

RURAL HEALTH ISSUES IN INDONESIA
APPLICABILITY OF THE AUSTRALIAN COMMUNITY HEALTH
CENTRE MODEL

Submitted in Partial Fulfilment of the Requirements
for the Degree of Master of Arts in
Sociology

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DECLARATION

I certify that this thesis does not incorporate, without acknowledgment, any material previously submitted for a degree or diploma in any educational institution; and that to the best of my knowledge and belief it does not contain any material which is formerly published or written by any other persons except where due reference is made in the text.

Adelaide, August 1995.

A handwritten signature in black ink, appearing to read 'Yulmaida Amir', written in a cursive style.

Yulmaida Amir

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ABSTRACT

Health issues in the rural areas of Indonesia relate to the consequences of inadequate social and environmental living conditions, such as improper sanitation facilities, poor hygiene practices, and low education levels, all exacerbated by the lack of adequate health service facilities. The government policy of adopting the Primary Health Care (PHC) strategy to improve the health status of the community has not been implemented as it potentially could be. The main problem with the policy implementation is that a single model for programs has been applied to every area throughout the country, thereby limiting the possibilities for addressing the real health needs of rural people as they lack flexibility in accommodating regional socio-cultural differences.

In an attempt to address these rural health issues in Indonesia, this study analyses and examines the possibility of implementing the Australian Community Health Centre model for improving the structure, and expanding the role, of the existing Indonesian Community Health Centres. The focus of the analysis is on the Australian Community Health Centre's organisational structure, planning strategy, and service management.

Analysis of this study suggests that only part of the Australian Community Health Centre model can be applied to rural Indonesia. This is not only because Indonesia has already had its own health care system, but also because the socio-cultural characteristics and the type of health problems of rural Indonesia are different from those in Australia.

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GLOSSARY OF TERMS

The aim of these glossary is to clarify the meaning of various terms as they are used in this study.

Biomedical Model of Health

This model recognises that illness and health are related to biological changes of the body which are caused by microorganisms such as virus and bacterium; and illness treatments are directed at eradication of the causes from the body using techniques which might involve highly technological equipment such as laser technology (Nettleton, 1995).

Community Health Care/Community Health Service

These terms are used interchangeably. Both refer to a model of health care within the community which involves multidisciplinary teams of health workers who aim to protect and promote the health of the local community in a defined geographical area by developing illness prevention and health promotion programs (South Australian Health Commission, 1988; ACHA, 1993).

Community Health Centre

This is an agency within the community which provides health care services for the local community in a defined geographical area. The services include illness treatment (curative measures), preventive services and health promotion programs, which are aimed at protecting and promoting the health of the local community (Palmer and Short, 1989; ACHA, 1993).

Health

The concept of health used in this study refers to the definition advocated by the World Health Organisation (WHO): health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, cited in Health Issues Centre, 1988).

Health For All (HFA) by the Year 2000

Health for All is the WHO's global strategy for achieving better health for all of the world's population by the year 2000 by undertaking actions (nationally and internationally) at policy and operational levels, both in the health sector and other social and economic sectors (Ashton and Seymour, 1988; McPherson, 1992).

Health Promotion

Health promotion refers to the process of enabling people to increase control over and improve their health. The strategies used can vary from health information, education and community development to economic and political interventions to promote behavioural and environmental changes conducive to health (ACHA, 1993).

Illness Prevention

This term refers to a range of health care practices including health education; preventive measures such as vaccination and immunization; and regulation which are directed at reducing the occurrence of diseases (South Australian Health Commission, 1988; ACHA, 1993).

There are three levels of prevention:

Primary : preventing illness before it occurs.

Secondary : early detection and intervention in health problems to arrest or retard the existing disease.

Tertiary : rehabilitation and maintenance of people with chronic problems at an optimum level of functioning.

Primary Health Care (PHC)

The term primary health care has two meanings. First it represents the first level contact of people with the health system in a particular area. Second, it is also an approach in the promotion of health, prevention of illness and community development based on significant community participation (South Australian Health Commission, 1988).

Social Health Perspective

This perspective recognises the influence of various physical, socioeconomic and cultural aspects of environment on the overall health of the community (South Australian Health Commission, 1988; Nettleton, 1995).

WHO - World Health Organisation

UNICEF - United Nations International Childrens Emergency Fund.

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Ms Yulmaida Amir
Belanti Raya 7
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Dear Ms Amir,

I am pleased to inform you that the Higher Degrees Committee of the Faculty of Social Sciences at its recent meeting approved the grade of *Distinction* for your final topic

SOCI 9100: MA Sociology Research Project

Accordingly, I am pleased to say you have now completed all the prescribed conditions for award of the degree of Master of Arts and the Committee's recommendation has been forwarded to the Academic Board.

In due course, you will be advised of the arrangements for your formal admission to the degree.

Yours sincerely

Christina Palfelt
Secretary

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CP;ae
(socialsc\letter\general\amir)