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Research Article

Community Perception of Universal Health Coverage (UHC) Achievement in Health Service Aspect of Community Health Centre In Malili, East Luwu Regency

Mujtahidah¹, Sukri Palutturi¹ and dan Saifuddin Sirajuddin²¹Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Indonesia²Department of Nutrition, Faculty of Public Health, Hasanuddin University, Indonesia

*Corresponding Author

Mujtahidah

Abstract: One of the factors influencing community interest in utilizing health services is public perception. This study aims to assess people's perceptions of the achievement of Universal Health Coverage (UHC) in the aspects of health services in the Malili District Health Center, East Luwu. The study uses descriptive qualitative design. The selection of informants by purposive sampling with the number of informants as many as 8 people. Data collection through focus group discussions (FGD) includes the availability and continuity of services and access to health services. Data triangulation analysis is used to obtain data validity. The results showed that based on aspects of service availability and continuity, there were still some patients who complained of drugs that were rarely available at the Community Health Centre (Puskesmas) so patients were encouraged to buy drugs outside the puskesmas. The access aspect to health services is good because the location of the puskesmas is on the edge of the highway. It was concluded that public perception of the achievement of UHC in the aspects of health services in the Malili District Health Center, East Luwu is generally good for access to health services. It is expected to improve the availability and continuity of services, especially the availability of medicines.

Keywords: UHC, JKN, community perception, service availability, access to health services.

INTRODUCTION

Under the agreement the World has universal health coverage. Goal 3.8 Sustainable Development Goals (SDGs) set a target by 2030 to achieve Universal Health Coverage (UHC), including financial risk protection, access to essential health care services and access to safe, effective, quality essential medicines, and affordable and vaccines for all (Ghebreyesus, 2017).

Improved patient access to care and prevention, primary care, chronic illnesses, drugs, and surgery are significantly affected by the expansion of Universal Health Coverage (UHC). This will help tens of thousands of people live longer because of better medication adherence and management of chronic conditions, and in psychological well-being where a person can pay for care if he falls ill. Conversely, significant health losses, especially for people with low incomes and chronic conditions, will significantly

impact if they reduce UHC coverage (Sommers *et al.*, 2017).

Indonesia's first step in achieving UHC through the Indonesia Healthy Card (JKN-KIS) is how to ensure that the entire population can be guaranteed so that every sick person does not become poor because of the high burden of medical costs. That is, each resident must be a JKN-KIS participant first (JSN, 2012). JKN has now entered its sixth year of implementation. Coverage of participants by 1 January 2019 has reached around 215 million. Meanwhile, before BPJS Health targeted that in 2019 around 257.5 million residents or around 95% had become JKN participants.

Community Health center (Puskesmas) is a first-rate health service that is very important in providing health services to the community. The function of the Puskesmas in the implementation of the BPJS will be maximized to be a gatekeeper, namely the provider of basic health services as the first contact for

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health services that have a large and strategic role. (BPJS, 2014). Some things that affect individuals in the utilization of health services are the availability and continuity of services, the fairness and acceptance of the community, easily achieved by the community, affordable and quality.

Community perception of good service from Puskesmas gives a deep impression and gives motivation to be able to utilize the health services provided. If the public knows that service delivery is as expected, trust and satisfaction will increase (Wulandari and Achadi, 2017). Therefore, this study aimed to determine community perceptions of the achievement of UHC in aspects of health services in the Malili Health Center in East Luwu Regency.

METHODOLOGY

Research Design

This study uses a descriptive qualitative method that examines the perspectives and information of respondents regarding community perceptions of the achievement of UHC related to health services in Puskesmas Malili, East Luwu Regency. The field research was carried out at the Malili Health Center, East Luwu Regency, in July-August 2019.

Research Informant

Informants were determined using purposive sampling technique. Purposive sampling is a sampling technique with special consideration so it is suitable to be sampled. The informants of this study were 8 people, JKN-KIS participants who had used services at the Malili Health Center at least 3 times a year and were permanent patients, with different characteristics: education and employment, different JKN membership status and different age levels, with the aim see the perceptions of JKN participants from various perspectives, be able-bodied and able to communicate smoothly and willing to be an informant by signing an informed consent.

Data Collection

Data was collected through focus group discussions (FGD) and document review. Data on the availability and sustainability of services is assessed by FGDs and document review and access to health services are assessed by FGDs.

Data Analysis

In qualitative research, data analysis is carried out since before entering the field, while in the field and after completion in the field and carried out interactively and continues continuously until it is complete so that the data is saturated. Activities include data reduction, data display, and conclusion drawing (verification).

RESULTS

Informant characteristics

Table 1. Characteristics of FGD Informants in Malili Health Center in East Luwu Regency, 2019

Variable	Frequency (N=8)
Gender	
- Male	2
- Female	6
Education	
- High school or vocational school	2
- Bachelor	5
- Master	1
Age	
- < 35	0
- ≥ 35	8

The JKN-KIS participant informants in this study were dominated by women and aged ≥ 35 years. One JKN-KIS participant who has the last high school / vocational education, has 5 people with Bachelor education and 1 Master.

Community Perception of the Availability and Sustainability of Services

In general, to see people's perceptions of the availability and sustainability of services can be seen through the availability of personnel, completeness of service, availability of medicines and availability of facilities and infrastructure. The results of the FGDs showed that the community perception of the availability of personnel in the Puskesmas was generally good.

Regarding the completeness of the service, there were JKN participants who complained that there was no CT scan at the Puskesmas. Then some JKN participants still complained about the availability of medicines at the Puskesmas where JKN participants were asked to buy medicines outside the Puskesmas.

Community Perception of Access to Health Services

In general, to see people's perceptions of access to health services can be seen through distance and means of transportation. The results of the FGDs showed that people's perception of the distance to health services was good because of the strategic location of the puskesmas. Regarding transportation facilities, access to the Malili Community Health Center can be reached by the community because it is on the edge of the highway so that access is easily accessible by public transportation.

DISCUSSION

Based on the results of the study, a description of community perceptions of the achievement of UHC is obtained, namely from the aspect of service availability and sustainability which includes the availability of personnel, completeness of service,

availability of medicines and availability of facilities and infrastructure as well as access to health services which include distance and means of transportation. The results of the FGDs showed that those who received good perceptions were the availability of personnel at the Puskesmas, completeness of service, distance and means of transportation while the availability of drugs still got a bad perception.

The problem of health services basically shows that the community considers that the first-level health facilities are still lacking because participants cannot distinguish between the categories of health facilities implemented by BPJS. In this study, there were JKN participants who complained about the absence of CT scan services, even though the Health BPJS system implemented 3 categories of health facilities, according to the SJSN Law number 40 of 2004 to develop an effective and efficient system, what could be served in lower type health facilities, may not go directly to top-level health facilities. Thus, if there are patients who cannot be treated at the health center because some health facilities and infrastructure are not available, then the patient will be referred to an advanced health facility (Utami and Mutiarin, 2017).

Regulations from BPJS that often change accompanied by late notice, one of which becomes a factor that influences the availability of drugs, such as procurement of drugs from distributors that are not in accordance with the BPJS contract, socialization of the JKN program to related parties including doctors, pharmacies and participants (Kuswinarti and Sunjaya, 2016).

This study found that there are still drugs that are rarely available at Malili Puskesmas, namely cholesterol drugs and ear drops where the disease is included in the benefit package received by JKN participants. Patients are encouraged to buy at pharmacies outside the hospital at their own expense. This is not in accordance with Presidential decree No. 82 of 2018 concerning the implementation of health services that health facilities are obliged to guarantee that Participants receive medicines, medical devices and consumable medical materials needed in accordance with medical indications. However, for drugs that many people complain about, they have to buy their own. The health center does say that the drug stock is gone.

Drug emptiness can be caused by improper planning. Drug planning is a process of activity in the selection of types, quantities and prices of pharmaceutical supplies as needed to avoid the vacancy of the drug. The basis of drug planning is the consumption method, the epidemiological method and the combination of the consumption method with epidemiology. The consumption method needs to pay attention to some data such as drug list, initial stock, revenue, expenditure, remaining stock, lost / expired

drug, average usage and development of visiting patterns. In addition to consumption methods, determining the amount of drug needs can also be done using epidemiological methods, namely by determining the amount of drug needs by taking into account the pattern of disease.

Distance to health facilities, the length of time that must be taken to obtain health services, easy access and transportation to health services will build a good perception in the community to utilize health services as quickly as possible. This study found that the location of the Malili Community Health Center was in accordance with Article 10 of the Minister of Health Regulation No. 75 of 2014. This is supported by the statement of JKN participants when the FGD did not complain about the distance and access to the Puskesmas because the location of the Puskesmas was considered strategic because it was in the middle of the city and on the side of the road.

A good community perception will encourage the utilization of health services at the Puskesmas. This is supported by research by Rumengan *et al.*, (2015) in the Paniki Bawah Puskesmas which shows that people with good perception are 3.1 times more likely to utilize health services at the Puskesmas. This is in line with research conducted by Pardede *et al.*, (2016) shows that good health care providers will provide a positive perception for patients who have an effect on the desire of patients to return to institutions that provide effective services. Puskesmas as the First Level Health Facility (FKTP) is expected to be able to improve and improve health services for the community.

CONCLUSION

The availability of personnel, completeness of service, distance and means of transportation have received good perceptions while the availability of drugs is still getting poor perceptions. Efforts to pay attention to the availability of drugs and other consumables must continue to be improved by routinely controlling drug stocks and immediately report to BPJS if there are drugs that will run out. It is hoped that further research can explore further the factors that influence the high number of patient visits and the level of referral to advanced health facilities.

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