COMMUNICATION

Health for all: the urgent need of health by the people concept

by

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Introduction

Indonesia which consists of more than 13.000 islands has 147 million population distributed
900 inhabited islands.

Around 66% of the total population live in Java which is only 7% of Indonesia's total land area. As in other developing countries, 80% of her population live in rural areas, and 40% of the total populaton consist of the vulnerable groups namely children under five
of age and women in the child bearing age.

The health infra-structure follows the administrative system of the country, giving a strong foundation for the development of health services which are commensurate with the political will of the country.

Health is not merely free from diseases, but it is a matter of the quality of life, since health means a state of complete physical, mental and social well being. And it is one of the fundamental human right without distinction of race, religion, socio-economic status, and place.

Primary health care concepts have been accepted and implemented in an attempt to fulfill this fundamental human right and to improve the quality of life of every people in this country. Health

centres have been built in every sub-district region (Kecamatan) to strengthen the infra-structure system, but it is not perfect yet to meet the basic needs of the vast majority of the population especially in rural areas.

Within the existing health care system only a small part of the vulnerable group could receive the basic medical care. Suhanti Satoso (1974) reported that only around 35% of children under 5 years of age received medical care when they were sick. The other 65% did not get any treatment or were treated by traditional medicine. Subagio Martodipuro (1977 stated that only 20% of pregnant mothers came to health centres for antenatal care, and only 15% of deliveries were conducted by trained personnel. Munir and Mustadjab (1980) found that only 58% of pregnant mothers in Manado city delivered at health institutions.

From the above account, it is an urgent need to give more attention to the development and the strengthening of thevillage health infra-structure, so that the village health infra-structure, so that of basic "health for all by the year 2000" becomes a reality.

Health Problems

Low coverage of health care is the fundamental health problem in developing countries, rather than the most prevalent diseases (Ebrahim, 1978). This problem also exists in Indonesia and becomes more complicated by the pressure of many problems related to geographical conditions, unevenly distributed population, cummulative rapid population growth, under-uti maldistribution of natural resources including skilled manpower, inappropriate knowledge and skill of the community in mastering their environment, and many other factors. All these problems inter-act directly or indirectly with the most prevalent diseases which worsen the quality of life.

The development of health in Indonesia is based on the general principle of the national policy, directed to create the broader health coverage since the first five-year-development-plan.

The major obstacles to more than just an efficient primary health care concept are not the commonly cited limited resources, geographical factors with poor communication or lack of technological know-how but rather the health infrastructure based only on health centre orientation approach or hospital approach that can not meet the basic community needs.

The direction of development strategies should be based on equity and priority considerations by turning more attention to all rural areas and underprivileged pockets in urban areas using an integrated approach. It is by so doing that social justice can permeate throughout societies and their quality of life will be improved.

Health Culture

It is worth mentioning that every community has its own health culture in terms of its cultural meaning of he-

TABLE 1: *Ten major dieases by age * (Age specific preference rate per thousand) (Sulianti Saroso 1975).*

No. Diseases	GROUP AGE					
	Less than 1 year	1 — 4 years	5 — 14 years	15 — 24 years	25 — 44 years	45 years and over
1. Acute upper respiratory Infections	21.2	20.2	7.2	5.2	6.4	8.0
2. Infection & Inflamations of the Skin & Subcutaneus tissues	19.3	18.0	4.8	3.8	3.5	4.7
3. Tuberculosis	0.3	0.4	0.8	1.2	4.9	25.5
4. Acute lower Respiratory Infections	11.2	6.8	1.9	1.1	2.7	8.9
5. Diarrheal diseases	8.7	9.1		0.7	2.7	3.0
6. Malaria	2.3	1.8	1.7	2.8	2.0	4.1
7. Infections of the eye	1.9	3.7	2.1	1.3	1.5	0.2
8. Anemia	0.3	1.1	0.8	1.1	2.1	4.0
9. Other diseases of the eye	0.6	0.8	1.9	0.1		6.1
10. Nutritional deficiencies including Hypo/Avitaminosis	2.6	4.2	0.7	0.4	0.5	1.5

alth problems, its health practices, and health practitioners. This health culture develops through the development of socio-culture of the community.

It is very important to keep in mind that the process of health
nges may deteriorate, if the setting up of the health care programs is merely institutional oriented which usually absorbs huge resources and financial funds, and usually can not meet the community needs.

Researches on health culture should be encouraged and multiplied to support

the development of health
fits in the community needs. It is unwise to neglect this community health culture in setting up the health programs, and instead to direct it to development purposes. It is well recognised in the community that diarrheal diseases for example will be treated by drinking the soup of boiled
and sugar into this solution it will be one of the optional oral electrolyte without the necessity to eliminate the deeply rooted traditional medical practices in the community.

The most prevalent diseases

The most prevalent diseases in Indonesia are all preventable, and are closely related to environmental sanitation, self hygiene, and immunization programs of the country.

Efforts which are directed to a better environmental sanitation by expanding water supply, sanitary latrines, and better sewage disposal system, better housing, and expanding immunization program will directly affect the incidence of the most prevalent diseases.

Health personnel

Inappropriate health personnel is one of the common problems of developing countries. Almost 80% of these inappropriate health personnels are concentrated in urban areas, mainly in Jakarta. In urban areas these health personnels are working in the hospitals and maternity clinics. Specialist services are similary lopsided in distribution in favour of urban areas, and tend to be far away from the community needs.

Although the health personnel is already available in each health centre, the existing number cannot as yet meet the real community needs, since every health centre should provide health services to 15.000 to 150.000 people who unfortunately are scattered through out a vast region some of which ar not accessible.

On account of this situation, it is essential to strengthen the infra structure of health care system at the village level. This can be done by recruiting traditional health practitioners, teachers and community leaders to become health personnel, since it is very difficult if not impossible to obtain doctors or paramedical personnel within a short time.

Role of the University.

The fundamental aim of the levelopment in Indoenesia which is geared by the government through the first, second and third 5 years development plan is to improve the quality of life of every people in this country. So the development is not merely concerned with the economical thinking where emphasis is put on the development of new-factories, roads, transport and so on.

The development which mainly stresses the economical thinking, and which is less concerned with the fundamental backbone of human development namely education and health will less affect the quality of life of the vast majority of the population.

To improve the quality of life means to change for a better life status, technical know how in mastering their environment and resources and to produce a new model of economical and social structure. This form of community could master the environment and resources in the process of development. Japan and West Germany after the World War II for exafple, could restore themselves within a relatively short time, since the technical know how and skill of their people remained intact, although almost all of the economical aspect of life were destroyed.

On the other hand it is very dificult for the unskilled people with poor knowledge to master their environment although many natural resources are available.

The role of the University in improving the quality of life especially of rural population through educational process is of paramount importance. This educational process does not only imply formal education activities, but it also means getting every people involved in the setting, managing and evaluating of programs by giving them a wide opportunity for dialoques, discussion and decission making.

In Indonesia, it is not only through researches on problems and available resources in the community and training the key persons used as agent for a change in the community but also through its student scheme activities (KKN).

It seems that the student activities (KKN) is the best way to transfer appropriate technology and skill from the university directly to the community. The student scheme activities should be implemented through an integrated approach by getting involved those policy makers of some important disciplines, such as the Ministry of Health, Agriculture and Technology.

This student scheme activities should also be coordinated on the national level of at least the Ministry of Education, Ministry of Agriculture, and Ministry of Home Affairs.

Considering the limitation of expenditure in health and education, it is felt an urgent need to coordinate the visit of specialists in fulfilling a referral system, training programs of key persons in rural areas, and student scheme activities into one board. This coordinating board is essentially needed in a teaching hospital since the vast majority of health personnel are concentrated there.

By improving the community skill and scientific knowledge, the process of development will be facilitated and the so called eight-line-evenly-distribution policy can be achieved, since the improvement of skill and scientific knowledge will increase the awareness of the people to the problems being faced and the available resources in their own community. The weakness of financial and economic condition of the community is not a real obstacle in making a jump in development, since the traditional shared work is one of the very important resources.

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