


The Importance of Prehospital and Disaster Medicine in Rural Areas in Indonesia: A Viewpoint on Health Issues for Rural Societies

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Abbreviation:

COVID-19: coronavirus disease 2019

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Dear Editor,

Regarding the recent article on the experiences of patients in rural areas of Australia,¹ it is a really timely subject for Indonesia now. Everyone, whether from the upper or lower middle class, regardless of religion, race, ethnicity, gender, young or old, everyone definitely wants a healthy body, both physically and mentally. Health is a healthy state physically, mentally, spiritually, and socially, which enables everyone to live a socially and economically productive life.² To meet the condition of a healthy body, several ways that can be done are by providing health workers who are qualified and able to properly handle initial problems in health, access to health services, availability of health insurance, and so on.

With the ups and downs of health cases in Indonesia, the process of realizing health has its own obstacles and challenges for the Government of the Republic of Indonesia. What's more, Indonesia has just gone through the coronavirus disease 2019 (COVID-19) pandemic, which has caused changes in people's behavior,^{3,4} especially in terms of health checks. Many people postpone having an examination, or even decide not to come to the health service at all, for fear of being exposed to COVID-19.

The case had not yet been completed, another health issue related to nutrition emerged, namely stunting, which was found not only to be a problem in Indonesia, but also globally.⁵ It later becomes one of the health issues that is still being carried out by the Government of Indonesia at this time.⁶ But apart from these two issues, another issue that is no less important is the uneven availability of health workers and inadequate access to health, especially in remote areas in Indonesia.

One concrete example can be proven by the number of health workers who are not evenly available in Sintang District. In the Serawai sub-district, although health workers were assigned to areas where they were needed, these officers were not found to be working actively. Often, health workers who have been assigned to rural areas choose to return to their place of origin or not be there for several reasons, namely the distance that is too far from the Puskesmas (Public Health Center), access that is not easy (can only use water transportation), salary that is not commensurate, and so forth. This certainly needs to be of particular concern and further explored by local governments in Indonesia.

Often, the authors listen to complaints not only from the community, but also from health workers on duty in one of the rural villages in Sintang. Some of the complaints expressed were the difficulty of carrying out health checks at a low cost and the distance to the examination site requiring water vehicles (because land routes are difficult to pass); the difficulty of making referrals because it is not easy to access travel to referral points; the lack of assistance from the village to accommodate community needs to referral service places; salaries that are not commensurate with the risk; delays in referrals; and so on.

Hearing these complaints, we took the initiative to help in the form of conducting free checks (blood pressure, uric acid, and blood sugar checks) for the elderly with their own personal funds, of course with permission and cooperation with health workers in the village. This activity is a form of volunteering from us, personally, to first record the needs of the people there. It is just that this activity will certainly be difficult to continue if it is only focused on one's personal ability; moreover, the community needs cheap treatment. To fulfill this, of course, it is necessary to strive for the availability of health insurance for village communities, which until now, has not been owned by all people in the village.



Whether we realize it or not, in order to realize the health of a nation, cooperation with various parties is needed. In relation to the conditions in the hinterlands, one of the important role holders is the Village Head, who is the driving force in smaller communities in collaboration with health workers and village officials. Community empowerment that can be carried out at the village level can help achieve health, especially in terms of prehospital and disaster medicine.

Community empowerment that can be carried out by the village includes training for community health cadres; transportation of health cadres; examination or assistance for pregnant, maternity,

postpartum, and breastfeeding women; monitoring growth and provision of healthy food, and so on, which can be obtained from village funds.⁷ The use of village funds for health, especially for empowering rural communities, can increase the community's ability to be able to live a healthy life, to be able to deal with health problems independently, that can play an active role in every health development, and can become a driving force in realizing development with a health perspective.⁸ For this reason, village funds that are properly allocated will certainly bring changes to the village, both in terms of improving facilities and infrastructure, as well as in terms of health and other aspects. Thus, it is possible that public health can be realized.

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