

The Preparedness of Lebak District as a District of Human Rights Care

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In 2016, the government had issued a regulation to improve the local government's concern in protecting the human rights of its diversified society. The Baduy Dalam tribe, located in Lebak District, Indonesia, has high adherence to their traditions, whereby they deem modern life as taboo, and avoid conventional healthcare. However, the government has a responsibility to respect and fulfill the community's right especially right to healthcare despite its distinctive characteristics. This qualitative research is to analyze the readiness of Lebak District as a district which is concerned for the right to healthcare through in-depth interviews. Content analysis was done to explore the thematic phenomena. The process of triangulation and the ethical aspects were also applied. This study was conducted in Lebak District, Indonesia. Informants were 17 persons chosen by criteria of appropriateness and adequacy. Human rights especially rights to healthcare in Lebak District have not been fulfilled evenly. The Baduy Dalam community got a little attention about their limitations in receiving conventional healthcare services. The local government does not equally fulfill rights to healthcare among diversified society. As a result, it appears that Lebak District has not been ready and prepared to be a district of human rights care.

Keywords: Baduy Tribe; indigenous community; health services; human rights

I. INTRODUCTION

Human being has the right to live with dignity and equality. As an essential component and as a basis of human life, human rights must be realized and appreciated. A definition of human rights states that the existence of human rights is a universal moral right owned by every individual (United Nations, 1948). Opportunity in maintaining the quality of life is influenced by how the government carries out its ideology and political policy options. Imperfect or failure of government's function, financing, and leadership can have an adverse impact such as the unfulfillment of human rights in the community; leading it into some problems like poverty, community health problem, and low public education (Chong, 2015; Austin, 2016; Braveman, 2014). Imperfect government's design that leads to inequality can be considered as a denial or rejection of human rights carried out by parties who have more power (WHO, 2018). Currently, in developing and developed countries,

indigenous community still face human rights violation. Problem that still occurs in indigenous community is serious human rights problem which is really hard to solve (Hernández *et al.*, 2017). As an example, aboriginal peoples in Canada face discrimination and lack of cultural understanding in accessing healthcare services. Challenges that faced by aboriginal people causing their health care needs remain unmet (Cameron *et al.*, 2014).

Indonesia has an indigenous community that lives in remote areas with unique tradition and way of life, called The Baduy Tribe. The Baduy Tribe is divided into *Baduy Luar* (outer-Baduy) and *Baduy Dalam* (inner-Baduy). The *Baduy Dalam* tribe avoids getting formal education and lives without electricity to support daily activities. Their strong obedience to their ancestor's tradition of the *Baduy Dalam* has an impact on how they maintain their health and perceive about health (Silahudin, 2016; Kementerian Sosial Republik Indonesia, 2017). To uphold Indonesia's National Motto "*Bhineka Tunggal Ika*" which means "Unity in

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Diversity,” Indonesian government has to work hard to fulfil human rights for its highly diverse citizens. Indonesia, as a home to diverse ethnic, in 2016, issued a regulation to assess local government performance in protecting human rights which was written in Regulation of the Minister of Justice and Human Rights of the Republic of Indonesia No. 34 Year 2016 about District/City of Human Rights Care (Minister of Justice and Human Rights of The Republic of Indonesia, 2016). Rights to healthcare as a part of District/City of Human Rights Care has three indicators which has to be assessed namely structural, process, and results. Structural indicator is being assessed by the existence of legal products owned by the local government. Process indicators are being assessed by calculating the ratio of health workers to total population whereas results indicators are being assessed by maternal and neonatal mortality rate and prevalence of malnutrition in toddlers.

The *Baduy Dalam* tribe is a part of Lebak District and it is Lebak District Government’s responsibility to protect and fulfil the community’s right. Hence, this study aims to analyse the preparedness of Lebak District as a district which is concerned for the human rights especially right to healthcare based on the Regulation of the Minister of Justice and Human Rights No. 34 Year 2016 about District/City of Human Rights Care.

II. MATERIALS AND METHOD

This study was conducted using qualitative approaches for a better understanding of the preparedness of Lebak District as a district which cares about human rights. Variables in this study were adjusted from the assessment form written on Regulation of the Minister of Justice and Human Rights No. 34 Year 2016 about District/City of Human Rights Care which consists of three indicators namely structure, process, and results. The three indicators were the basis of an in-depth interview guide.

This study was located in Lebak District, Banten Province, Indonesia. Triangulation of sources and methods was carried out to maintain the validity of the data. Data sources in this study were primary and secondary data. Primary data was obtained through in-depth interview with 17 respondents from the *Baduy* community, private organizations engaged in humanity, Lebak District Public Health Department officer,

health workers, health cadres, and stakeholders. Informants were selected not based on the number of individuals but selected purposively and equipped with a snowball technique considering the adequacy and suitability of the research topic.

Interview was conducted using in-depth interview guide. Then, it was written in the form of a transcript which was then further simplified in the form of a matrix. Content analysis was done to explore the thematic phenomena. Furthermore, reviews of documents were conducted to assess the readiness of Lebak District as a district of human rights care.

III. RESULT

Based on the interview carried out, we found out that Lebak District is not ready or prepared to be a district of human rights care. Lebak District did not have a specific regulation which indicates that they have different ways of providing healthcare services to the general public and the *Baduy* community based on characteristics of each community. In fact, the *Baduy Dalam* community needs healthcare services that is culturally sensitive. Nevertheless, all this time it has been known that the *Baduy Dalam* tribe has strong obedience to their ancestor’s tradition, but effort from the local government to improve the community’s health can be considered to be very poor.

The Lebak Health Service Department has handed over the authority to the Cisimeut Community Health Care (CHC), which has been tasked to provide healthcare services to the *Baduy* community and other communities inside their work region. Unfortunately, the Cisimeut CHC had performed the duty in a passive way; they waited for the *Baduy Dalam* community to come to their place when it was known that the community has low help-seeking behaviour as well as the tendency to perceive modern healthcare services as a taboo. Also, at the same time, the Cisimeut CHC faced a difficulty in approaching and negotiating with indigenous tribal leaders and elders.

The Cisimeut CHC felt a heavy burden to carry out their duty and felt helpless too without assistance from other parties. Besides that, The Lebak Public Health Department officer felt deeply regretted that there was no attention from The Ministry of Health regarding indigenous communities’ condition while carrying out their traditions, as quoted from

the following interview:

“Please (to Ministry of Health of Republic of Indonesia) pay a little attention to this condition. Please do something to make the policy to be more flexible for the local community’s characteristics. I know that the Ministry of Health wants the healthcare service to be better in quality, safety, and hygiene aspects. However, we have to pay attention to some communities’ culture. Not all communities could accept modern healthcare services.”

Basic modern healthcare services such as measuring weight and height to find out about toddlers’ growth chart status are still challenging to do in the *Baduy Dalam* community because the community still sees the examination as a taboo. Customary leaders and elders in the *Baduy Dalam* community considers that the examination could contaminate the purity of their customs so that is why they could not accept it. Furthermore, the lack of communication between health workers with community leaders appears to be another root of this problem.

Based on the information from in-depth interviews, since a long time ago until now, the women in *Baduy Dalam* community gave birth by themselves and no one has gotten any assistance by midwife during child labour. The *Baduy Dalam* Community is not ready to follow health protocol which states that the free labour assistance should be done in the healthcare facility. The existing policies are neither suitable nor flexible enough for indigenous people who have different perceptions and acceptance of modern healthcare services.

According to the documents reviewed where the indicator of the process was assessed, Lebak District had 1.206.004 residents, 118 doctors, 40 specialist doctors, 1107 midwives, and 1119 nurses in 2016. Lebak district did not have an adequate ratio of health workers to the total population. Furthermore, the village midwife said that she had such a big challenge and obstacle to provide maternity healthcare service for *Baduy Dalam* and *Baduy Luar* community even though she had been assisted by two subordinate midwives to help her. She said that no matter how many the health workers were available, *Baduy Dalam* community will continue to refuse modern healthcare without proper communication and cooperation between the health provider and the community. On the other hand, the health workers

appeared to be lacklustre and already tired of their workload to approach and build a good relationship with the *Baduy Dalam* community.

The maternal mortality rates of Lebak District in 2016 was 38 cases or 158 cases per 100.000 live birth rate, and the number of infant mortalities was 71 cases. Regrettably, that number did not include maternal and infant mortality cases in *Baduy Dalam* Tribe. Kanekes Village-Midwife who has the responsibility to the residents of Kanekes Village where the *Baduy Dalam* tribe lived, said that there was no data for *Baduy Dalam*'s community health status because the community was hard to approach. Other than the avoidance of the community toward modern healthcare, the *Baduy Dalam*'s community area can only be reached via walking by foot because they have a restriction to use any vehicles inside their area.

Table 1. Summary of results

Indicators	Score	Explanation
Structural Do local governments have a regulation or law about health service delivery?	Low	No specific regulation about culturally appropriate healthcare services for the <i>Baduy Dalam</i> community. No innovation and regular assistance for CHC to deliver healthcare services
Process Ratio of general doctor, specialist doctor, midwife, and nurse to total population	Low	Did not have adequate ratio of health workers to total population. Communication, acceptance, and distance are the main issues for Kanekes Village Midwife.
Results Infant mortality rate, maternal mortality rate, and toddler malnutrition prevalence	Good	Lebak District is categorized as a district with low ratio of maternal and neonatal death. But, no data was included from the <i>Baduy Dalam</i> community. This is because the community never had any childbirth assistance by professional health workers. Also, the midwife doesn't have any data about maternal deaths from the community and never heard anything about maternal or neonatal deaths from the community.

IV. DISCUSSION

Limitations of this study is that we faced difficulties in obtaining information from elders and leaders of the *Baduy Dalam* community. It caused the data in this study less in depth. As a solution, source and method triangulation were carried out. Respondents involved in this study were people who have known the *Baduy Dalam* community for a long time, have good relations with the *Baduy Dalam* community, and often involved in daily activities with the *Baduy Dalam* community.

From in-depth interviews and documents review, the data showed that up to this time, no policy regulates the provision of primary healthcare services for the *Baduy* community explicitly, especially for *Baduy Dalam* tribe. The state's role in providing equitable healthcare services is deemed to be absent since there is no attention from Lebak District Government regarding the characteristics of its diverse communities. *Baduy Dalam* community's refusal to follow modern life is not the reason for the district and central government to ignore the community health needs. The *Baduy Dalam* community, have relied heavily on the use of herbal plants for treatment even for daily activities. This can be used as an alternative in providing healthcare services without enforcing conventional health services which is not culturally appropriating with the values of the *Baduy Dalam*'s community traditions (Ipa *et al.*, 2014). In 2014, the Republic of Indonesia had issued a regulation a to integrate traditional health services with conventional health services. That regulation was issued in the expectation that Indonesians could utilize traditional health services that have been scientifically proven to improve their health (Pemerintah Republik Indonesia, 2014).

Health service delivery that heeds community's characteristics and culture emphasizes indigenous community's openness and acceptances to healthcare services and eliminates trust issues in the healthcare system (Askew *et al.*, 2014; Group S). Gabel (2017) suggests that healthcare services for an indigenous community to be provided continuously by giving health service holistically while respecting the values of their life balance. In line with the state's responsibilities to protect and ensure the welfare is not ready to be a district of human rights care. To fulfil

of all levels of society it should be highlighted that an indigenous community also has the rights to receive healthcare services under national health insurance and protection from financial hardship (Gabel *et al.*, 2017).

In order to address the human rights aspect, the World Health Organization (WHO) suggested that the healthcare services delivery should become more people-centred in its application. In delivering healthcare services, the community itself has to be involved and participate in determining what kind of healthcare services that they can receive. Hence, the community will have a sense of belonging and feel welcomed to the healthcare system. At the same time of involvement process, a good relationship between health provider and the community should be developed as it is a major influence on community's trust and acceptance. By upholding the people-centred concept, two separate sides which consists of the need of fulfilling the indigenous community's right to health and the community's culture could be resolved (WHO, 2015; WHO, 2007).

To be a district of Human Rights Care, Lebak District Government has to improve their political will and functions to resolve the gap between healthcare provider's expectation of *Baduy Dalam* community and low performances in delivering healthcare services. First, health workers accompanied by the Health Department of Lebak District need to approach the community leader and elders proactively to build good a relationship. There is a need to have an agreement between health provider and the community leader and elders to decide what kind of healthcare services that community could accept, what kind of boundaries that health provider should beware of, and what kind of traditional healthcare services that the health department could integrate. In the end, the integrated healthcare services should be delivered with serious assistance, supervision, and evaluation by the district government.

V. CONCLUSION

The rights to health have not been equally given to the *Baduy Dalam* community since there is no healthcare service that complements the community's diverse culture. Lebak District human rights, especially rights to healthcare, the government

must build a flexible health protocol to be implemented in indigenous communities. An adjustment is needed to increase community acceptance and to avoid discrimination due to community's belief. Attention and involvement of Public Health Department of Lebak District is needed to improve performance of health workers in CHC.

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