

# Inclusive Development in Health Sector for Persons with Disabilities: A Case in Jakarta City

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**Keywords:** Inclusive Development, Health Policy, Health Services, People with Disabilities.

**Abstract:** Everyone has been guaranteed their rights including people with disabilities to access health services. The Indonesian government has ratified *The United Nations Conventions on The Rights of Persons with Disabilities* (CRPD) through Law Number 19 of 2011. That still limited access to health services. The main cause is double cost, limited health workers, limited infrastructure, and limited health insurance. The aims are to understand the implementation of health policy provides easy access as a form of inclusivity in the development of Jakarta. This writing is based on research about inclusive development in the health sector for people with disabilities in Jakarta. The purpose is to understand the implementation of health policy provides easy access as a form of inclusivity in the development of Jakarta. This research used the qualitative in-depth interview. One of the findings is that Jakarta has had KPDJ (*Kartu Penyandang Disabilitas Jakarta*) since 2019 in the form of cash assistance for the disabled poor. Challenges that limit health services physique accessibility for disabilities and there is no program like daycare and home care. Although so many weaknesses this implementation of Law Number 10 of 2011 can be successful because of the government's political will to make better health services. It brings change to the development of an inclusive society in the health sector for persons with disabilities. It is expected that Jakarta will be friendly to disabilities, and no one left behind. .

## 1 INTRODUCTION

The existence of persons with disabilities in a compound community is often not visible because of their small number compared to other community groups. The small number and ignorance of voicing his rights as a citizen resulted in his being marginalized in various aspects of life. When people with disabilities want to improve their capabilities, they must fight twice as hard to get their rights. The state legally guarantees equal rights for all citizens without exception through the 1945 Constitution. In 2007, the Government of Indonesia signed the Convention on the Rights of Persons with Disabilities (CRPD) and passed it into Law Number 19 of 2011 concerning ratification of the Convention on the Rights of Persons with Disabilities. Then, the Government made changes to the laws and regulations of Law Number 4 of 1997 concerning Persons with Disabilities which are no longer by the Convention through Law Number 8 of 2016 concerning Persons with Disabilities. The

terminology "disability" is very closely related to the condition of damaged goods into disabilities which is not only limited to physical functioning, but disability occurs due to a form of social exclusion carried out by society towards people with disabilities.

DKI Jakarta Province is one of the regions that have adopted it through the DKI Jakarta Provincial Bylaw Number 10 of 2011 concerning the Protection of Persons with Disabilities. BPS DKI Jakarta recorded the number of persons with disabilities in 2015 amounting to 6,003 people. This data experienced a significant increase in 2019 when DKI Jakarta launched the Jakarta Disability Card (KPDJ) program. The recipients of KPDJ phase 1 in 2019 amounted to 7,137 people from the total number recorded in the Integrated Database (BDT) of 14,459 people. One of the criteria that accept KPDJ has been set out in the Unified Database (BDT). This means those who get KPDJ with a low economic level. The total number of people with disabilities in DKI Jakarta in 2019 contained the meaning of more than 14,459 people. Specific data on persons with

disabilities are also not visible in DKI Jakarta Province.

After the ratification of the CRPD, the issue of inclusive development is growing, including in Indonesia. One of the inclusive indicators is disability-friendly cities. Jakarta as the capital of the country, the provincial capital as well as the business center in Indonesia certainly needs public facilities that can be accessed by all its citizens. DKI Jakarta until 2019 was declared as a "City of Human Rights Care" by Permenkumham Number 34 of 2016. There are several indicators for determining cities care about human rights, one of which is the development of accessibility for persons with disabilities. Fair and non-discriminatory public services have been stated in Law Number 25 of 2009 concerning Public Services. This public service law is an effort to realize inclusive services based on equal rights, participation, non-discrimination, and facilities for vulnerable groups including persons with disabilities. The availability of physical infrastructure that is friendly to people with disabilities can improve their capabilities, including the fulfillment of Rights, one of which is getting health services. However, the fulfillment of health services often clashes with disability conditions due to a lack of humane acceptance. The limitations that exist in them cause negative effects on the surrounding environment which results in mercy (Lowell, 2013).

Some of the results of previous studies have shown that health services in Community Health Center (Puskesmas) have increased but not for people with disabilities. The results of the Indonesian Corruption Watch (ICW) survey in 2019 in four cities, namely Bandung, Solo, Makasar, and Kupang with a total sample of 800 respondents obtained results (1) of 74.1% of respondents rated health workers in Community Health Center (Puskesmas) as unable to accommodate the needs of people with disabilities; (2) 58.4% of respondents rated that in the health center there was no handrail; (3) 34.5% of respondents still rated that wheelchairs were not available in the health center; (4) 50.9% rated in the health center that there was no computer reading sequence number; (5) 90.5% of respondents rated in the health center that braille information was not available; (6) 72.2% of respondents rated in the Community Health Center (Puskesmas) there were no toilets specifically for disabilities and (7) 85% of respondents rated in the Community Health Center (Puskesmas) as no special lanes (including guiding blocks). Accessibility to public facilities is a necessity for people with disabilities to be able to act and participate fully in social life. The absence of

accessible public facilities for them leads to exclusion in the community. Accessibility in Community Health Center (Puskesmas) for people with disabilities is still not optimal (Firdaus and Iswahyudi 2008).

Another problem is the issue of disability is data collection. Until now, Indonesia does not have definite data on the number of people with disabilities. In 2018 two national surveys collected data on persons with disabilities, namely the National Socio-Economic Survey (Susenas) 2018 (Ministry of Social Affairs) and Riskesdas 2018 (Ministry of Health). However, the two surveys produced significant differences. The figures that Basic Health Research (Riskesdas) produces are much higher than the National Socio-Economic Survey (Susenas) figures in all age categories (Hastuti et al. 2020).

The problem of fulfilling health services for people with disabilities has become complex with the pandemic. People with disabilities are at four times the risk of getting COVID-19 and even dying than people without disabilities. This is because it is not because of the vulnerability factor but because health policies have not accommodated their needs (Pineda and Corburn, 2020).

## 2 METHOD

This research uses the qualitative descriptive method. Data collection techniques were carried out with interviews, observations, and literature studies on regulations and policies, research results, and disability-related articles. This research was conducted in DKI Jakarta Province by taking the location of South Jakarta due to the implementation of the PSBB. This qualitative research was conducted in 2 Public Health centers (PHCs) in South Jakarta. The data were collected in January 2022. The informants were chosen using the data from Non-Government Organization (NGOs). They also use PHCs. The informants in each PHC consisted of one head of PHC, and 3 staff who managed the health program. Therefore, the total number of informants in this study was 15. The data were collected through in-depth interviews. Semi-structured interview guidelines were made before the data collection. The interview guidelines were aimed to explore the adequacy of local regulation implementation on PHCs program for people with disabilities.

The objectives of this study are (1). Knowing data on persons with disabilities in Community Health Center (Puskesmas) by tabulating the number of persons with disabilities who choose Community

Health Center (Puskesmas) as their health facility; (2) Knowing the health services provided by the Community Health Center (Puskesmas) to persons with disabilities. In this case, health services not only cover health but also physical health services, namely in the form of accessibility in the Community Health Center (Puskesmas); (3) Knowing the commitment of stakeholders in DKI Jakarta by making improvements to the revision to Regional Regulation Number 10 of 2011.

### 3 RESULT AND DISCUSSION

At the policy level in DKI Jakarta, there has been a local regulation that regulates persons with disabilities. This bylaw is the starting point for a form of local government concern. Then the provincial government issued Gov. reg. (per-gub) Number 24 of 2019 concerning the Provision of Social Assistance to Meet the Basic Needs of Persons with Disabilities. The issue of disability is multisectoral. The health Office also has a hand in fulfilling access to health services for people with disabilities. The disability program has not stood alone in the existing health program in the Community Health Center (Puskesmas). Usually, the program involves the elderly group or reproductive health for adolescents. So, the Community Health Center (Puskesmas) do not have data on the number and type of disabilities in their area. The lack of data makes it difficult for Community Health Center (Puskesmas) to map needs and develop programs for people with disabilities. This is in line with the results of research conducted by Haryono, Kinasih, and Mas'udah (2013) that women's reproductive health promotion activities for people with disabilities have not been a priority for the program. The delivery of information on reproductive health is incomprehensible to persons with disabilities. For example, a hearing disability resource person asked about how condoms are used, explaining to health workers by giving an example on the index finger. So, there is a miscommunication by wearing a condom on the forefinger when going into contact. For the provision of aids such as crutches or proteases, the average answer does not know the information. Technically, it has been regulated by the National Health Insurance for at least five years after experiencing a disability. The majority have known and registered with the Health Insurance PBI but do not know the exact one covered by BPJS Kesehatan. Regulations already accommodate the rights of persons with disabilities but are not accompanied by health programs. The fulfillment of health services

has become increasingly limited during the COVID-19 pandemic. There are fundamental information barriers as health protocols such as washing hands (some sinks are still not accessible for wheelchair users), difficulty keeping their distance because some need accompanying staff or because they are in the home environment, there is a need to touch or feel for visual disabilities and the high cost of transparent masks for hearing disabilities. In addition to the availability of information during the pandemic, people with disabilities also need a home visits and Integrated Service Post (Posyandu) services so that their health services are still fulfilled.

Persons with disabilities have the right to access health services. In terms of health service needs, the speakers with disabilities stated that there was a need to improve disability-friendly physical facilities in Community Health Center (Puskesmas). This is by what Demartoto (2005) said that people with disabilities have four major problems, namely: (1) mobility limitations; (2) time wasted due to ongoing health problems; (3) stereotypes; and (4) the perception of inferiority.

Accessibility to public facilities is a necessity for persons with disabilities to be able to act and participate fully in society. The absence of accessible public facilities causes exclusion for them (Firdaus and Iswahyudi 2008). Related accessibility in public buildings has been regulated by Law Number 28 of 2002 concerning Building Buildings. The policy was then followed up with a more operational policy in the form of Regulation of the Minister of Public Works Number 29 / PRT / M / 2006 concerning Guidelines for Building Technical Requirements and Regulation of the Minister of Public Works Number 30/ PRT/ M/ 2006 concerning Guidelines for Technical Accessibility in Building Buildings and their Environment. In the regulation, there are several elements of public buildings that must be accessible to technical provisions, including (1) parking areas; (2) pedestrian lanes and the existence of guiding blocks; (3) clear signs; (4) accommodating toilets and handrails; (5) an elevator whose space is large enough for wheelchair users including elevator buttons for vision disability; (6) building furniture; (7) building equipment and equipment such as alarms, emergency buttons, and lighting; (8) entrances and (9) ramps, roadways that have a certain slump instead of steps.

National Socio-Economic Survey (Susenas) 2020 data collected by the Ministry of Social Affairs shows that the expenditure on health costs is double with households that have family members with disabilities located in DKI Jakarta Province, with an expenditure of Rp. 264,125. The double health costs

incurred by people with disabilities are certainly much greater than what the DKI Jakarta Provincial Government provides. Persons with disabilities in Jakarta who are recorded in the Integrated Database get a Jakarta Disability Card (KPDJ) with an amount of Rp. 300,000 per month. If it is related to the number of coverage rates regarding health insurance (JKN), in the 2020 National Socio-Economic Survey (Susenas) data, DKI Jakarta has the largest number of people with disabilities with JKN holders. Technically, it has been regulated by the National Health Insurance for at least five years after experiencing a disability. The majority have known and registered with the Health Insurance PBI but do not know the exact one covered by BPJS Kesehatan. Regulations already accommodate the rights of persons with disabilities but are not accompanied by health programs.

The basic needs of persons with disabilities for health services include availability (health care facilities, health programs), accessibility (physical access, economic access, and access to information), acceptance (accepted in medical ethics, gender sensitivity, and quality of health services). In the DKI Jakarta Provincial Bylaw Number 10 of 2011 Chapter V, there is an explanation of the accessibility of the first part of Article 44 that local governments, legal entities, business entities, and the community are required to provide accessibility for persons with disabilities. The next stage that needs to be done in addition to data collection is the availability of accessible physical facilities for people with disabilities such as guiding blocks, ramps, running text, disability toilets, and parking areas.

However, whether with a modern urban area and claiming to be an inclusive city and a human rights city, all city residents have access to quality health services, especially people with disabilities. Whether health service disparities also occur in urban areas that in this study site still bear the status of the national capital. Seeing the possibility of problems in fulfilling health services for people with disabilities in urban areas, this study will try to conduct research on access to health services for people with disabilities in urban areas on how the health service process for people with disabilities in the city of Jakarta. And how is the commitment from the DKI Jakarta provincial government when implementing Regional Regulation Number 10 of 2011 concerning Persons with Disabilities? In this study, we will examine several indicators of health services for people with disabilities and strategies for improving health services for people with disabilities by

combining elements of social determinant health and health services according to Yeoh (2021).

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The number of Community Health Centers (Puskesmas) in the DKI Jakarta area until 2020 amounted to 321 Community Health Centers (Puskesmas). Based on the self-assessment carried out in 2018, there were 106 Community Health Centers (Puskesmas) (33%) that were by accreditation standards, 50 Community Health Centers (Puskesmas) that were not by the standards, and 234 Community Health Center (Puskesmas) that had not carried out self-assessment. This assessment is one of the indicators of Community Health Center (Puskesmas) accreditation where the accreditation criteria include elements of disability. There are 16 villages in DKI Jakarta that do not have Community Health Center (Puskesmas), namely Kebon Kacang, Gondangdia, Cikini, Senen, Gunung Sahari Selatan, Kemayoran, Gambir, Duri Selatan, and Tanah Cereals (Liputan 6, 2019). Researchers observed four Community Health Centers (Puskesmas), namely the Community Health Center (Puskesmas) Pasar Minggu Subdistrict, The East Pejaten Village Health Center, the Kebagusan Village Health Center, and the Jagakarsa Village Health Center. In the Community Health Center (Puskesmas), the element of accessibility is still lacking, both in the Community Health Center (Puskesmas) building and its facilities. One of the health centers has two floors and for treatment, and payment counters, the laboratory is on the second floor (steps). So it does not allow access for wheelchair users. In the parking lot, there is not enough area available. At the registration counter for calling queues through speakers, some are already using computers with queue sequence numbers. The guiding block also does not look installed, there is a ramp, and toilet facilities do not support accessibility. The availability of Community Health Center (Puskesmas) personnel who

can understand the needs of disabilities is also not available at the Community Health Center (Puskesmas).

## 4 CONCLUSIONS

From the results and discussions, it can be concluded that the implementation of DKI Jakarta Regional Regulation Number 10 of 2011 concerning the protection of persons with disabilities has not run optimally, especially in the four Community Health Centers (Puskesmas) in the South Jakarta area. Data collection of persons with disabilities needs to be carried out at each Community Health Center (Puskesmas) to map needs and compile programs. The involvement of persons with disabilities in health programs began to be included to fulfill access to information. Local governments have an important role to play in providing disability-friendly public facilities because the physical infrastructure in Community Health Center (Puskesmas) is still not accessible. The pandemic can be a lesson to make Jakarta a healthy city for all its citizens. So that there is a need for continuous efforts from the DKI Jakarta Regional Government to provide a comfortable and disability-friendly city. The role of the respective actors in the implementation stage needs to be maximized. Socialization about accessibility in development needs to continue and there needs to be an evaluation from policymakers regarding accessibility in inclusive urban development. And further research studies are still needed more broadly on accessibility and health services in Community Health Center (Puskesmas) to reach all Community Health Center (Puskesmas) in DKI Jakarta. The study can ultimately provide input to policymakers.

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