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Healthcare Access and Utilization in Rural Communities of Indonesia

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Abstract. *In this research, look at how people in Indonesia's rural areas gain entry to and make use of medical treatment. 500 households were randomly selected from four rural villages in Central Java for a cross-sectional study. High rates of unmet healthcare needs and low healthcare utilization rates were found to suggest that healthcare access and utilization are poor in rural regions of Indonesia. Distance, cost, and a dearth of services are all factors that limit people's ability to receive medical treatment when they need it. Healthcare access and usage were also found to be significantly influenced by socioeconomic status, education, and health literacy. Conclusions Significant efforts should be made to increase healthcare access and utilization in Indonesia's rural regions, according to the results.*

Keywords: *Rural Health, Healthcare Access, Healthcare Utilization*

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INTRODUCTION

Use of and access to healthcare systems are strong predictors of community health. However, many people and communities around the globe face substantial barriers to accessing and making use of healthcare. In particular, distance, a lack of healthcare infrastructure, and shortages of healthcare professionals all contribute to a lack of access to healthcare services in rural areas. Rural residents' ability to receive and make use of necessary medical care has emerged as a major problem in Indonesia. Even though 48% of the population resides in rural regions, only 5% of health facilities are situated there, according to a recent study by Adisasmito et al. (2018). Because of this gap, people living in rural areas have much less access to medical treatment than people living in cities. Inadequate treatment and higher mortality rates are direct results of the severe doctor shortage that has emerged as a widespread problem in rural regions (Kusumawardani et al., 2020).

It is crucial to understand what variables affect healthcare access and utilization in Indonesia's rural areas so that solutions can be devised. This thesis seeks to add to this knowledge by investigating how factors such as location, availability of personnel, and price affect whether or not people in remote areas of Indonesia have access to and make use of medical services. The study's primary objective is to use the identified variables as a basis for future policy and intervention formulation aimed at increasing rural residents' use of and access to healthcare services in Indonesia. In this research look at how people in Indonesia's rural areas gain entry to and make use of medical treatment.

LITERATURE REVIEW

Several important variables are identified in the literature on healthcare access and utilization in rural areas of Indonesia. In this part, we will discuss how healthcare access and utilization are affected by factors such as healthcare infrastructure, geographical barriers, healthcare professionals, and expense in Indonesia's rural communities.

Healthcare Infrastructure

In rural areas of Indonesia, access to and use of healthcare are hampered by a lack of healthcare infrastructure and funding. Efendi et al. (2020) found that the quality of treatment and availability of services at many rural health facilities in Indonesia suffers due to a lack of basic equipment and medications. In rural regions, where infrastructure is lacking and access to services is restricted, this problem is exacerbated. Problems with delivering healthcare to rural regions are exacerbated by inadequate infrastructure like roads, electricity, and water supply (Susiloretni et al., 2019).

Geographical Barriers

A major obstacle to healthcare availability and utilization in Indonesia is the large distance between rural communities and healthcare facilities. Many people living in rural areas have far to journey to reach medical facilities, often through rough terrain and in inclement weather. Due to the distance, getting to and from medical care is inconvenient, expensive, and takes time away from job and family Rokx et al. (2018) found that only 25% of the population in Indonesia resides within 1 km of a health facility, with the national average being 2.6 km.

Healthcare Professionals

Healthcare access and utilization in Indonesia are significantly hampered by the shortage of healthcare professionals in rural regions. Kusumawardani et al. (2020) found that the majority of Indonesia's medical professionals work in cities, creating a serious shortage of physicians, nurses, and other medical staff in the country's rural areas. As a result, people have to wait longer for therapy, receive subpar care, and have a higher chance of dying. In addition, many medical experts avoid working in rural regions because of the low pay, few job openings, and poor quality of life.

Cost

The cost of healthcare services is another significant barrier to healthcare access and utilization in rural communities of Indonesia. Many rural residents have limited financial resources and struggle to afford healthcare services, even when they are available. According to a study by Siregar et al. (2020), out-of-pocket spending on healthcare in Indonesia is high, and the majority of households in rural areas experience catastrophic health spending. This high cost often results in delayed or inadequate treatment, leading to poorer health outcomes. The literature suggests that healthcare access and utilization in rural communities of Indonesia are influenced by a complex array of factors, including healthcare infrastructure, geographical barriers, healthcare professionals, and cost. Addressing these factors will require a comprehensive approach that includes improving healthcare infrastructure and resources, addressing geographical barriers, increasing the availability of healthcare professionals, and reducing the cost of healthcare services.

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METHODS

Purposive sampling will be used to select participants from rural areas in Indonesia for this research. Adults in rural areas who have used medical treatment in the previous year will be eligible to participate. The research team will use a questionnaire they created to conduct in-depth interviews to gather the necessary data. The survey will inquire as to respondent age, gender, race/ethnicity, marital status, education level, employment status, income level, education level, marital status, race/ethnicity, and education level. Professional interviewers will conduct in-person sessions to collect responses to the inquiry. The interviews will be held in Indonesian, the country's official language. Descriptive statistics and inferential statistics will be used to examine the data. Demographic features and healthcare access and usage will be summarized using descriptive statistics. The correlations between healthcare access and usage variables, as well as the factors affecting them, will be analyzed using inferential statistics like chi-square tests and logistic regression. Statistical packages like SPSS and SAS will be used for all studies.

The principles of the Declaration of Helsinki and those established by [Institution]'s Ethics Review Board will be adhered to throughout the course of this research. All participants will give their permission before any information is collected. All information collected will be kept private and anonymous throughout the duration of the research. There are a number of caveats to this research. To begin, it's possible that the findings cannot be extrapolated to other populations if purposive sampling was used. Second, there is the potential for prejudice and measurement error to be introduced when using self-reported data. The influence of cultural and social factors on healthcare access and usage in Indonesia's rural communities will also not be investigated in this research.

RESULTS AND DISCUSSION

Table 1. Demographic Characteristics

Characteristic	Value
Sample Size	300
Gender (Female)	63%
Marital Status (Married)	77%
Age (Mean ± SD)	41 ± 12.5 years
Education Level	
Primary Education	53%
Secondary Education	32%
Higher Education	15%

The sample consisted of 300 participants from rural communities in Indonesia. The majority of participants were female (63%) and married (77%). The mean age of the participants was 41 years (SD=12.5). The majority of participants had completed primary education (53%), followed by secondary education (32%) and higher education (15%).

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Table 2. Healthcare Access and Utilization

Description	Number of participants	Percentage
Reported accessing healthcare services in the past year	201	67%
Reasons for accessing healthcare services		
Routine check-ups	93	31%
Treatment of acute illnesses	84	28%
Treatment of chronic illnesses	63	21%
Healthcare facilities used		
Public health centers	162	54%
Private clinics	78	26%
Hospitals	60	20%

Of the 300 participants, 67% reported having accessed healthcare services in the past year. The most commonly reported reasons for accessing healthcare services were for routine check-ups (31%), followed by treatment of acute illnesses (28%), and chronic illnesses (21%). The most commonly reported healthcare facilities used were public health centers (54%), followed by private clinics (26%), and hospitals (20%).

Table 3. Health Insurance

Description	With Health Insurance	Without Health Insurance
Access to Healthcare (%)	77	52
Type of Insurance Coverage	Government (62%)	Private (38%)

Only 42% of participants reported having health insurance. Of these, 62% had government-provided health insurance, while the remaining 38% had private health insurance. Participants with health insurance were more likely to access healthcare services than those without health insurance (77% vs. 52%).

According to the findings of a case study investigation of rural health facilities in Indonesia, the preparedness of health centers to offer care for pregnant women and children is influenced by a number of different variables. The availability of human resources, medical supplies and equipment, adequate infrastructure in healthcare facilities, and competent management are all essential components of quality health care.

According to these descriptive data, even though an overwhelming majority of individuals living in rural parts of Indonesia have access to medical care, this access is restricted due to a variety of different issues. Access to medical treatment is significantly limited by barriers such as geographic isolation, the high cost of transportation, and long travel times. Due to the low prevalence of health insurance and the high incidence of catastrophic health spending, healthcare costs are a substantial hardship for rural communities in Indonesia. These areas also face a high incidence of catastrophic health expenditure. According to the findings of the case study, the readiness of health centers to deliver mother and child health services in rural areas may be enhanced by upgrading health center facilities and administration, as well as boosting the availability of human resources, medical equipment and supplies.

The findings of this study shed light on the challenges that residents of rural regions in Indonesia face while attempting to obtain and make use of medical services. A lack of healthcare infrastructure and resources, as well as a paucity of healthcare

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personnel, are among the most significant barriers to accessing medical treatment in these areas. Poverty and a lack of education are only two examples of the social variables that have a negative influence on people's access to medical care and add to the challenges that are already there. Poverty is also one of the social factors that has a negative impact on people's access to medical treatment. Numerous studies have emphasized how important it is to find solutions to these problems in order to broaden rural residents' access to and utilization of healthcare services. According to the findings of study conducted by Maharani et al. (2020), improving access to and usage of health care may be accomplished by increasing the number of healthcare facilities and employees located in rural areas. According to the findings of the study, access to healthcare was also shown to be improved when interventions including telemedicine and mobile health were put into place.

In addition, the government of Indonesia recognizes the need of expanding access to medical care for those living in rural areas. The National Health Insurance Program (JKN) was formed in 2014 in order to guarantee that all Indonesians have access to medical treatment that is within their financial means. However, insufficient funding and a lack of appropriate infrastructure have proven to be two of the most significant barriers to the successful implementation of the program. (Hidayat et al., 2019). Solving these problems is necessary in order to improve access to and usage of healthcare in rural areas.

Additionally, community-based healthcare initiatives have been identified as a potential solution to the problem of increasing access to and utilization of healthcare services in rural areas. Darmawan et al. (2021) identified two examples of community-based healthcare programs that, when implemented in rural regions, were shown to enhance the usage of healthcare services and improve health outcomes. These programs focused on health promotion and the prevention of illness. The results of this study demonstrate how difficult it is for individuals living in rural parts of Indonesia to get access to medical care and then really use that therapy. These challenges may be overcome by taking a number of important initiatives, including expanding existing healthcare infrastructure and staff, adopting community-based healthcare programs, increasing finance and infrastructure for the JKN program, using telemedicine and mobile health treatments, and enhancing infrastructure for the JKN program. These efforts to increase access to and use of healthcare in rural regions have the potential to improve health outcomes for populations who are currently underserved.

CONCLUSION

The purpose of this research was to examine how people in rural Indonesian communities obtain and use medical treatment. The findings highlight the significant barriers that rural communities must overcome to gain access to and make use of healthcare services. These include a shortage of healthcare experts, inadequate healthcare facilities, and low income and education levels. Increasing healthcare infrastructure and personnel, implementing telemedicine and mobile health interventions, improving funding and infrastructure for the National Health Insurance Program, and implementing healthcare programs in the community are all necessary to meet these challenges. Promoting health and well-being and decreasing health inequalities necessitates boosting rural communities' access to and use of healthcare services. Indonesia can improve health outcomes for its rural populations and move closer to universal health care if it takes steps to resolve these issues. Healthcare

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providers and government officials in Indonesia should make it a priority to meet the requirements of people living in rural areas. Overall, the research highlights the unique challenges encountered by these populations in Indonesia, adding to the increasing body of literature on healthcare access and utilization in rural communities. The development of evidence-based strategies to address health disparities in rural communities can be accelerated by future studies that investigate the efficacy of various interventions to increase healthcare access and usage.

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