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## Study on the Perceptions and Health Policies Related to the Implementation, Protection, and Fulfillment of the Rights of Persons with Disabilities in Indonesia

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### ABSTRAK

Pandangan individu terhadap orang disabilitas masih sangat pelbagai. Ramai orang masih menganggap orang disabilitas sebagai kumpulan yang tidak diinginkan. Ini memburukkan lagi kemudahan akses untuk orang disabilitas kerana mereka tidak terlibat secara aktif dalam aktiviti kesihatan. Artikel ini bertujuan untuk menganalisis persepsi dan dasar orang ramai mengenai orang disabilitas sebagai usaha menyokong pelaksanaan, perlindungan dan pemenuhan hak orang disabilitas, terutamanya dalam sektor kesihatan. Artikel ini menggunakan tinjauan literatur untuk menganalisis persepsi orang ramai dan kebijakan kerajaan mengenai orang disabilitas. Data yang digunakan adalah data sekunder. Kajian ini menggunakan kaedah kajian tinjauan tradisional untuk menerangkan topik utama. Hasil kajian menunjukkan bahawa persepsi masyarakat dan pembuat kebijakan terhadap orang disabilitas masih negatif. Persepsi dan kebijakan kerajaan terhadap orang disabilitas berkait 25at dengan usaha untuk menyokong akses kesihatan orang disabilitas. Pelaksanaan Undang-undang Republik Indonesia No. 8 Tahun 2016 tentang orang Disabilitas masih belum optimal. Beberapa wilayah belum mempunyai peraturan terbitan yang mengawal pelaksanaan, perlindungan, dan pemenuhan hak orang disabilitas. Pembuat kebijakan masih menganggap bahawa pemenuhan hak orang disabilitas bukanlah tanggungjawab bersama. Manakala orang disabilitas memerlukan kebijakan yang komprehensif dan pro terhadap pelaksanaan, perlindungan dan pemenuhan hak mereka. Ini disebabkan oleh persepsi negatif terhadap orang disabilitas. Oleh itu, peranan kerajaan diharapkan dalam memenuhi hak orang disabilitas melalui kebijakan yang boleh mengubah persepsi rakyat terhadap orang disabilitas. Masyarakat juga diharapkan dapat membantu kerajaan dalam melaksanakan kebijakan atas orang disabilitas bagi meningkatkan kebolehcapaian orang disabilitas dalam sektor kesihatan.

**Kata kunci:** fasilitas kesehatan; pelaksanaan; perlindungan; pemenuhan; hak orang disabilitas

### ABSTRACT

Individual views of persons with disabilities are still wildly varied. A lot of people still consider persons with disabilities as an unwanted group. This worsens the ease of accessibility of the group because they are not actively involved in health activities. The purpose of this article is to analyze public perceptions and government policies to support the implementation, protection, and fulfillment of the rights of persons with disabilities, especially in healthcare sector. Authors analyze the topic using a literature review method with secondary data and

*follows the traditional review methods to describe it. The conclusion of this article shows the still negative perception of the group within the community and policymakers alike. The government's perceptions and policies towards the group are closely related with the efforts to support the healthcare accessibility of persons with disabilities. The lack of implementation of the Law of the Republic of Indonesia No. 8 of 2016 concerning persons with disabilities, and the lack of existence of derivative policies in lower municipalities added more to the concern. Policymakers still consider that the fulfillment of the rights of persons with disabilities as the responsibility of just a department. Whereas persons with disabilities need comprehensive policies that aim towards the implementation, protection, and fulfillment of their rights especially in healthcare. This shall be done by placing policies that could influence the majority's perceptions about persons with disabilities. The community is also expected to support the government's effort in the implementation to improve healthcare accessibility of persons with disabilities.*

**Keywords:** *healthcare; implementation; protection; fulfillment; persons with disabilities rights*

## INTRODUCTION

Based of the Law of the Republic of Indonesia No. 8 of 2016, a person is referred to as a person with a disability when he or she has physical, intellectual, mental, and/or sensory limitations (Indonesia, 2016). Based on current data for 2020 disability from the Central Bureau of Statistics (BPS), the number of people with disabilities in Indonesia reaches 22.5 million or around five percents (BPS, 2021). People with disabilities generally have limited access to health services (WHO, 2021). In addition, public service facilities, including health service facilities, have not optimally realized equal opportunity for rights in accessing services between persons with disabilities and other communities. In fact, some evidence shows that on average people with disabilities have worse health conditions (Aktariyani et al., 2020). Most of the people with disabilities in Indonesia live in vulnerable, backward, and/or poor conditions due to the existence of restrictions, obstacles, difficulties, and reduction or elimination of the rights of persons with disabilities. Stigma, prejudice, and denial of access to health services, education, employment, and participation in society put people with disabilities at risk of living in poverty (WHO & UNFPA, 2009).

The equal rights of persons with disabilities have been regulated in Law No. 8 of 2016. One of the rights of persons with disabilities as stated in the law is to receive the same facilities and health care, for example in the case of participation in the Social Security Administering Body (BPJS). Although the participation of persons with disabilities is fully paid for by the government, there are other contexts that need to be considered. The situation of Indonesia, which has 34 provinces with varying fiscal, geographic and regional health system governance capacities, makes it possible for certain groups such as people with chronic diseases and persons with disabilities to have limited access to health services. For example the need for health services that are not covered in the benefits package, or accommodation. In order to reduce the gap in the rights to health services for persons with disabilities, a proposal that needs to be considered immediately is that the central and local governments need to issue legislation which is a mandate in the Law on Persons with Disabilities (2016), which until now does not exist, such as the regulation on referral of patients with disabilities. disability; regulation of health service standards for persons with disabilities in various health facilities; regulations regarding indicators of health facilities that are easy and responsive for persons with disabilities; and regulations/guidelines regarding competence and training of health workers in providing health services for persons with disabilities (Aktariyani et al., 2020).

Indonesia is a country with the number 125 inclusivity in the world. Among ASEAN countries, Indonesia's ranking is still below the Philippines, Vietnam, Singapore, and Thailand (Yulaswati et al., 2021). The lack of equitable implementation of Law no. 8 of 2016 is one of the causes of many people with disabilities who are less prosperous. This causes a lack of public understanding of the urgency of the rights of persons with disabilities. In addition, the impact of the lack of equitable distribution of policies in Law No. 8 of 2016 in the health sector is that there are no Permenkes that regulate persons with disabilities (Yulaswati et al., 2021). Ownership of the National Health Insurance (JKN) for persons with disabilities is also still low (Yulaswati et al., 2021), and health regulations for referrals and assistive devices are still ambiguous and not clearly defined in the law (Aktariyani et al., 2020).

Several provinces in Indonesia do not yet have specific regulations regarding the implementation, protection, and fulfillment of the rights of persons with disabilities. Provinces in which all districts or cities have a Regional Regulation (Perda) on the rights of persons with disabilities, the new D.I. Yogyakarta and Jakarta. Meanwhile, those that achieved more than 50% were only districts/cities in the Provinces of Bali and Central Java. The rest is still below 50% (Yulaswati et al., 2021). The reason for the lack of local regulations governing health policies related to the implementation, protection, and fulfillment of the rights of persons with disabilities is that policymakers do not understand Law no. 8 of 2016 and limited access to facilities and infrastructure.

Based on this background, the researcher wants to know more about perceptions and health policies related to implementing, protecting, and fulfilling the rights of persons with disabilities. The results of this study are expected to provide an overview of perceptions and health policies related to the implementation, protection, and fulfillment of the rights of persons with disabilities in Indonesia.

#### **HEALTH POLICY REGARDING THE IMPLEMENTATION, PROTECTION AND FULFILLMENT OF THE RIGHTS OF PEOPLE WITH DISABILITIES IN INDONESIA**

Based on the article search process, the findings of articles have been obtained that have been processed through the suitability of health policy studies related to the implementation, protection, and fulfillment of the rights of persons with disabilities in Indonesia.

*Table 34. Health Policy Study Related to Implementation, Protection, and Fulfillment of Rights of Persons with Disabilities in Indonesia.*

No.	Writers and Year	Results of the Implementation of Health Policies Related to the Implementation, Protection, and Fulfillment of the Rights of Persons with Disabilities in Indonesia
1.	Syukria & Supriyanto, 2016	Access for children with disabilities to the Gubeng Health Center and the Mulyorejo Health Center is still low compared to other health services. Children with disabilities who come to the Puskesmas are children with low family incomes and have relatively low health and transportation costs.
2.	Agustina, 2018	The fulfillment of rights of persons with disabilities, especially in health, can be fulfilled through Posbindu. However, there are still some problems, namely the loss of community empowerment issues with health and social insurance issues, the need to make promotive and preventive

No.	Writers and Year	<b>Results of the Implementation of Health Policies Related to the Implementation, Protection, and Fulfillment of the Rights of Persons with Disabilities in Indonesia</b>
		the main program in the community health efforts of the puskesmas, there is no support, guidance, and supervision from the puskesmas and the health office, the making of evaluation guidelines has not involved all relevant stakeholders.
3.	Utami, 2019	Indonesia has a high level of disability compared to other Southeast Asian regions. Various policy and legal steps to protect disability have been carried out by Indonesia. In Southeast Asia, Indonesia, the Philippines, and Singapore are the countries that have signed or ratified the International Convention on the Rights of Persons with Disabilities, while Myanmar and Vietnam are the countries that have signed or ratified the convention the least.
4.	Rahmi et al., 2019	In the implementation of the BPJS Health policy for people with disabilities, it can be seen that there is no policy that specializes for people with disabilities to get access to health that is specifically for their health needs. However, in the regulations that guide the implementation of BPJS, there are regulations that discuss medical devices that can be covered by BPJS fees, in which there are several needs for medical devices needed by persons with disabilities.
5.	Andriani, 2020	Equal rights to treatment have not been implemented. Some patients are refused by the hospital to receive Covid-19 treatment.
6.	Aktariyani et al., 2020	Discussion on the rights of persons with disabilities in Law no. 8 of 2016 is still too general. Specific regulations that do not yet exist, namely regarding referrals of patients with disabilities; regulation of health service standards for persons with disabilities in various health facilities; regulations on indicators of health facilities that are easy and responsive for persons with disabilities; and regulations/guidelines regarding the competence and training of health workers in providing health services for persons with disabilities.
7.	Hasibuan & Ayuningtyas, 2021	Puskesmas as level 1 health facilities are very close to the community. However, there are only 3 disability-friendly health centers, including Lingsar Health Center, West Lombok Regency, Lendah 1 Health Center, Kulon Progo Regency, and Salam Health Center, Bandung Wetan District, Bandung City. So far, there are no regulations regarding disability-friendly health centers. There is also no assessment of disability-friendly health centers.
8.	Yulaswati et al., 2021	Provinces in which all districts or cities have a Regional Regulation (Perda) on the rights of persons with disabilities, the new D.I. Yogyakarta and Jakarta. Meanwhile, those that achieved more than 50% were only districts/cities in the Provinces of Bali and Central Java. The rest is still below 50%.

Search results for articles related to the implementation of Law no. 8 of 2016 in the health sector show that the implementation has not been maximized. There are not many levels I health facilities that are very close to the community that is disability friendly, and there are only three Disability Friendly Health Centers in Indonesia (Hasibuan & Ayuningtyas, 2021). This is in line with previous research which explains that Puskesmas services for persons with disabilities are still lacking. The causes are various, ranging from the lack of transportation accessibility, the long distance, and to the cost of transportation (Syukria & Supriyanto, 2016). Not only accessibility is lacking, but discrimination and rejection of patients with disabilities also occur. This is explained by the reason that the hospital services do not serve patients with disabilities (Andriani, 2020). In reaching and improving the health of persons with disabilities, Posbindu is considered quite effective. Because health workers go directly to the community and conduct home visits for people with disabilities who have multiple limitations (Agustina, 2018). However, the obstacles are the lack of need to make promotive and preventive the main program in public health efforts at the puskesmas, the lack of support, guidance, and supervision from the puskesmas and the health office, the making of evaluation guidelines have not involved all relevant stakeholders.

One of Indonesia's efforts to involve people with disabilities is the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) through Law No. 19 of 2011 concerning Ratification of the Convention on the Rights of Persons with Disabilities. United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2007) is very unique because it contains human rights and development policy instruments. The Convention is cross-disabled, cross-sectoral, and legally binding. It aims to promote, protect and ensure that persons with disabilities can fully and equally enjoy human rights and fundamental freedoms and promote respect for their dignity and worth. The Convention marks a “paradigm shift” in behavior and approach towards persons with disabilities. Persons with disabilities are not seen as objects of charity, medical treatment, and social protection, but are seen as human beings who have rights who can obtain these rights and make decisions about their lives according to the wishes and permissions they give them like other members of society (Utami, 2019).

However, its implementation is still not optimal. Even in the implementation of the BPJS Health policy for people with disabilities, it can be seen that there is no policy that specializes for people with disabilities to get access to health that is specifically for their health needs (Rahmi et al., 2019). The ownership of the National Health Insurance (JKN) or private insurance by persons with disabilities is still diverse. Bali, West Kalimantan, Lampung and South Kalimantan have been the provinces with the highest insurance penetration rates for persons with disabilities in the last three years. Meanwhile, based on the level of ownership, on average 2 to 3 out of 10 persons with disabilities still do not have health insurance. Jambi, NTB, and Maluku provinces are the 3 provinces with the least ownership of health insurance for persons with disabilities relative to the population with disabilities, while the provinces of Aceh, DKI, and Papua are the areas with the highest health insurance ownership relative to the population of persons with disabilities (Yulaswati et al., 2021).

If viewed from the derivative regulations, not many regions have Regional Regulations (Perda). Provinces in which all districts or cities have a Regional Regulation (Perda) on the rights of persons with disabilities, the new D.I. Yogyakarta and Jakarta. Meanwhile, those that achieved more than 50% were only districts/cities in the Provinces of Bali and Central Java. The rest is still below 50% (Yulaswati et al., 2021). In addition, there is no Ministry of Health

Regulation (Permenkes) which is the leading actor in Government Regulations that is used as a reference to improve the implementation, protection, and fulfillment of the rights of persons with disabilities in the health sector in Indonesia (Yulaswati et al., 2021). This has an impact on health services for persons with disabilities. Specific regulations that do not yet exist, namely regarding referrals of patients with disabilities; regulation of health service standards for persons with disabilities in various health facilities; regulations on indicators of health facilities that are easy and responsive for persons with disabilities; and regulations/guidelines regarding the competence and training of health workers in providing health services for persons with disabilities (Aktariyani et al., 2020).

**COMMUNITY PERCEPTIONS REGARDING THE IMPLEMENTATION, PROTECTION, AND FULFILLMENT OF THE RIGHTS OF PEOPLE WITH DISABILITIES IN INDONESIA**

Based on the article search process, the results of the article findings have been obtained that have been processed through the suitability of the study of Public Perceptions on the Health of Persons with Disabilities in Indonesia.

*Table 35 Study of Public Perception on Health of Persons with Disabilities in Indonesia.*

No.	Writers and Year	Study of Public Perception on Health of Persons with Disabilities in Indonesia
1.	Rimmer & Rowland, 2008	It is important for health professionals and healthcare providers to identify personal and environmental factors that can hinder or increase participation in health promotion among persons with disabilities. Health workers should also be aware of the possible barriers faced by persons with disabilities. So that when these obstacles can be overcome, people with disabilities can access health promotion services easily. Health promotion for persons with disabilities must be consistent with two things, namely empowerment to manage their health and providing disability-friendly health promotion such as providing a health promotion environment with easy accessibility both at home, at work, and in organizations. Health promotion has become an important goal in public health and public policy, and reducing health disparities among persons with disabilities should be an important part of health promotion.
2.	WHO, 2010	The Community-Based Rehabilitation Guidelines (RBM) aim to improve the welfare of persons with disabilities, especially in the health sector. There is a perception that is formed in the community, making it difficult for people with disabilities to be able to access health services. So that the existence of community-based RBM guidelines is expected to reduce the stigma against persons with disabilities through education, empowerment, and increasing social equality.
3.	Huber et al., 2011	The proposed new definition of health is “healthy” as the ability to adapt and manage oneself. It builds a new



No.	Writers and Year	Study of Public Perception on Health of Persons with Disabilities in Indonesia
		concept in human health with dynamic features and capabilities that can be measured and can be applied to people with disabilities.
4.	Dini Widinarsih, 2019	The term persons with disabilities continue to evolve. The mention of the term can also affect a person's view of something. One of the causes of the emergence of the concept of normality in society is because the terms that are often used for persons with disabilities are disabled, children with special needs, and disabled. The old term forms the public perception that people with disabilities are "abnormal" people because their bodies and/or mental conditions are not like "normal" people. So that it creates discrimination against persons with disabilities.
5.	Andriani, 2020	The health perspective views disability as caused solely by an abnormal body condition due to an impairment (damage or abnormality). However, the social perspective shows that people with disabilities become "disabled" not for medical reasons but because of the community's perspective. The physical damage or disability they have defines them in society. This perspective then leads to marginalization and discrimination against persons with disabilities.
6.	Yulaswati et al., 2021	Despite the development of the term, there are still some local regulations that still use the term disability and special needs. The uniformity is needed solely to avoid various interpretations in understanding a formulation in the legislation, and to make it easier to understand and implement the regulation.

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If a person is born with a congenital disability then that individual is not considered a good candidate for a health promotion program, because the purpose of health promotion is to prevent disease, not to treat the "ill" or "disabled". (WHO, 2010). Based on this definition, there is a need for a new formula in the definition of health. Redefining health is an ambitious and complex goal. Many aspects need to be considered such as renegotiation by policymakers, and reflection of many cultures, and also must take into account the flexibility to the development of science and technology in the future. The results of the discussion of experts at the Dutch conference gave rise to widespread support for moving from the current static formulation of the definition to a more dynamic one based on resilience or capacity to cope and maintain and restore integrity, balance, and a sense of well-being. Discussions from these experts also resulted in a new preferred view of health, namely the "ability to" adapt and manage oneself (Huber et al., 2011).

Measuring these "capacities" can be helped by building a health framework that adapts operational needs to suit individual health conditions. For example, by distinguishing health status between individuals and populations and between objective and subjective indicators of health. The measurement instrument should be in line with the definition of health as the ability to adapt and manage oneself. This is a good first operation including existing methods for

assessing the functional status and measuring the quality of life and sense of well-being. WHO has developed several disability classification systems that measure health gradations that assess aspects such as disability, function, quality of life, and perceived well-being (Huber et al., 2011).

The initial assumption that people with disabilities are sick people is following the concept of normality in society which creates a negative understanding of disability in society. This negative understanding is mostly dominated by the concept of normality where people who have different body shapes or behaviors are considered undesirable and cannot be accepted as part of the community (Widinarsih, 2019). Words, terms, or definitions can also shape people's attitudes and behavior. As defined by WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This definition is not in line with the condition of persons with disabilities and creates a general perception of health and illness where health is often defined as the absence of disease or disability so that people with disabilities are not included in the target of ease of accessibility. (Huber, et al., 2011).

## <sup>24</sup> METHOD

This study uses a literature review method. The literature review was carried out using secondary data consisting of several sources such as books, national and international journals, and other internet sources regarding the study of health perceptions and policies related to the implementation, protection, and fulfillment of the rights of persons with disabilities in Indonesia. The data search process was determined by the following inclusion criteria; (1) Open access to research articles from accredited journals and full text; (2) Books on policy regulations on the rights of persons with disabilities in Indonesia (3) Access to news sourced from clear publishers.

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