growth to touch minus 4.9%. Meanwhile, Indonesia's economic growth in the second quarter was minus 5.32%. Given that COVID-19 cases in Indonesia and South Sulawesi in particular, continue to increase, extra efforts are needed to stop the acceleration of COVID 19, because health is the key to recovering an already devastated economy [1].

In Indonesia, the number of workers in the informal sector is still more dominant than the formal sector. The Central Statistics Agency [2] noted that the informal sector dominates employment in Indonesia where there are 74 million people aged 15 years and over who work in the informal sector. While the population working in the formal sector is only 55.3 million people. COVID-19 is hitting the business world. The impact of this virus has made business actors, especially informal sector business actors, to lay off and even terminate employment.

Utilization of health services in the era of the Covid-19 pandemic is strongly influenced by the accessibility of the informal sector actors in urban areas. Access is not only distance, but also the availability of resources, namely facilities [3] infrastructure, and human resources and budgeting [4].

In South Sulawesi, access to health facilities is increasingly affordable, but during the Covid-19 pandemic, access was difficult for low-income groups, including informal sector workers. The lower the income, the lower the access to modern medical services. Even though health services are free, accessing public health services still requires costs for transportation and other costs [5]. Research also conducted by Sitorus states that distance, travel time, availability of health facilities and human resources (health workers) affect preferences for the use of health services [6]

Positive cases of Covid 19 in Makassar City as of September 2020 were 8287 cases. Biringkanaya District is included in the three sub-districts with the highest Covid-19 cases in Makassar City, which are 718 suspects and 1,182 confirmed. This of course also greatly affects the socio-economic aspects of informal sector actors which indirectly have an impact on the ability to access health services and the demand preferences of informal sector actors. In Biringkanayya Sub-district, especially in Daya Village, with the most consideration of informal sector traders: Marketing Places/Traditional Markets; Restaurant/stall; Medical facility; alternative medicine; herbalist.

In this study, researchers want to identify the impact of the accessibility dimension and government policies on the health service preferences of informal sector actors in Makassar City in the era of the COVID-19 pandemic.

II. METHODS

This type of research is a qualitative research with a case study approach. The research location chosen is Biringkanaya sub-district with the consideration that based on the data obtained, it is known that Biringkanayya sub-district is one of the most populous sub-districts. The procedure for selecting informants in this study was carried out purposively. Informants in this study are people who work in the informal sector/business actors, people who are and or have experienced/suffered from illness. Data collection includes efforts to limit research, collect information through interviews, both structured and unstructured, documentation, visual materials, as well as efforts to design protocols for recording/recording information. Data analysis involves collecting open data, which is based on general questions, and analyzing information from participants.

III. RESULTS

This research is a qualitative research that aims to identify the impact of the dimensions of accessibility of health services and government policies on the health service preferences of informal sector actors in Makassar City in the era of the covid 19 pandemic. So the results of the collected interviews are analyzed and presented in narrative form:

Proximity

With the easy reach of health services by the community or patients who want treatment, it will be easier and patients will have more accessible health services, so it doesn't take a long time to get to the destination. As the results of interviews with several informants:

“Pharmacies and puskesmas are health services that are easily accessible to the community” (M 60 year, 07 Dec 2020)

” Health services are located in the community, so that all available health services are easily accessible to people who are inpatient or outpatient” (M 43 year, 07 Dec 2020)

“Well, health services here are very easy to reach, and everything is close together, such as public hospitals and health centers that are close to each other” (S 34 year, 07 Dec 2020)

From the results of the interviews, all said that health services were easy to reach, did not take a long time, and the place of health care was also right in the middle of residential areas, which were not in less populated areas, so if there were patients who needed immediate medical treatment, then the patient is easier to reach the health service because the distance between the residential area and the place of health service is easy to reach.

Reception

From the results of in-depth interviews with informants, acceptance is in the form of perceptions of available health services, perceptions of the expected quality of health services with what is received, and discrimination against certain vulnerable groups of informal sector actors in receiving health services.:

“Health services in general are good, the rest are repairing several sectors, especially in human resources and the system” (E 29 Year, 07 Dec 2020)

“My perception about the available health services is that they are quite good in terms of handling sick people, etc., not only that, the facilities can also be said to be complete if only for regular health checks” (M 27 Years, 08 Dec 2020)

“Perhaps the referral system to main services such as hospitals is still far from expectations. It's a long process, especially those using BPJS/other health insurance” (M 60 years old, 07 Dec 2020)

“In the area where I live, so far there is no service discrimination between BPS Healthcare Beneficiaries (PBI) actors in the informal sector and well-off residents (Non PBI/BPJS Mandiri). Likewise, residents who do not have BPJS are still served” (S 34 Years, 07 Dec 2020)

From the results of the interview, it was stated that the available and received health services were in a fairly good category, but there were several things that needed to be improved, including the Human Resources (HR) system and the referral system.

Availability

From the results of in-depth interviews with informants, the availability consists of the availability of physical health service facilities, the availability of health human resources, and the availability of drugs. Here's an excerpt from the interview:

“Physically in the area where I live there are health service facilities such as health centers, posyandu, clinics, and even hospitals” (E 29 Years, 07 Dec 2020)

“Alhamdulillah, because there are many teenagers who continue their studies at a higher level and major in public health, it can be said that human resources have been fulfilled” (M 27 Years, 08 Dec 2020)

“The percentage of availability of drugs in health centers is 80-100%, meaning that the stock is essential, meaning that it has fulfilled the entirety” (M 43 Years, 07 Dec 2020)

From the results of the interview, it is stated that the available health services physically, human resources, and drugs have been fulfilled.

Affordability

From the results of in-depth interviews with informants, affordability consists of physical and non-physical affordability (ATP and PAP). Here's an excerpt from the interview:

“The location of the hospital in my area is in the center of the city which is very easy to reach by the surrounding community, and is passed by public transportation” (S 34 Years, 07 Dec 2020)

“Affordability between the ability and willingness of the community to visit health care facilities and pay is quite good, especially for BPJS which already meets their standards” (M 43 Tahun, 07 Dec 2020)

From the results of the interview, it was stated that the affordability of health services was very easy to reach, both accessible and affordable from a non-physical perspective, because currently using BPJS.

IV. DISCUSSION

Accessibility Dimensions Based on Proximity to Health Service Preferences of Informal Sector Actors

Approachability is the presence of health facilities in the area where informal sector actors live to obtain health services in the form of distance traveled, as well as the availability and types of health service facilities. According to Jones, access to health services is influenced by 3 barriers, one of which is geographic barriers (location or proximity to available health facilities) [7]

The results of the study indicate that the available health services are in accordance with what the community expects of health services. Research conducted by Reza shows that there is a significant relationship between accessibility and interest in the reuse of health services at the Kendari Hospital [8]. Although the proximity aspect shows that health services in the domicile area are already available, making it easier for the community to access existing health services (puskesmas, hospitals, and clinics), it is easier to access these health services and does not take a long time, but in the pandemic era Covid 19, more informal sector actors who choose to self-medicate when they are sick.

Accessibility Dimensions Based on Acceptance of Health Service Preferences of Informal Sector Actors

Acceptability can be defined as the perception among stakeholders of implementation that provide services, practices or innovations in the form of approval, suitability, or satisfaction [9]. It can be concluded that the services provided at health facilities will have a significant positive impact on patient satisfaction and loyalty. Indications of service quality in hospitals can be reflected in the patient's perception of the health services he has received. Patient / customer perceptions of service quality are a comprehensive assessment of the superiority of a service / service [10].

Kiwanuka et al's research in Uganda shows that the poor who are susceptible to disease have lower access to health services than the non-poor. Barriers to access arise from both service providers and consumers [11]. Distance to points of health care facilities, perceptions of quality of care and availability of drugs are the main determinants of utilization of health care facilities. Other barriers that are also felt by the community are the lack of specialists in public facilities, directions, attitudes of health workers, treatment costs, and lack of knowledge in the community [12].

Accessibility Dimensions Based on Availability of Health Service Preferences of Informal Sector Actors

The appearance and capabilities of physical facilities and infrastructure of health facilities and the state of the surrounding environment are tangible evidence of the services provided by service providers which include physical facilities (buildings, warehouses), equipment and equipment used (technology) and the appearance of employees [13]. Hamidayah's research shows that there is a relationship between the patient's perception of the physical evidence of service and the interest in repeat visits at the general clinic of the hospital. Bhineka Bakti Husada, South Tangerang City [14].

The availability of human resources in the implementation of health services plays an important role, especially in the current era of National Health Insurance. In the management system in health services, HR also contributes both in the input subsystem and the process subsystem [15]. A study conducted by Olakunde BO shows that resource mobilization and accountability are key factors for the success of the National Health Act in Nigeria [16]. Public health centers in 8 districts/cities do not yet have the types of health human resources as stated in the Minister of Health Regulation No. 75/2014, but the types of health human resources such as general practitioners, midwives and nurses are available in all health centers, although the numbers are still lacking.

Accessibility Dimensions Based on Affordability to Health Service Preferences of Informal Sector Actors

In general, affordability can be divided into two aspects, namely geographical aspects and economic aspects. Geographical affordability can be described as the ease of accessing health services as measured by distance, length of trip, type of transportation, road infrastructure. Meanwhile, economic affordability emphasizes the ability of the community to allocate their financial capabilities in reaching health services [17]. The theory put

forward by Wibowo which states that there is a positive relationship between distance and the use of health services where the farther a health facility is, the more reluctant the population is to come [18].

Research conducted by Masita, shows that the closer the distance and the shorter the travel time to the Polindes, the more likely it is to use the Polindes. This is because the closer the distance, the faster the travel time, making it easier to reach health services [19]. This is also in accordance with the theory put forward by Notoatmodjo that people will not use health service facilities, unless they are able to use them.

V. CONCLUSION

This study concludes that the accessibility dimension based on proximity in the Covid-19 Pandemic era does not affect the preference of informal sector actors to prioritize self-medication at home if the illness can still be treated by taking medicine, even though modern health service facilities are available in the domicile area of informal sector actors. The dimensions of accessibility based on acceptance in the form of perceptions of health services, the availability of health service facilities and good and quality health human resources, and affordability from geographical and economic aspects in the Covid-19 Pandemic era did not affect the preferences of informal sector actors to continue to prioritize self-medication at home. To maintain public compliance with the transmission of Covid 19, it is necessary to carry out structural interventions in the form of enforcing disciplinary rules and imposing strict sanctions for prokes violators to arouse public awareness from the RT/RW, kelurahan, sub-district and district/city levels

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