Dra. Retna Siwi Padmawati, MA said there is still a gap about social context, the patient’s needs, priorities and expectations of families and communities in the implementation of public health policies. For that, we need a definition and a new purpose in order to improve service quality, as well as developing and implementing regulations based on the concept.

"By developing and implementing regulations, the unfortunate ones can use the health services that are provided optimally," said Retna Siwi Padmawati in her open examination of Doctoral Program, in Radiopoetro Building, Faculty of Medicine UGM, Saturday, (22/10).

With dissertation entitled *Health Seeking Behaviour and Medical Pluralism in Poor Urban Neighborhood in Yogyakarta, Indonesia*, accompanied by promoter Prof. dr. Laksono Trisnantoro, M.Sc., Ph.D., and co-promoter Prof. Jens Seeberg, Ph.D., of Aarhus University, Retna Siwi shared the results of her qualitative study that OTC and community health centres (Puskesmas) are widely used by the public, but if possible they would likely to consult a private doctor by using out-of-pocket (OOP) since most family members practice the concept of "getting cured".
"A family basically has their own strategy to cope with disease, depending on the quality of available care, financial condition, and the use of public health insurance," she explained.

She found that as many as 40-65 percent of the population, both in the period before and after national insurance programs of Askeskin, Jamkesmas/Jamkesda or JKN, are likely to buy drugs in shops. Meanwhile, the health center is always visited almost the entire period, although clinics or private doctors visit during the program was between 21-43 percent. This figure dropped during the Jamkesmas insurance by 3-6% and increased by 7.5% at the start of JKN insurance.

"The survey showed household spends small part of household spending on health. During the JKN period, it grew by 25 percent with only some 25 percent is used by the poor," said Retna.

Retna revealed a community health seeking behavior reflects how health services is utilized, and the utilization of health resources reflects the effectiveness of health care. Along with the changing landscape of public health caused by the change of government health insurance schemes and more options of health care resources, it is important to look back at the decision to get health care by households and communities.

"Therefore, this study explored the health-seeking behavior and medical pluralism in poor households in urban areas in Yogyakarta, in the context of different health insurance schemes," she said.

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